CLINICAL LEADERSHIP AND IMAGINAL EDUCATION

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Clinical Leadership is a thirty-hour program designed for staff nurses created as a result of a think tank between The Registered Nurses Association of Ontario, university professors from faculties of nursing across Canada, The College of Nurses at Ontario, and the Ontario Hospital Association. The question they addressed was, "What can we do about nursing leadership?" The group observed that much thought and energy have been put into leadership training for managers while almost no time has been devoted to leadership for staff nurses. The result of the think tank was that leadership training for staff nurses was critical. A course needed to be devised that would encourage leadership with nurses at the grassroots level. In 1986, a pilot course was tested in Toronto. Both the nurses and the sponsors were pleased with the results. Over the past eight years, the course has been refined and fully developed to address and encourage leadership of the bedside nurse.

Today hospitals are being run with a greater consumer focus and fewer middle managers. Organizations generally are running meaner and leaner, requiring staff nurses to take direct responsibility for leadership and decision-making at the bedside and in the day-to-day operations of hospital units. Clinical Leadership supported staff nurses' leadership long before the need was as acute as it is today. Clinical Leadership for Staff Nurses has gained a reputation in the province of Ontario as a program worth attending because it applies both to professional and personal life.

EDUCATIONAL CHARACTERISTICS

As a course, Clinical Leadership has four educational characteristics:

1. It is practical. Hopefully nurses will take away something every day that they can use immediately.

2. It is intellectually sound, based on proven theories, classical ideas, and innovative thought. Because nursing is a profession working very diligently to have a single entry to practice, a respect for scholarship is essential.

3. The program is interactive. Nurses learn from each other. Staff nurses often are so busy that they have little time for reflection on ideas about their profession. This often falls to the academics and the nursing administration. In Clinical Leadership, staff nurses have the opportunity to talk about issues in a proactive way as a community of professionals.

4. The course is exciting and inspiring. This is a challenging time to be a nurse. Cutbacks, rightsizing, and new healthcare professions emerging mean that the very ground on which nursing stands is shifting. It is a profession that needs generalists and specialists simultaneously. The profession needs to learn how to live in the tensions of these changing times.

Clinical Leadership is an effort to assist in successful transition. It sends the message to seize your own professional power and use it. Like any muscle that is not used over time will atrophy, refusing to sieve your power will lead to the internalized belief that you have none. Nursing is probably one of the most powerful professions on earth, but regularly forgets how powerful it is. When it suffers from amnesia about its power, it remains powerless.

PRESUPPOSITIONS OF LEADERSHIP

The course is based on four presuppositions. The presuppositions are crucially related to Imaginal Education as the presuppositions carry within them the seeds of individual internal images to be reinforced. Specific images of leadership are suggested by the course. The closer the images come to being "the way it is universally" for human beings, the greater the likelihood the image will be accepted and internalized.

Presupposition 1: Leadership is the process of influencing.
The image of influencing has less to do with the powers of persuasion and more to do with how one walks, talks, moves and has one's being. Each person becomes a composite of the many people she is seen along her life path, taking from some the things that she likes and found effective and eschewing others. We model what we believe to be effective. It is this model of effectiveness that we embody as our leadership style.

During the course, nurses are invited to examine their own leadership styles and view the styles of others. No style is right or wrong per se, but each style has an impact and influence. Participants are enabled to respect other people's styles and examine their own style for what they believe to be effective ways of being in this world.

Presupposition 2: Leadership is an integral part of the practice of nursing.
Leadership is not an "add on" that would be nice to do if there were time; leadership is essential. It is suggested that every nurse has a leadership practice already. The question she is asked to consider is how effective her leadership practice is.

Presupposition 3: Leadership and management are not synonymous.
Managers may or may not be leaders. Leaders may or may not be managers. The authority for leading is a decision deep within the individual and is reflected in willingness to take responsibility for the situation in which one finds oneself. It is from this decision of individual integrity that leadership is possible. The decision is primary; one's positional power is secondary. That is not to suggest that a decision for leadership empowers one with the position of authority of a manager, but rather it frees a person to assume as wide a range of responsibility as is possible in any given situation. Hopefully, this eliminates such defeatist attitudes as, "What can I possibly do?" … "I'm not the manager here." … "It's not my job." Rather the question becomes, "What *can I do*, given who I am, and what needs to happen?" It is a proactive stance, rather than a reactive stance.

