



NEW BEGINNINGS:

TURNING OVER A NEW LEAF

NEW BEGINNINGS: TURNING OVER A NEW LEAF
TRANSACTIONAL AND TRANSFORMATIONAL LEADERSHIP

GOALS

1. Introduce the concept of Transactional Transformational Leadership.
2. Differentiate between the meaning of leadership and management.
3. Identify the components and challenges of the change process.
4. Identify the qualities and expectations of leadership.
5. Present the concept of "It All Depends."
6. Present the nurse as a "Specialist."

KEYWORDS FOR APPLICATION

1. Change
2. Coaching
3. Mentoring
4. Preceptorship
5. Nurse Residency Program
6. Nature vs. Nurture
7. Autocratic
8. Democratic
9. Laissez-Faire
10. Problem Conquering
11. Resistance
12. Transactional
13. Transformation
14. Leader
15. Manager
16. Democratic
17. Authoritarian
18. It All Depends
19. Nurse Administrator (DON)
20. Nurse Leader (RN)
21. Nurse Leader Specialist (RN)

A Nurse Leader Specialist is an RN with the known ability to practice leadership and management skills.

WHY BE CONCERNED REGARDING CHANGE?

Change, as such, occurs everywhere, to everybody and everything, every day, and in every situation! This forever-changing happening is one of the thermodynamic laws of the universe called ENTROPY. Even though there is sometimes anxiety, fear, and/or frustration in the ever-changing need for a new learning process that must accompany these natural occurrences, we must be watchful to the need for this evolution and have the knowledge to make an *informed* change.

WHY DO EMPLOYEES APPEAR TO RESIST CHANGE?

Job performance predictability for employees is often comforting. Therefore, it is natural for employees to question:

1. Why is the change necessary?
2. What will the impact be on my job role?
3. What is the amount of change required?
4. Do administrators support the change?
5. Will I lose my job due to the change?

These questions often bring new job change resistance. Being aware of employee possible resistance means that increased communication with employees must occur when employees are experiencing a change.

Therefore, your role as a nurse leader "specialist" includes that you:

1. Be empathetic regarding the stated (or non-verbal) evidence of fears and resistive covert and overt behaviors.
2. Be there for employees as they integrate change into their work life.
3. Be vigilant and patient with employees as to their acceptance and evolution of behaviors that will bring about a needed change.

USING TRANSACTIONAL (MANAGEMENT) CONCEPTS TO ENCOURAGE CHANGE

Transactional behaviors on the part of a leader involve management behaviors. It involves concern over group behaviors rather than concern for individual talents and needs. It results in a structured controlled environment. Setting rules for others is not all bad—it is often necessary as accreditation requirements, rules, and regulations are required, or there is an immediate need for group compliance and cooperation to get a job done. Because it requires strict control of others and processes, it is a *management technique* due to the "telling" of others as to expected behaviors rather than "participation" from others in determining processes.

USING TRANSFORMATIONAL (LEADERSHIP) CONCEPTS TO ENCOURAGE CHANGE

Transformational Leadership Theory involves a change process involving *democratic group processes*. The process involves working with others, requiring and encouraging the input of others, and being open to creative change to reach sustainable goals.

Transformational Leadership Theory provides a participatory change process allowing the change transformation to attain the *highest level* of nursing practice and, therefore, support the employees of the facility/organization in maintaining their quality care standards, including the requirements of accreditation.

BASIC RULES OF TRANSFORMATIONAL CHANGE

The basic rules of a successful change process require that you:

1. Get it right the first time.
2. Accept the fact that there will be resistance to change.
3. Identify the root of the resistance (if there is resistance).
4. Identify resistant leaders or managers.
5. Identify supportive front-line leaders or managers.

Your approach has to do with the size of the organization, extent/degree of the change process, and the support of the leaders/managers of the area in which the change is needed or expected. You, as a nursing leader specialist, have at *least two choices of approach* to start the change process. The two leadership choices (according to the situation) are to:

1. "Sell" the change process to the front-line administrators (managers, senior leaders, middle managers, and front-line supervisors) for the purpose of support (or)
2. Have an entire group identify needed changes/problems.

