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EXPLORING NURSING LEADERSHIP

Let me introduce Jane Conway, a colleague who has agreed to be the Associate Editor for *AJAN*. She and I have worked together on online developments in nursing education and practice. Her information literacy will be invaluable as we develop online initiatives for this journal. We have also worked together on projects centering on change and leadership in nursing. We would like to share some of our thoughts about these concepts with readers of *AJAN*.

Three major influences have framed how leadership in Western nursing has developed. These are: the emergence of nursing as a discrete area of professional practice; the influence of feminism on nursing; and, the commitment to providing evidence based practice across the health care sector. These three factors have aligned to produce a climate in which leadership in nursing is now a concept that is recognised as having some meaning. However, how nurses manage the context to ensure that leadership in nursing maintains its relevance requires that leadership occur across the profession at a multitude of levels.

We believe that nursing leaders are those who cause us to rethink the concepts we have of what it means to nurse, to research, to educate and to manage and consider how we enact nursing roles. Therefore, all nurses who engage in thinking about nursing have the potential to participate in synergistic leadership in the profession.

While it has been suggested that nurses must humanise themselves before they can fulfil the goals espoused by the profession and humanise the caring they provide (Rushton, 1991), this is as applicable to nurses' care of each other as it is to care of the patient. Developing a culture in which there is consistent philosophy, shared professional values, effective communication and support requires effective leadership.

Nurses' experience of job related stress is most strongly related to interpersonal relationships with fellow nurses. Other health care workers have only minimal impact on nurses' stress levels and nurses must seriously examine their own behaviour before laying blame for stress at others' doors (Isenalumhe 2000). Manifestations of job related stress are feelings of depression, helplessness, hopelessness and entrapment.

There is increased professional accountability and legal liability for nurses as team leaders. However, despite the belief that the employer should have an interest in professional role development of team leaders and charge nurses in a cost-containment oriented management world, there is little formal training or support for role

development. Perhaps the single most significant factor shaping the culture is the lack of a shared set of values and beliefs about practice among nursing staff. Lack of role clarity manifests itself in division and conflict among groups of nurses. It could be suggested that if the roles of nurses are not clearly defined then there is difficulty in differentiating between them, or justifying position, title and associated remuneration.

It will be nursing leadership that promotes the change of culture to maximise the outcomes from any chosen management strategy. Some staff are required to demonstrate leadership in their position descriptions. However, nursing staff do not articulate what leadership means to them, even though they are able to recognise and comment upon a lack of leadership.

While there are examples of discontinuous change on a global scale (for example World Wars, feminism, and access to the Internet), there are pockets of the community who envision and conceptualise potential change. However, what makes change discontinuous is not that it occurs, it is the consequences of the change and the necessary rethinking of relationships and responses that results.

Perhaps it is discontinuous change itself that facilitates the emergence of leaders as we seek to explain what is occurring and develop strategies to respond to such change. We seek what Weick (1995) would argue is 'sensemaking'. As Dixon (1999, p.17) observes: 'maintaining a sense of stability in unstable environments is the mantra of 21st Century leadership'.

There is sufficient evidence in nursing literature to support the belief that leadership (or lack of nursing leadership) is one of the most widely discussed issues in contemporary nursing. However, the terms leadership and management seem to be used rather interchangeably and are often assumed to equate with position and status. Retention of highly qualified nursing staff should be a goal of any health care organisation. Therefore staff satisfaction should be seen as a priority of the organisation as dissatisfaction with work life seems endemic in nursing.

While nurses may manage (and even lead) within their organisation, unless nurses can maintain momentum for directing the broader organisational and social context, any change they direct may be unsustainable. Thus, there is a need for leading nurses to position themselves as leaders beyond the confines of a single work unit.

In our view, leaders in nursing will facilitate the construction of meaning about what concepts such as

quality nursing care mean for nursing practice: they in fact re-image the identity of nursing in a world of discontinuous change. This will mean that nursing leaders will move nurses from the present comfort zone of victimhood toward emancipation.

In our view, leadership is about directing change, managing is about existing and surviving in changed conditions. Each of us manage to some extent within a given paradigm at any point in time. Probably, few of us lead between paradigms. Identification of those who have this capacity and can encourage others to 'talk the walk' (Weick 1995) may be one of the key strategies for initiating the transformation from leading nurses to nursing leaders.

If, as is widely claimed, nurses have several different ways of knowing (Berragan 1998), then it may well be that there are several different ways of leading. Thus, all nurses have the capacity to become leaders through becoming and being empowered, ie thinking and acting critically about nursing regardless of the level of the hierarchy in which they are positioned. However, the harnessing of this critical thought into directed critical action may be the role of the leading manager who can refashion identity and inter and intraprofessional relationships within a context of rapid discontinuity. If discontinuity results in fragmentation of what is known and results in the need to make new sense of existing relationships, how we make

sense is through directed thinking (ie leading) and how we enact the sense we make is through managing. We doubt that the two are not mutually exclusive.

Mumford et al (2000a) suggest leadership should be framed in terms of capabilities, knowledge and skills rather than specific behaviours. What is needed in nursing more generally is a person who can motivate and inspire individuals, challenge process, facilitate the co-creation of a shared identity for nurses, demonstrate a willingness to take risks, model the way and, to quote Kouzes and Posner (1997), 'encourage the heart'.

We hope that *AJAN* continues to be a journal that is a mechanism for showcasing leadership within nursing and encourages others to assume leadership roles in the context of their practice.

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