Presupposition 4: Leadership is a journey into both theory and practice.
It is a dance between theory and practice. With theory, one stands on the wisdom of those who have gone before; with practice, one applies theories. Interestingly enough, one may discover theories through practice. When a nurse makes a change and discovers that there are forces both for and against the change she proposed, she has partially discovered Kurt Lewin's Force Field Analysis.

Clinical Leadership as it relates to Imaginal Education has to do with the fundamental underlying images of which nurses operate. Nurses help in a caring profession. The flip side of being helping and caring, is to feel unappreciated and sometimes helpless. Helpers themselves sometimes feel undervalued. This feeling can give rise to the image of being victimized by the healthcare system, victimized by uncaring managers, patients, family members and coworkers. Not all nurses feel victimized, but many do. Victimization leads to inaction, depression

and apathy. The fundamental message of Clinical Leadership is *assume responsibility for your situation. Become a predictor of the future, rather than a victim of circumstances.*

TEN PATHWAYS TO LEADERSHIP

The image Clinical Leadership addresses is a configuration of beliefs, mental pictures and feelings. It has internal structure that holds it together. The image is protected by a value screen and penetrated or not penetrated by messages directed to it. In the construction of Clinical Leadership, it is critical to know what images one wishes to change. The wish in Clinical Leadership is to end images of victimization in favor of leadership and self-responsibility. This is achieved by taking ten pathways to leadership. These pathways make up the ten units of the Clinical Leadership course.

Pathway 1: The Nursing Profession in a Changing World
Examining the underlying shift from an old way of thinking to a new way of being, this session contrasts the old medical model to the new healthcare model suggests that medicine is likely not in the drivers seat of healthcare as it once was. With the growth of new consumer attitudes, complementary therapies, and individuals assuming greater personal responsibilities for their health, new opportunities are available to nurses in terms of their profession. Consumers of healthcare service ask questions they have never asked before like, "What is the value of this medicine to the one I'm already taking?" While this may first experienced as a threat to the nurse, it is in fact coming from an informed consumer, rather than an agitator.

The profession in a changing world pulls strongly on the work of Marilyn Ferguson in *The Aquarian Conspiracy* as she considers shifts between old and new ways of being. Nurses are reassured that the changes happening on their floors are happening in other areas of life as well. It is easy to get tunnel vision when day-in-and-day-out, one looks only at her own profession. This session re-images the changing role first, and its impact on nursing second. Trends in nursing are also considered, contrasting nursing today with how it was twenty years ago. Because of the intergenerational make up of the participants, there are always those who can describe how it used to be. The shifts are

clear. The contrast give nurses a way of relating to the tensions nurses experience in their every day professional lives.

Underlying these shifting images is a great deal of tension and anxiety. The object of the session is to encourage people to see the opportunity more than the threat. Typically, in the first session, nurses articulate their fears about what may happen to the profession. And the fear is the opportunity for leadership.

The fact is that the increased workload of nurses also increases tension. Absent managers mean that more leadership is thrust on the staff nurse who feels ill prepared for this role. Patients are in for shorter stays and leave far more sick than in previous times. Nurses have more patient education to complete and in a shorter time period. The technology of life support means that nurses make ethical decisions that they have never previously faced. All of these factors create very complex work for nurses. That relationship is translated into action.

In Canada, nurses are asked to be members of committees that give direction and guidance for policies, procedures, and the general running of acute-care centers. An understanding of the times is an integral part of Clinical Leadership. It supports the leadership work nurses are being asked to do. The image is that nurses can become their own trends trackers, using similar methods to what futurists use, but in a far less sophisticated fashion. This is the first step in encouraging nurses to create a self conscious leadership practice with a content component that says, "Track the times."

Pathway 2: Career Strategies

Nursing is a largely female dominated professional. The women's movement in the 60s and 70s targeted more on women in business than in traditional roles such as nurses, teachers and secretaries. Books on feminism and nursing did not begin to appear until about 1980. Nonetheless, the question of women, career strategies and nursing were in evidence.