FRONT-LINE NURSING LEADER SPECIALISTS ROLE IN CHANGE

If the facility/organization is of substantial size, the problem identification, resolution, and support for change and minimizing resistance is usually best achieved by *first* "selling" the change to front-line administrators usually known by title or job description as managers, senior leaders, middle managers, and front supervisors.

Do not first try to use project managers, human resources, or organizational development specialists. The reason is that the front-line administrators are closest to the "frontlines" that will reflect the needed change, know the related problem(s), the reason for the change, and understand that their support is required and commitment is expected to instigate successful change. If there is resistance at this level of administration, the resistance to change must be resolved before the facility/organization continues with the full incorporation of the intended change.

If the facility/organization is small by your definition, the problem identification, resolution, and support can often occur through a total group participative activity using the process stated in this document as "Problem-Conquering." However, and depending on the situation, informing and accepting the initial feedback from managers, senior leaders, middle managers, and front supervisors as a preliminary effort of introducing change is considered, usually, to result in the *most* successful change process.

By the way--there probably is no better way to determine the job suitability of front-line administrators than to experience their personal response to supporting the need for a change! Expected positive involvement and support should be a part of every nurse leader specialist's job description.

SELECTING TRANSFORMATIONAL LEADERSHIP AND/OR TRANSACTIONAL MANAGEMENT

Reality and predictive health care needs require occasional transformational change. It could mean assisting a nurse in transitioning their learning, skills, and behaviors in the direction of more current or advanced skills and knowledge or introducing a completely new set of nursing knowledge, skills, and behaviors. Over time, this recognition of the need for a broad spectrum of multifaceted nursing abilities/skills has required and/or encouraged some cross-training as a necessary component of change for the survival of quality and economics of a health care system's survival! Cross-training helps to accommodate entropy, which involves a universal constant change. There is often, also, a need for change in order to learn new information and skill or to meet a nurse's personal employment needs. This means there is a need for teaching, mentoring, coaching, or a preceptor to be sure that the cross-training is correct and timely. All change processes require support in at least one of these support systems to effectively enable nurses to add an area of nursing expertise to current nursing knowledge, skill(s), attitude, and/or behaviors.

A mentor, coach, or preceptor, by title, is a counselor, teacher, or advisor. To be such a person requires that there is the ability to recognize and appreciate existing skills as well as identify deficits between current nursing employee talents, availability of nurses to provide care, the willingness of nurses to learn, and the administrative nursing expectations of the facility/organization.

Some health care facilities/organizations have a Nurse Residency Program as a part of this supportive change program, including as a part of the program a mentoring, coaching, or an assigned preceptor. A Nurse Residency Program is usually committed to providing a comprehensive knowledge base and/or skill. It is often used as an introductory educational program for new nursing graduates, nurses returning to work after being away from the nursing profession for a significant period of time, or any nurse transferring to a nursing position requiring a different set of nursing leadership, management, technical, or specialty skills. The residency program is a safe opportunity for nurses to experience new and existing nursing practices and protocols. It is intended to be a predetermined facility/organizational program designed for nursing success as well as increasing a nurse's ability and requirement to set personal, professional goals and self-assessment of their goals. The transactional management (giving direction) or transformational leadership (involving others in determining direction) requirement as a part of this program for support and change is a result of an educational agreement that appropriately meets the needs of all concerned.

The willingness and attitude of new or returning nurses to actively participate in this program enlightens administration as to the nurse's extent of commitment to personal and professional growth and the extent of a positive attitude regarding new learning processes.

