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THE LIFE OF PATRICIA MORIN – A NURSING DEAN

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THE LIFE OF PATRICIA MORIN – A NURSING DEAN

By

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A DISSERTATION

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DISSERTATION TITLE

THE LIFE OF PATRICIA MORIN – A NURSING DEAN

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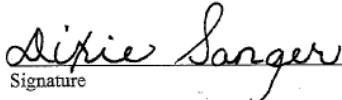_(signature)_   04/30/08
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DEDICATION

"JUST A NURSE"

I'm just a nurse. I just make the difference between life and death.

I'm just a nurse. I just have the educated eyes that prevent medical errors, injuries, and other catastrophes.

I'm just a nurse. I just make the difference between healing and coping, and despair.

I'm just a nurse. I just make the difference between pain and comfort.

I'm just a nurse. I'm just a nurse researcher who helps nurses and doctors give better, safer, and more effective care.

I'm just a nurse. I'm just a professor of nursing who educates future generations of nurses.

I'm just a nurse. I just work in a major teaching hospital managing and monitoring patients who are involved in cutting-edge experimental research.

I'm just a nurse. I just educate patients and families about how to maintain their health.

I'm just a nurse. I'm just a geriatric nurse practitioner who makes a difference between an elderly person staying in his own home or going to a nursing home.

I'm just a nurse. I'll just make the difference between dying in agony and dying in comfort and with dignity.

I'm just a nurse. I'm just the real bottom-line in health care.

Wouldn't you like to be *just a nurse*, too?

By Suzanne Gordon

ACKNOWLEDGMENTS

THE LIFE OF PATRICIA MORIN – A NURSING DEAN

Linda K Walline, Ph.D.
University of Nebraska, 2008

Advisor: Marilyn L. Grady

Women's approaches to leadership have been distinctly different from men's. Through women's stories and women's lives, we can discover unique and fresh insights about leadership critical for the rapidly changing world. Deans of nursing programs are predominately women. Nursing deans are in key positions to influence both the direction of the schools and the profession itself.

The purpose of this historical study was to describe and analyze the life of Patricia Morin, a nursing dean. The study focused on the meanings of these experiences as well as her role in academic leadership as she perceived and lived it. The major contributions resulting from this study, to the existing body of knowledge on women in leadership positions, is the unique exploration of struggles, challenges and successes of Patricia Morin, the first dean of a BSN-completion program at a private liberal arts university. Patricia was the dean of nursing for more than twenty years.

Through a series of extensive interviews, the story of Patricia's life was elicited. All interviews were transcribed verbatim, analyzed and coded for salient themes. An independent outside auditor was used to validate the accuracy, objectivity, and plausibility of the results drawn from the study.

Six major themes emerged from this study: importance of family support in relation to self-confidence; knowing oneself; passion and caring; mentoring and networking; leadership and followership; and gender. Unexpected life events and opportunities that influenced Patricia's career were also identified.

No generalizations are possible from this study. The findings may inform and emphasize the importance of childhood support in developing self-confidence in women, identifying and mentoring potential academic nursing administrators early in their careers, recognition of the role of nursing leaders in addressing the oppression that exists in nursing, leadership development for future academic nurse leaders, and further exploration of the role of gender in leadership.

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Chapter One

INTRODUCTION

Women's approaches to leadership have been distinctly different from men's, being influenced by their complex cultural, social and economic experiences (Athena Foundation, 1999). Historically, the language of leadership focused on the behavior of men, failing to fully incorporate the ways that women lead.   Through women's stories and women's lives, we can discover unique and fresh insights about leadership critical for the rapidly changing world.

Deans of nursing programs are predominately women. At present, the nursing profession needs leaders who can cultivate practitioners who are simultaneously excellent clinicians and thoughtful scholars. Deans are in key positions to influence both the direction of the schools and the profession itself. Redmond (1987) stated that deans of nursing programs are particularly important "as we face decreasing enrollments in nursing programs and shortages in practice areas" (p. 69). These shortages of nurses and nursing educators that have continued into the late 1990s have increased the demands on nursing deans (Starck, Warner, & Kotarba, 1999).