Nursing is a profession that has many part-time workers and casual workers. Once peopled by "the appliance nurse" who worked to pay for the refrigerator, the new stove, then a microwave, it was not necessarily a profession that was built on career-mindedness. Career Strategies asks nurses to contrast merely having a job with building a career. It becomes clear by looking at the advantages and disadvantages of each, that to have a strong profession, some nurses need to be career- minded and in the profession for the long haul. Acknowledgment is made that there may be times when a nurse merely wants to hold a job given small children and family commitments. However, in the long term building a career has advantages, not only for the individuals but also for profession. Career Strategies considers the life cycle of an adult, and how to grow and change one's career at any given time. A review of life transitions reminds participants that times of ending and letting go are inevitable.

Pathways 3-6 were to be included in a future draft: Pathway 3: Introducing Change; Pathway 4: Communicating; Pathway 5: Relationship Awareness; and Pathway 6: Group dynamics

Pathway 7: Assertiveness

Assertiveness is often blocked by the fear that the risk for assertiveness is too great. The internalized belief is that doctors and bosses are far too powerful for anyone to

question, so it is best to do one's job and keep quiet. This session takes a different posture, suggesting assertive behavior and words are important so doctors and bosses do not make decisions based on skewed and inappropriate data. The medical profession needs to hear from nurses who observe patients 24-hours-a-day. Wonderful stories are told by nurses standing their ground, being patient advocates and speaking directly and authoritatively to physicians, bosses and coworkers.

Theresa tells the story of being in an operating room when a physician shouted at another nurse. Instead of speaking to the physician during the surgery, she waited until he was preparing to leave the operating room. Taping him on the shoulder, she said, "I think the way you spoke to Nancy was inappropriate. You were not upset at Nancy; you were upset at how the surgery was going. You took it out on Nancy." The surgeon looked at Teresa and without saying anything left. Two days later, the surgeon found Theresa and said, "You were absolutely right about what you said the other day. I will apologize to Nancy as soon as I see her." The surgeons took up a collection and sent her to an operating room nurses conference in Sweden!

The importance of these shared stories demonstrates that it is possible to stand one's ground with people in authority for the ground of which both stand is common ground, it is human ground. Theresa's story gave courage to every person in the course who had wanted to speak up to either a physician, patient, coworker or family member. Teresa spoke up with great skill, without anger, and with great conviction.

This may be the heart of Imaginal Education. The story often does what principles, information, data and theories can never do. Her story was a rallying point to say asserting oneself is possible and this is how one does it. People in this session are able to take Theresa's story and apply it to their own lives, asking the question, "Who do I need to stand up to?" Nurses in the course work with each other to create assertive statements for ordinary situations at home and at work. They learn what assertive statements are for each other: what one person could say, another person cannot say. They learn to tailor what is right for them through feedback with one another. Each person aims to push herself a bit to be more assertive, yet not overstretching. What may be assertive for one, may appear aggressive for another. Assertiveness begins a growth process in terms of pushing the edge of the envelope just a bit further. People who believe themselves to be aggressive look at how they might tone down and learn to consider other peoples feelings more.

Pathway 8: Conflict Management

It is said that the conflict that is resolved is not the problem; but the conflict that goes unacknowledged or unresolved is the problem. In Jean Baker Miller's book, *Toward a New Psychology of Women*, she suggests that women are disadvantaged if they let dominates set the terms of conflict. In a society of dominates and subordinates, dominance will always come out with conflict resolved in their favor because they set up the rules. Miller encourages subordinates (women) to look at who is drawing up the terms of conflict and how the terms can be redrawn. Whether it is for doctors and nurses, husbands and wives, men and women, bosses and employees, the conversation is on conflict that appears to be rigged. The subordinate will lose rigged conflict. Continuing to lose in conflict, reinforces the victim image. Empowerment lies in renegotiating the terms.