If a nurse leader specialist is to be the mentor, coach, or a preceptor for the purpose of teaching the needed transformational change, is there an acceptable basic process of decision-making that supports acceptable positive outcomes? Absolutely! For each change process required, there is a decision-making choice of using:

1. A *democratic* change process in which employees are actively involved in the change process--known as "leadership" or "transformational" change.
2. An *autocratic* change process in which employees are *not* actively involved in the change process. Instead, employees are told what to do-- known as "management" or "transactional" change.
3. A more undefined and creative process of "laissez-faire" in which employees are given little to no involvement or direction regarding the change process. (known as a do-it-yourself or self-help model)

There are times when a nurse leader specialist must determine which role to perform—manager or leader, as each has a role to play in the change process related to nursing practice. Management and/or leadership behavior --- ISN'T IT SOOOO TRUE: YOU KNOW LEADERSHIP AND/OR MANAGEMENT WHEN YOU SEE IT, AND EVERY FACILITY/ORGANIZATION REQUIRES BOTH AT DIFFERENT TIMES!

<u>TRANSACTIONAL MANAGER</u>	VS.	<u>TRANSFORMATIONAL LEADER</u>
<u>Role:</u> Controlling, Eliminating, Detailing problems		Leading, Directing, Changing
<u>Direction:</u> Maintaining direction, Doing things right		Supporting direction, Doing the right things
<u>Risk:</u> Minimizing (e.g., Risk Management)		Willing to take appropriate risks
<u>Action:</u> Reacting to problems		Proactive to prevent & solve problems
<u>View:</u> Today's concerns and rules		Tomorrow's outcomes
<u>Appeals:</u> Head appealing (Intellectual)		Heart appealing (Comforting, Caring)
<u>Response:</u> Subordinate related (You versus Me)		Follower related (Togetherness)

The chosen method(s) of leadership behavior(s) (democratic/transformational or autocratic/transactional) will depend on the *existing situation, the ability of the nurse leader specialist required to make the change, the needs of the health care facility, and other pertinent considerations.*

Management Skills --- An Authoritarian Approach

Management involves generating efficiency and meeting financial or non-financial objectives. Managers are concerned with directing, telling, and controlling others to reach goals. Even though management and leadership, by definition and behavior are different, many leaders must perform both leadership and management roles. That dual role is not good or bad; it just says that the person doing the directing, telling, and controlling knows the difference and can separate the two behaviors to work in his/her advantage as well as those he/she serves. Let us remember, too, that people receiving direction are different—some need to be told what to do (managed), and some need to be allowed to help in providing direction of other less enthusiastic and productive persons.

Leadership Skills---A Democratic Approach

Excellent nursing lead specialists do not present themselves in flocks—they present themselves one at a time by exhibiting charismatic, caring abilities for other employees. They motivate others to tackle tough problems through *employee participation* in the pursuit of improvement and productivity. Employee involvement, active discussions, and aligning people toward a higher direction of performance occurs under the direction of a true nursing leader specialist.

Leaders are sometimes known as "risk-takers" who make the work-place better through creative ideas and activities. They are concerned with achievement through consultative methods with employees to determine facility/organizational success. Often, a leader is seen as brilliant in the use of his/her imagination in the effort to meet goals.

Many people question whether this unique leadership ability through effective leadership of others is a product of either nature or nurture. That is, some believe the qualities of a good leader are in place and recognized naturally in a person's early twenties (nature), and others believe it is learned behavior (nurture). Whatever it is or whatever you believe, a great leader with leadership talent is a gift to every facility/organization and, consequently, a gift to every patient/resident within a health-care facility.

Dacher Keltner, Ph.D. at the University of California, Berkeley, says that the right to leadership power comes from others who *allow* a certain person (leader) to have and use a given type of power. The democratic process gives permission to a leader by followers to direct others while showing empathy and kindness toward others. This quality of empathy and kindness allows a person to reach out to others, listen to others, relate effectively to others, and have others share their concerns.

Keltner reminds leaders that research shows that without a constant personal effort and encouragement by others to continue to empathize and relate to others, the leader, over time, often *loses leadership power—known as progressive failure propensity*. Over time, there is lost the ability to recognize the emotions and needs of others; therefore, the leader that was initially empathetic and kind to others often becomes increasingly self-serving. The leader will, then, be less generous and will empathize less with others. Without the empathetic and kindness skills, democratic leadership abilities, he says, *decrease* resulting in several obvious changes in leadership behavior, such as:

1. Decrease in effective personal leadership behaviors.
2. Increase in promiscuity evidenced by individuals brought together in a casual, irregular, mixed-up, inappropriate, or jumbled manner.
3. Lessen concern for others.
4. Lessen sharing, empathy, and caring regarding the individuals he/she is assigned or allowed to lead.