Nursing deans hold the keys to the development of effective nursing leadership for the future. Nursing deans have held crucial leadership positions in the profession and have the "scope of authority and influence to critically affect the future of the nursing profession and, ultimately the health care of our nation" (Larson, 1994, p.152). Although deans have been studied, there have been limited collection and analysis of their life stories (Hall, McKay, & Mitsunaga, 1971; Hall, Mitsunaga, & Tornyay, 1981). A profile

of a dean could provide important knowledge for administrators of nursing programs. By identifying personal abilities, experiences, relationships, and qualities paramount to achievement in the nursing dean's role, these experiences can be emphasized in developing the abilities of aspiring deans (Redmond, 1987).

Purpose Statement

The purpose of this historical qualitative study was to describe and analyze the life of Patricia Morin, a nursing dean. This life history focused on understanding Patricia Morin's decision to become a nursing dean and factors that influenced her career. The study focused on the meaning(s) of her life experiences as well as her role as a nursing dean as she perceived and lived it. Patricia Morin's characteristics and life experiences were described.

Patricia Morin was a nursing dean for more than twenty years. She has been described by her graduates as a role model, friend, and nursing leader whose concern for the nursing profession has been a motivating stimulus for their career development and growth. She listens and empowers those around her, resulting in her reputation for challenging individuals to develop their capabilities. She implemented the first stand-alone articulated Registered Nurse-Bachelor of Science of Nursing (RN-BSN) completion program in her state, graduated the first cohort group of Master of Science in Nursing students in May of 2002, and continues to look for opportunities to promote the nursing profession.

Research on nursing deans, leadership and feminine scholarship was utilized to facilitate the understanding of Patricia Morin's life history. The lens of feminine scholarship was used to study and understand how gender as a system of cultural signs or

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meanings influenced Patricia Morin's role as a nursing dean within her academic institution (Klages, 1997).

Importance of the Study

Although women are breaking through the glass ceiling, most women aspiring to leadership find themselves in mid-management positions. Given this reality, further research of women's leadership experiences in mid-management positions has been warranted (Clark, Caffarella, & Ingram, 1998a; 1998b).

Nursing has been stereotyped as a female occupation and female nursing deans have represented the minority gender in the male dominated world of the academy (Dickson, 1993; Barge, 1986). Nursing and females have been associated with the traditional nurturing role in contrast to the male professional leadership image of the dean's role in the academy (Barge, 1986). Historically, nursing deans have had male supervisors, worked primarily with male deans, and answered to a predominately male board. Few nursing publications have asked why a glass ceiling exists for nurses in academia, although executive women in business administration have been investigating components of their glass ceilings for more than 20 years (Borman, 1993).

The use of women's narratives as a mode of inquiry in writing life history provides alternative views of traditional academic practice. This life history of Patricia Morin will expose the reader to the complexity and paradox of the professional life of a nursing dean, reveal knowledge about how to thrive in the academy, allow "voice" to her experiences, and hold the capacity for reinterpretation and change (Cooper, Benham, Collay, Martinez-Aleman, & Scheer, 1999). Narrative has been both a vehicle for personal growth and a technique for entering into phenomena and partaking of them

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rather than a method for objectively observing and understanding phenomena (Clandinin & Connelly, 1991).

Gevedon (1992) recommended utilizing qualitative life history research to provide an in-depth historical and subjective account of how nursing deans perceived their leadership role. In-depth data on the career and leadership development of a nursing dean will add to the theoretical knowledge base of leadership behaviors of nursing deans and will have implications for the identification, selection and training of exemplary nursing deans.

Research Questions

The grand tour question for this study was: How did Patricia Morin's life experiences influence her career? Sub-questions included:

1. What factors and career decisions contributed to Patricia's success as a nursing dean?

2. How did Patricia describe her leadership?

3. How did gender influence Patricia's career?

4. What were the greatest challenges faced by a nursing dean?

5. What lessons from Patricia Morin's life were helpful for other nursing deans?

Definition of Terms

For the purposes of this study, the following terms were defined to elicit an understanding of the topic:

Empowerment: Empowerment was defined as "moving decision making down to the lowest level where competent decisions can be made" (Kreitner & Kinicki, 1998, p.325).

