Leadership Development: See the Need

Recently I was asked if I thought leaders were born. I replied, “If so, I have wasted many years doing leadership development.” But then I started thinking more deeply about this question. I now have a new answer.

Are leaders born? Yes, often out of challenges. Here is what I mean. Some of us have greater insight into leadership opportunities, and those people often rise to positions of great influence. Some of us may not see ourselves as leaders, yet when the need arises, we rise to meet the need. And, yes, some of us stand around wondering why others are in action. Let’s focus on the group composed of individuals who say they are not leaders and yet lead effectively when needed.

If today’s health care delivery demands that more of us be leaders (and the Institute of Medicine [2011] report The Future of Nursing says nurses must exert more leadership), our best strategy is to develop this group of prospective leaders to “see the need” more frequently.

Perhaps many of the group who rise to the need always see the need but for some reason only rise on certain occasions. What if we could change the conditions that prevented the translation of seeing into doing? Or perhaps sometimes these prospective leaders didn’t always see the need. What was it that caused 20/20 vision sometimes but not others? These are some of the questions we need to ask to help us help those we develop feel ready to enact leadership behaviors more frequently.

The Heath brothers (of Made to Stick [Heath & Heath, 2008] fame) have a “new” book, Switch: How to Change Things When Change Is Hard (Heath & Heath, 2010). One of my favorite statements, so far, is this: “What looks like a people problem is often a situation problem” (Heath & Heath, 2010, p. 3). Those of us who are accountable for developing others have long made the distinction between problems with educational solutions (lack of knowledge, as an example) versus those with organizational solutions (lack of supplies, as an example). Yet, we know in the real world that when the supplies are lacking, many nurses do not just say, “Oh well. I guess I can’t do what I need to for my patient.” No, nurses do work-arounds! We borrow from another unit or patient or we jury-rig something so that “my patient” gets what is needed. I have yet to meet any nurse who doesn’t take great pride in work-arounds. We actually are quite proud of how we figured out how to make something work when we were faced with a challenge that prevented what we needed to do from occurring smoothly! (I too have done work-arounds and, yes, I have felt quite clever for figuring out the way around the challenge!) Now think: how much energy do we waste because the system prevented a direct solution to a problem? If we would channel this extra energy into leadership, as an example, think how much further ahead we would be in doing our best for patients (or whoever is our direct recipient of our efforts on behalf of patients).

Here is what Heath and Heath (2010) say we must do:

1. Provide clear direction.
2. Engage people emotionally.
3. Shape the behavior (or, in their words, the path).

We do a great job at clear directions. We typically link nursing actions to clinical conditions so that when we see X, we know we need to do Y. Of course, it is never that simple because few of the people we work with have only one condition influencing their health outcomes. Yet, that is the easiest part. Imbed the knowledge so that we always know how to think through problems we meet. So for those who always see the need, they have this element secured. For those who see the need sometimes but not others, we have the potential to develop core knowledge that leads to better assessments.

In recent years, we have begun to focus on engaging people emotionally. Unless we are in unit-based posi-
tions, however, we don’t have the opportunity to work with our learners in their real world of the potential to see the need. Our challenge is, as one example, to help us see that the wonderful feeling we get when we have “beaten the system” could be the launch pad for exerting leadership to change the system rather than become more creative at doing work-arounds. Although that is easier said than done, the real key is to change our thinking about how good we are at work-arounds and how truly effective we could be at changing the system. Whereas the manager’s role relates to the environment and to making system changes, there is nothing that says (at least that I have seen) that educators cannot help develop every nurse as a change agent. And, it will take all of us being focused on change to deal with the demands of today’s health care system.

Finally, shaping the path (or the behavior) is something we have done well with when it has been related to psychomotor performances. (Think of the annual competencies skills checks we do throughout health care.) Our task is to increase the “skills” checklists that relate to leadership behaviors. For example, how to say care is unsafe is a highly valuable skill. How to maintain eye contact when being derided by someone is another valuable skill. That is our emerging role as educators. It is an “add to” not a “replacement of.” In short, we have just increased our worth to organizations if we can help convert the “see the need” prospective leaders into leaders.

I hope to hear many wonderful stories of changes in courage and action that each of us has!

REFERENCES