By nursing specialists and their constituents being aware of the researched findings of leadership so-called progressive failure propensity, education regarding this propensity and forceful *insistence* of a leader's democratic behaviors or return to empathetic and kind behaviors can be enforced and required!

The requirement of empathetic and kind behaviors can and should be a part of job descriptions, evaluated at regular intervals, and reprimanded or rewarded as the situation warrants. Therefore, choose nursing leader specialists who have a natural tendency to empathize and show kindness toward others. The democratic leadership power to involve, empathize, and show kindness to others is the definition and hallmark of true leadership!

Lord Acton (1834-1902) made this profound and remembered statement --- "POWER CORRUPTS, AND ABSOLUTE POWER CORRUPTS ABSOLUTELY!" Then, John Steinbeck (1902-1968) countered that comment by saying that "POWER DOES NOT CORRUPT, FEAR CORRUPTS!—PERHAPS A COVERT WAY OF RECOGNIZING FEAR OF THE LOSS OF POWER?" According to Robert Caro (born 1935 and a famous American Journalist of U.S. political figures)---"POWER ALWAYS REVEALS!"—Yes, we can tell much about a person by the type and amount of power exhibited, can't we!?

Think of Rudy Giuliani and his known preparedness and effective use of others before, during, and after the bombing of the 1993 World Trade Center and the many other great leaders such as Alan Mulally (Ford Company), and Abraham Lincoln during the Civil War. If we could identify just one thing that a few great leaders did and their thinking to produce their leadership success, we would "have it made by recognizing the involvement of others." The truth is, there is not just one "thing" that made these leaders great; however, they were *personally prepared* FOR ANYTHING AND EVERYTHING, they effectively and appropriately used the resources around them (particularly people), and were flexible in meeting the current needs of the masses. They responded to the presented situation(s) in a true leadership form and involved the people around them in getting the job done. Get the message?---The help, positive power, and involvement of others (as the changing needs occur) produce success. Even Michelangelo had at least 16 others to help him paint the Sistine Chapel.

A democratic process allows group democracy to exist. It is based on the premise that everyone in the group under a nurse leader specialist direction has equal rights, and they are allowed to participate creatively in decision-making.

Thinking of ways to allow and encourage group democratic processes in leadership requires some creativity! It must be contemplated, planned, deliberate, and INTENTIONALLY COHESIVE---and often quietly and carefully contemplated in order to encourage group involvement and democratic participation. Not only is group participation important, but the actual feeling by each participant as a cohesive part of transformational change is also important.

If you are expected to lead (not manage, by definition) a group of people, there are probably specific and usual ways that are already expected and ongoing of the group/people you lead. Perhaps you meet at a certain time on a certain day, follow an agenda received on a certain day, sit at the same spot at every meeting, and listen to the same person reiterate the same expected categories of information. Hold on! You can do BETTER! *Interrupting* the USUAL gets and keeps group attention. However, every "better" meeting starts with a cohesive, supportive, or message of appreciation.

OK—so every situation is different! The following creative leadership suggestions for promoting transformational change are just—thinking out of the box! Maybe--:

1. Have a meeting in a different place that requires mingling socially.
2. Teach another co-worker how to conduct the meeting and the expected process. Let that person conduct some or all of the meetings. This is a good way to identify the abilities of employees.
3. Do *something* to show and encourage group cohesiveness (i.e., sing a song that everyone knows, say together the pledge of allegiance to the flag, have someone repeat the shared mission and goal of the facility/organization, hold hands and say something together, distribute the same handout or gift to everyone, have officers or administrators sit among the other employees, wear name tags with the same name of the organization followed by their name, ----whatever! The message is, "We are all in this together!"
4. Let people express their concerns, desires, fears, likes, dislikes, etc. related to the purpose of the meeting. DO NOT INTERRUPT a person's verbal contribution (within reason). Always recognize verbally the first person who gave "birth" to any original positive contribution (not, necessarily, who elaborated on it) and thank them in front of the entire group for their positive contribution.
5. Have a given amount of time per verbal contribution. A time clock with a ring/buzzer per each person's verbal contribution allows input from any/all participants. Some groups pass a baton to the person who now "has the floor."