Empowerment is a process involving transformational leadership, a supportive environment, and a knowledgeable leader.

Mid-level leadership: For the purposes of this study, two criteria were identified for mid-level leadership. First, the individual had authority over a significant part of the institution, yet was accountable to a supervisory authority. Second, the participant was viewed as a mid-level leader by the employing institution (Clark, Caffarella, & Ingram, 1998a).

Transformational leader: Burns (1978) described the transformational leader as being committed, having vision of what could be accomplished, and empowering others with this vision so that more would be accomplished.

Transformational leadership: Bass (1998) identified five components of transformational leadership: 1) charismatic leadership – the leader is admired and provides a vision and sense of mission, 2) idealized influence – followers emulate the leader, 3) inspirational motivation – provides meaning and challenge to the work and builds confidence, 4) intellectual stimulation - questions assumptions and increases staff awareness of problems as well as influences new problem-solving approaches, and 5) individual consideration – individual mentoring of staff based on staff needs. Transformational leadership accomplished systemic change (Dunham-Taylor & Klafeln, 1990).

Transactional leader: Burns (1978) defined a transactional leader as the traditional manager concerned with day-to-day operations. A transactional leader is in a caretaker role and does not focus on shared values or visionary planning. The transactional leader negotiates exchange or trade-off with followers to meet stated goals.

Transactional leadership: Transactional leadership has three components: 1) contingent reward – rewarding staff for desired work, and 2) active or 3) passive management by exception. In active management by exception, the leader monitors work performance and then corrects it as needed, whereas, in passive management by exception, the leader waits until problems occur and then deals with the issues (Burns, 1978). Transactional leadership has been concerned with changing a method or person, but not changing the system (Dunham-Taylor & Klafeln, 1990).

Delimitations and Limitations

The focus of this study was restricted to one woman, Patricia Morin. Patricia, a nursing dean for a small private liberal arts university in the central part of the United States, was chosen as the primary participant. Patricia Morin was a voluntary participant and the information gained was dependent on her abilities as a historian and her willingness to discuss her experiences. Although generalizability was limited when focusing on one participant in a life history, the findings of the study may be used to understand factors that contribute to the success of a nursing dean.

Bias

Life histories are a prime tool for the social historian. However, bias has been one of the most prominent challenges with life history. Robertson (1983) stated that it was impossible to completely eliminate bias from any piece of writing, but it was possible to compensate for that bias by recognizing it and allowing for it in composing the life history.

I have known Patricia Morin since 1971 when Patricia and I were peer nursing instructors and have been in contact with her throughout her career. I have also taught courses for Patricia at two different institutions. Since 1992, I have been a higher education administrator. Having lived this role in a community college setting rather than a small private liberal arts university, has provided insight. My prior acquaintance with Patricia and my similar administrative role may bias my interpretation through my close identification with the participant.

The interview process with the primary participant was time intensive, thus enhancing the relationship between the participant and the researcher. Although bias was a concern, this relationship enhanced the interviews and facilitated the sharing of information. As the interviewer, I attempted to keep enough "distance" to maintain objectivity (Mockelstrom, 2000), however, it may also create partiality and affect interpretation of findings.

Chapter Two

LITERATURE REVIEW

Creswell (1994, 2000) stated that in qualitative research, literature is used inductively to justify the need for the research problem, but does not provide major direction for the research questions. Although literature was incorporated into the narrative of this qualitative dissertation, a separate chapter was designated to reviewing literature on leadership, women's leadership and nursing deans and was used to provide the reader with the ability to contrast and assess the information obtained in the study with the historical research on women leaders and nursing deans.

This dissertation is a qualitative study of the life history of Patricia Morin, a nursing dean. The literature review focused on leadership, women's barriers, and leadership characteristics of nursing deans. These areas provided the background to contextualize this study in terms of women's leadership roles in academia, recognizing that most literature on women's leadership has been done using the voices of women leaders in senior management positions (Grady, Ourada-Sieb & Wesson, 1994; Rosener, 1990) with limited empirical research on mid-management women leaders.