Conflict is natural. Although many people tend to flee conflict, the fundamental image is that conflict is a precondition to growth and can be managed as a learned skill. Exercises are provided in which a team approach to conflict resolution is developed. Nurses draw strength from using each other as resources for conflict resolution. The team approach to conflict resolution helps people to feel not quite as alone. Often the sense of isolation around conflict that makes us poor players in terms of its resolution. Clinical Leadership suggests in conflict resolution, nurses check with each other about ways to solve general problems that arise on the floor, whether the conflict is with managers, patients, family members, physicians or other healthcare team members.

The nurses also look at hot buttons, those little irrational places where individuals go berserk. A great deal of laughter and fun emerges when the group examines how to desensitize and defuse personal hot buttons. Again the sense of isolation is overcome and everybody confesses they have places where they get a little bizarre. Hot buttons are quite laughable and also quite resolvable.

Pathway 9: Vision

Session nine stresses the need for vision in nursing. Nurses are asked to state their desired future. Invariably as they share their vision, there are common elements. When the vision is pulled together, they often have a collective "Aha", recognizing they have had a shared vision among them all the time, but this is the first time it has become visible. They also review the Pygmalion effect to understand the role that expectations play in self-development and the development of others.

Pathway 10: Leadership in Action

During this session nurses report on their change projects. They express pride in the changes they have made happen in their work. Changes include: finding a better way to do a narcotics count; improving relationships with other professionals; and managing preventable waste. Nurses impress themselves with their ability to make things happen.

One group managed to save $50,000 by reconsidering the way delivery rooms were set up. Another group called their project, "The $1.50 Solution". Cables to machinery in the operating room are hazardous so two operating nurses constructed a simple clip to keep cables away from the walking areas, but to permit rapid equipment movement when needed. The hospital catalog listed clips for $75; the nurses' homemade clips were $1.50!

Another project related to a new nurse in the operating room. She was in danger of losing her job because she was not catching on quickly enough. A senior operating room nurse made the new nurse her special project, resulting in a very competent nurse in the operating room.

Action projects are the jewel in the crown of leadership. Thousands of dollars have been saved by nurses asking questions: "Why are we doing it this way? Is there a medical reason to change the tubing when a patient comes from the operating room to a critical care area?" When nurses find there's no medical reason for doing things, they cease to do them. It is a common sense approach to allowing people to do their

jobs well. Clinical Leadership works with nurses to assist their organizations in a cooperative and collaborative ways, saying, "Listen, we have some really good ideas that we want to implement, so give us a nod so we can start."

Many nurses do not wish to move into managerial positions, nor are there enough managerial positions to go around. Leadership is an option for assuming personal responsibility without being in a managerial role. With the crisis in organizations and middle managers being endangered species, why would we not want more leaders? Why would we not want every nurse who wants to lead, to do so?

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Leadership is a preferred image to being a victim. Leadership has never been entirely in the domain of management. Leadership suggests initiative, creativity and assuming responsibility for one's situation. It is not position bound; it goes beyond position. It has freedom to choose responsibility as an applied part of its meaning. One leaders does not preclude others from being leaders. Leadership is a decision, not an appointment. Leadership carries with it the potential to make a difference.

Clinical Leadership sends the message to seize your own professional power and use it. Like any muscle that is not used over time, it will atrophy. Refusing to seize your own power will lead to the internalized belief that you have none. Nursing is probably one of the most powerful professions on the earth, but we regularly forget how powerful it is.

A practice of leadership suggests that an individual may work at the practice for a lifetime. A leadership practice may grow and change to suit the time and people in which it is practiced . A leadership practice has inwardly reflecting components as well as outwardly demanded action. A practice is lifelong and ongoing. The practice requires examination, reflection and refinement.

Clinical Leadership's goal is to equip nurses with a growing practice of leadership within a clinical setting. Clinical Leadership is a posture of reflection in action. The fundamental underlying image shift desired is the a shift from defeatist, "What can I do here? to an enthusiastic, "What can ***I*** do here?" response. From apathy to action, from reaction to pro-action, from victim to predictor, from unreflective consciousness to reflective consciousness. The ten doorways for making this happen are the content of the course. Nurses attending Clinical Leadership start as individuals and work diligently to become a community of caring people, caring for themselves, each other, and the profession as a whole.