6. Award/reward participants that are fully recognized by the entire group to be deserving of the recognition.
7. Provide nameplates around the table requiring administrative staff to set between/with other non-administrative employees.
8. Offer a collective toast by the raising of glasses to a common goal or accomplishment.
9. Have a mentorship program for new employees to encourage the sharing/learning of specific information or skills.
10. Use creative problem-solving group activities of your choosing.

A group process is essential to support the democratic process of the group. The purpose is to provide a sense of shared comradeship, cohesiveness, and participation. The group process is for the common good of the facility/organization.

NURSING LEADERSHIP THROUGH GROUP PROBLEM-CONQUERING

One thing about human nature is that we all know when something "works" and when something "does not work" and, consequently, what needs to change. However, the old adage of "not throwing the baby out with the bathwater" (sort of speak) applies! So—we must start with WHAT WORKS SO MAYBE WE CAN KEEP WHAT WORKS!

The process of determining "what works" comes from the people who "work." First, we assess the good (leave out the "bad" for now) to start employee involvement in a change process. Maybe, this means exploring what makes an involved employee's job "great" or "good." Perhaps, ask employees what they love about their job? Nevertheless, it sets a positive tone of administrative caring that says—"Let's recognize together all the good we do and *build* on this to make it even better and more rewarding!" Write it down for all to see on a board.

To determine the need for change requires bringing together as many employees of choosing in the same room who do similar jobs—nurses, perhaps, or administrative personnel as a starting point. Fill the room with enthusiasm and light talk about the wonderful philosophy, goals, and attainments of the facility/organization to that point in time. People love to hear about their success and how they contribute to the success of their facility/organization. Read the philosophy and goals of the facility/organization out loud to the entire group. You could even serve refreshments and maybe give selected nurses awards/rewards for their unique positive contributions to the philosophy and goals of the facility/organization. Get the picture—everyone in the room is reminded of the expected path toward success. There should be a positive feeling about their role in supporting a successful health care facility/organization.

Now that you have everyone's attention—take an opposite approach and have the entire same group in the room identify what the facility/organization needs to do to improve and become *even better*. List all of these verbal contributions on a board or flip chart. Take note that the main problems of concern are, usually, stated first. Once the list includes all the "things" that they consider problems, ask the group to vote for the least problematic concerns on the list. Continue the voting and removing the *least problems from the list* until only two or three problems remain.

The one or two problems left (after the voting and removing from the list the least problematic concerns) is/are known as the MAJOR PROBLEM(S). Record the findings with the camera on your smartphone.

When just one or two identified major problems remain as an outcome of the voting, proceed to another board/chart and use this same group to determine how they see themselves, individually or as a group, resolving each major problem.

Now—use the input from this same group on how they, individually, plan to assist in the resolution of the major problems. Try to incorporate, encourage, and document comments of their intended personal involvement to solve the major problem(s). In other words, establish a PLAN.

Write the plan on the board. If a person(s) is (are) accepting responsibility for helping to solve a specific major problem(s), write that person's name on the board, indicating what he/she will be doing to help resolve each major problem. This personal commitment by individuals in a group setting increases accountability. Set up another meeting time to discuss and evaluate group and personal progress of the existing plan.

SOMETHING VERY INTERESTING USUALLY HAPPENS WHEN THE MAJOR PROBLEM(S) IS (ARE) IDENTIFIED AND RESOLVED. IN REVIEWING THE INITIAL/PREVIOUS LONG LIST OF PROBLEMS, NOTE THAT ALL OR MOST OF THE NON-MAJOR PROBLEMS ON THE BEGINNING LONG LIST OF PROBLEMS ARE SOLVED.

CHOOSING TO BE AUTOCRATIC OR DEMOCRATIC— IT ALL DEPENDS!