Leadership

Biographies of 177 American, primarily female, nursing leaders born before 1890 or deceased by 1988 were analyzed to identify commonalities in their backgrounds. The major variables related to achievement of this group were similar to variables identified in earlier leadership studies in which the overwhelming number of subjects were male (Bullough, Bullough and Wu, 1989). The nurse leaders researched were well-educated, life-long learners. The majority were single (57.6%), mobile, long-lived (8.3% lived

beyond their 91st birthday, 66% lived beyond their 71st birthday), older when they entered the field (only 18% were below 20 years of age when entering nursing school), networked within their profession and were writers, publishing in one or more mediums.

Career paths of women managers, as described in the literature, are highly variable and nonlinear (Caffarella, 1992; Davidson & Cooper, 1992; Powell & Mainiero, 1993). In contrast, Clark, Caffarella and Ingram (1998b) found twice as many women reporting linear careers in their qualitative study of twenty-three mostly mid-level women leaders. Clark, Cafarella, and Ingram concluded that being single (eight of the twenty-three) or having an egalitarian marriage was usually necessary if women wanted to give their careers priority.

Since leadership style is important to the effectiveness of an organization, many research studies have examined variables contributing to successful leadership. Burns (1978) identified the leader-follower relationship variable as an important factor of leadership success. He described this leader-follower relationship variable as the interaction of individuals who share the same purpose and goals and operate with varying degrees of motivation and power potential. Burns labeled these interaction variables as transactional or transformational leadership. He described transactional leadership as "a bargaining process, a give and take, so that compromises are made because of the transactional leadership of the individual…[In contrast], transformational leadership exists when individuals shape, alter, or elevate the values and goals of followers through the vital teaching role" (p. 425). A study of thirty-five nursing deans in top-ranked schools found deans to use predominantly transformational leadership behaviors (Gevedon, 1992).

Women's leadership has often differed from the traditional masculine approach (Rosener, 1990; Eagly, Mladinic, & Otto, 1991). Women in management have received higher transformational leadership scores than male managers (Dunham-Taylor & Klafehn, 1990; Rosener, 1990; Bass, 1998). Women nurse executives have also received higher transformational leadership scores on the Multileadership Questionnaire (MLQ) than male managers taking the MLQ in a similar study (Bass, 1985).

However, research on nurse executives (Rosener, 1990; Dunham-Taylor, 2000; Borman, 1993; Fullam, Lando, Johansen, Reyes, & Szaloczy, 1998) has shown that male nurse executives were as transformational as female nurse executives, and staff satisfaction and work effectiveness scores for male nurse executives were equal to those achieved by female nurse executives. This is consistent with Roueche, Baker, and Rose (1989) who found no significant difference in the transformational leadership scores of men and women presidents in community colleges. Roueche, Baker, and Rose (1989) found that these transformational leaders influenced others to acknowledge the importance of motivating people and modeled values conducive to institutional excellence.

In 1993, Borman explored how Hospital Chief Nursing Executives (CNEs) and Chief Executive Officers (CEOs) differed in their role behaviors, skills and values. Borman found executives, regardless of gender or position, utilized transformational leadership more than transactional leadership. Women were found to value flexibility, connection, industry leadership, organizational growth, profit maximization, and organizational stability more than men. Borman concluded that these characteristics would permit women to do well with the expected challenges in healthcare and education whether they

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remain in nursing administration, nursing education, or assume top-level hospital or post-secondary administrative positions.

The rapid technological changes, expanding knowledge base, and economic uncertainty of the academic and health care environment have shortened the turnaround time to make decisions, have reduced the level of resources and have required staff to work more to meet the demands of the job. The key to effective leadership and a characteristic of transformational leaders was the ability to blend successfully the organizational and individual dynamics as they related to the ever-changing organization. Bass (1998) found that transformational leadership was successful in these rapidly changing environments and that women in leadership positions were often more transformational than men in similar positions.

Nursing education deans are currently being asked to implement changes more rapidly than in the past. Nadler and Tushman (1990) reported that in any organization, strategic, incremental, reactionary and anticipatory change is occurring at any given time. Transformational, transactional, and laissez faire leader behaviors have been utilized to initiate, implement, and manage change within organizations (Bass, 1992; Nadler & Tushman, 1990; Colyar, 1996).