Contingency Leadership Theory provided the elusive theory of IT ALL DEPENDS. With this freedom comes leadership or management decisions that are determined by the concept of IT ALL DEPENDS. The idea of IT ALL DEPENDS says that choices of leadership or management behavior can be a mixed-bag of nursing leader specialist behaviors—and IT ALL DEPENDS. It reminds leaders that administrative decisions and responses cannot be predictable; however, it must arise from the current needs of health care situations and health care economics. We, therefore, enhance the accuracy of administrative decisions if we accept that our decisions regarding the need to instigate a change fluctuate with the demand *at the time*. The determination for the need for change requires watching, listening, and responding appropriately and timely, as is needed, to the unpredictable changing needs of patients and nurses.

We often attribute a facility' s/organization's success or failure to the decisions of a top leader(s) or manager(s)--usually known as the CEO. If you ask yourself why they were successful or why they failed--well, *IT ALL DEPENDS!* The Contingency Leadership Theory (recognized by several theorists) endorses that decisions are contingent on internal and external forces; therefore, success is not dependent on one factor, but a result of considering the entire dynamics of a situation and making the appropriate and correct decision!

Leadership attributes are related to knowing when to make quick decisions. Success involves teaching others how to lead, determining when to incorporate others in problem-solving, and when to support conclusions. To the novice, it can be a confusing role as a leader changes from democratic administrative behaviors to more autocratic behaviors. The more democratic behaviors witnessed are conversing, listening to others, and involving others in decision-making. The more autocratic behaviors are telling and controlling others. Conversely, it can be just as confusing to some observers as the manager changes to a more leadership style. The goal is to *get the job done!*

Democratic processes of groups/councils/boards are often used by leaders/directors for a well-known method of group assessment, goal setting, planning, implementation, and evaluation. Through their gathering of information as an outcome of this group process, they, too, make recommendations and suggestions related to

the concept of IT ALL DEPENDS. However, and even though democratic solutions and processes are allowed and encouraged, the *final acceptance and enforcing* of recommendations and suggestions will always remain with the leader of the group. What shall we call that?—How about saying that THE BUCK STOPS THERE (with the leader or director).

For us, as nurse leader specialists practicing in a humanistic and caring profession, we should understand that every leadership position brings new challenges and the ongoing need for different and varying leadership behaviors—and, oftentimes, an emergency demands management directions—immediately! This requires an administrator to be prepared for just about anything—birth, death, nursing differences and personal needs, accreditation expectations, disasters, scheduling, meetings, different geographical areas to care for different patient needs and desires, and psychological and physical needs of *everybody*—need I go on?! This is why effective, flexible nursing administrative behaviors (leadership or management) occur (and are often "unpredictable") *because administrative behavior is determined by the concept of IT ALL DEPENDS!*

Conversely, another widely-read business consultant says that this is a time (today) of *chaos with numerous variables* that can easily cause the demise of a business. Therefore, this business consultant says that *true leadership* is mainly an autocratic behavior (not democratic). With this philosophy, there is no mention of being democratic or autocratic—just autocratic---and those decisions have nothing to do with IT ALL DEPENDS—just the fact that he/she wants THIS DONE NOW! Therefore, as you can tell, well-known authors of leadership do have varied opinions regarding the ideal behavior.

RECOGNIZING TALENT FOR ACCOMMODATING TRANSFORMATIONAL CHANGE

Is the drive to be successful a talent or a genuine desire to succeed?! Some nurses just seem to have a talent for achieving a high level of success in certain behaviors and areas of nursing. It takes time for an administrator to determine specific talent and the energy a nurse is willing to commit to being successful. Watch, listen, and look at the results of humanistic and/or technical nursing abilities and outcomes. The talent evidence is there (or not there) for the person you originally considered for a specific job. Talent to any extent to perform any behavioral or technical skill means that the person with the talent should be teaching others how to perform this behavior or skill. Remember—teaching is an independent function of nursing; consequently, that means nurses should teach each other!

Once you see the evidence of expended efforts toward success (or no success), it will identify if a change should occur—maybe *again*. Evaluating outcomes of verbal and non-verbal behavior(s), also, tell a story. So, tune into what your senses are determining! A change in something might be in order at any time and in your best interest!

Accurate and effective communication with a nurse leader prior to requesting a change in expected job behavior is important. Always initially respond to the talents you, as a nurse administrator, have noted. Then, communicate the change in position or job expectations related to the talent. Listen carefully to determine his/her willingness to make the change. If the change is mutually agreed upon, change the job description to reflect the new requirements/responsibilities and the intended goal related to the change. Give the employee a copy of the job description. Make it clear that this *new* job description will now be the basis of future job evaluations.

KEEPING RECORDS TO SUBSTANTIATE ADMINISTRATIVE CHANGE

Keep private records regarding changes related to administrative goals. Identify the person, by name, in your records for a specific job change for the purpose to reach a goal(s) and record the reason for your decision(s). Watch the behaviors of this person. Chart positive and negative responses you see and hear about from others. Use your documentation to support your administrative choices, new job descriptions, commendations, job changes, advancements, promotions, demotions, etc. Date each entry and personally sign each entry. This method provides objectivity for any change and can be very helpful in legal situations. Use your records to substantiate your administrative choices.

"TRUE LEADER" DIFFERENT PERSPECTIVES

Many interesting qualities about the so-called "leader" have been discussed and found in the literature. Different from a leader (by definition) incorporating democratic group processes, some see the "true leader" as dynamic, forceful, controlling, demanding, etc. However, Jim Collins (re-known business writer) found that truly great leaders (more often than not) demonstrate humility and modesty. We cannot ignore (again) the fact, also, that some theorists believe leaders are born (Nature), not made (Nurture), and the qualities of leadership are often first identified in teenagers and young adults—years before they acquire a leadership role.

LAST THOUGHT

LEADERSHIP IS LIFTING A PERSON'S VISION TO HIGH SIGHTS, THE RAISING OF A PERSON'S PERFORMANCE TO A HIGHER STANDARD, THE BUILDING OF A PERSONALITY BEYOND ITS NORMAL LIMITATIONS.

PETER DRUCKER

CRITICAL THINKING QUESTIONS

1. Who, by title and experience, would be the most likely employees to be resistant to change?
2. Under what circumstance(s) would you, as an administrator, choose to use management rather than leadership skills?
3. What current happening in your facility/organization has caused a need for management behaviors?
4. What employee(s) in your facility/organization would you first encourage to support a change, and why?
5. What is the last situation in which you used leadership?
6. What information should you keep in your records to support a change process?
7. What two employees (at least) have a talent for their current nursing position?
8. When you make many decisions during the day, what concept determines whether you use management or leadership?
9. What author in his statement of POWER has meaning to you, and why?
10. What group behaviors do you plan to use (or continue to use) that promote group cohesiveness?
11. What happens when the group identifies and resolves *Major Problems* from a list of all their concerns or problems?
12. What are the personal talents that represent leadership and/or management abilities?

RECOMMENDED READING

Use of Leadership Theories that Make a Difference by this author ("sister" to this document)

Entropy: A Factor for Change, by this author (2017)

Compassionomics (The Revolutionary Scientific Evidence that Caring Makes a Difference) by Trzeciak, S. and Mazzarelli, A. (2019)

The Contingency Theory of Organizations by Donaldson, L. (2001)

Management Challenge for the 21st Century by Drucker, P. (1999)

The Power Paradox by Keltner, D. (2016)

Leadership and Management Strategies by Western Schools (2018-2019)

Are You a Transformational Leader? Nursing Management, Vol. 42 Issue 9, pp. 44-50 by Smith, M. (2011)

Leadership Styles that Promote Innovation, American Nurse Today, Vol. 14 Number7, pp. 21-23 by Edmonson, C., and Weberg, D. (2019)

AUTHOR: Carolyn R. Taylor, Ed.D. M.N. R.N.

CHANGE

IS

INEVITABLE

GROWTH

IS

OPTIONAL

(John Maxwell)