Barriers

Women may struggle in their adaptation to the academic environment. Incorporating women into the academy is incumbent on changes in the individual and the culture of the institution. Constant self-examination and the importance of presence of others as a significant influence on women "finding a home" in the academy were two themes found by Cooper, Benham, Collay, Martinez-Aleman, & Scheer (1999).

When women were asked about barriers they had encountered in their careers, they identified the single greatest barrier as the systematic societal devaluation of women (Clark, Caffarella, & Ingram, 1998b). This devaluation ranged from blatant verbalizations to examples of being discounted by not being included in discussions and decision-making. Other barriers included: 1) the challenge of finding career opportunities where both spouses had professional careers, 2) women following the husband's career, 3) lack of mobility, 4) stereotyped remarks and beliefs, and 5) primary care-taker responsibilities.

Maintaining a balance of the intersection of the professional and the personal roles was frequently listed as a challenge (Clark, Caffarella, & Ingram, 1998b; Barge, 1986). Many adapted by compartmentalizing their professional and personal lives. However, many described an on-going tension between the two realms.

Horizontal segregation was also reported as a barrier for women (Reeves, 2000). Horizontal segregation was defined as the exclusion of a particular group of people from certain levels of the employment hierarchy (2000). Horizontal segregation at the upper levels of the labor market has been labeled the glass ceiling (Morrison, 1992; Morrison, White, & Velsor, 1987). Although men have predominated at the level of managerial, professional, and supervisory positions, the percentages of women in these positions have increased, in some cases sharply during the 1980's and 1990's (Reeves, 2000). In occupations such as nursing, in which 90-95% of the labor force is female, only half of the senior managers were women (Sly, 1996).

Women, who are marginalized by exclusion from both formal and informal participation in networks often are not aware of the informal rules of the game, lack the

knowledge of how to access resource information and technology within the organization, or experience discomfort in the majority male milieu. Women's subordinate positions limited their ability to offer incentives to males in exchange for access into such networks (Kottis, 1993).   Knowledge of the political structures of the institution has been crucial to the survival of nursing programs and nursing deans. Musillie-Cerra (1991) found that the ability to gather administrative support within the nursing department depended primarily upon the political astuteness of the nursing dean (Musilli-Cerra, 1991).

Clark et al. (1998b) found little gender awareness among the women they interviewed. Although the participants reported specific examples of gender discrimination, the participants did not feel they were "marginalized" or had experienced a systematic pattern of gender discrimination. Smulyan (2000) reported similar experiences in her research on three female principals. The three female principals all reported that gender did not make much difference in their lives and work, but each later explained how, in fact "gender did influence her life" (p. 599). As Smulyan's study progressed, the participants wrote down incidents or events that they recalled where gender had played a part, brought to consciousness by the researcher's questions.

<div align="center">Nursing Deans</div>

Evidence has indicated the conventional career path leading to the nursing dean position has been the professorial ascension (DeYoung, S, 2000; Larson, 1994; Morris, 1981; Musilli-Cerra, 1991; Redmond, G.R., 1987). The importance of identifying nursing faculty that show administrative potential and provide guidance, mentoring and career planning support was found by DeYoung (2000) and Redmond (1987). Further research

is needed to identify desirable qualities needed for a nursing dean position and experiences that will prepare potential candidates for a dean position.

Redmond (1987) investigated life experiences, career experiences and relationships identified by deans of nursing programs that were identified as significant factors in their pathway to the deanship. Desired characteristics of deans included valuing education and achievement, displaying an early pattern of leadership that included an enjoyment of or a desire to be in charge, and mentoring relationships to provide important role modeling for leadership behaviors, support, encouragement and information for making educational and career choices.

Princeton and Gasper (1991) found the greatest challenge of first-line nursing administrators in the academy was balancing and prioritizing their administrative duties with the traditional triad of faculty responsibilities of research, teaching, and service. The majority of respondents reported working with mentors to help them prepare themselves for leadership roles in the academy.

Research on nursing deans concluded that skills in leadership, management and communication processes were required for success in a nursing education leadership position (Hodges & Christ, 1987; Ryan & Irvine, 1996; Short, 1997a). Intellectual ability, ability to mobilize groups, and creativity in thinking were also valuable resources (Short, 1997a). Financing and innovation were surprisingly rated relatively low.

Short (1997b) also discovered the importance of both the psychosocial function and the career development function of mentoring. Short suggested that multiple mentors might be needed to prepare deans for the scholarly, professional and administrative expectations of the role.

Changes occurring in both the internal and external environments have caused the role of the nursing dean to undergo major revolution (Booth, 1994). Health care reform and economic influences have caused organizations, corporations, and states to experience an unprecedented rate of change resulting in redesigning of work group structures, functions and administration (Booth, 1994). The nursing dean must be prepared to lead change and manage the rapid changes in an ambiguous and flexible environment.

Starck, Warner, and Kotarba (1999) interviewed nursing deans to determine what changes in leadership were needed for the 21st century. The deans anticipated increasing emphasis on fund-raising, acquiring more business savvy, and diminishing emphasis on internal operational issues. They described future leadership styles or skill sets needed as consensus builder, risk taker, and interactive empowerer.

Chapter Three

METHODOLOGY

Plummer (2001) stated that the life story is at the heart of personal document research. Biographies, autobiographies, interviews, and historical documents are sources of life stories. Atkinson (1998) defined a life story as

> the story a person chooses to tell about the life he or she has lived, told as completely and honestly as possible. What is remembered of it, and what the teller wants to know of it, usually as a result of a guided interview by another (p.8).

Atkinson described the interviewee as the storyteller and narrator of the story being told, whereas the interviewer is the facilitator in the process.

Qualitative Research

The foundations of qualitative research standards are found in social science research (Miller, 2001). The intent of qualitative research has been to explore a social or human problem (Creswell, 1998). Creswell defined qualitative research as

> an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting (p.15).

Creswell (1998) stated, "Qualitative inquiry represents a legitimate mode of social and human science exploration without apology or comparisons to quantitative research" (p.9). He asserted that qualitative studies should be used when the inquirer seeks to explore and understand a central phenomenon.

Qualitative research has been primarily interested in the process rather than outcomes or products, and has been more concerned with how people make sense of their lives or experiences. In qualitative research, the researcher has been the sole instrument for data collection (Miller, 2001). The researcher has asked general, broad questions to best learn from the participant or participants (Creswell, 2002). Data are collected through observation, interviews, audiovisual materials, and other historical documents.

Qualitative research has essentially been an investigation which relies on the participant's views to make sense of a social phenomenon by sorting the information into categories, reducing the information into themes and sub themes, and presenting the information in rich, thick descriptions. Qualitative research has been both inductive and descriptive (Miller, 2001).

<center>Life History Method</center>

A life history or biographic tradition dictates purposeful selection of the individual to be studied. The life history approach may explore the entire life history or only a specific portion of an individual's life. A portrait of the entire life of an individual or pivotal events, turning points, or life transitions may be the focus of the study. The narrative provides a detailed picture of one person's life or life experiences and organized chronologically, by themes, by stories, by significant events, roles assumed or lessons learned (Miller, 2001).

Creswell (1998) defined a biographical study as the study of an individual's experiences as told to the researcher or found in documents and archival material. This was consistent with Denzin's (1989) definition of the interpretive biographical method involving the studied use and collection of personal life documents, accounts, and

narratives that describe turning-point moments in individuals' lives. Denzin identified

these documents as diaries, letters, obituaries, life histories, life stories, personal

experience stories, oral histories, and personal histories (p.7).

Creswell (1998) described life history as an approach found in the social sciences and

anthropology where a researcher characterizes an individual's life. The researcher

collects data primarily through interviews with the individual, but may also interview

peers, relatives or other individuals who may have had a significant influence on the life

history participant.

Plummer (2001) differentiated between the long life story as the "full-length book

account of one person's life in his or her own words" as compared to the short life story

which was more focused and was obtained in half an hour to three hours (p.19). The long

life story was gathered over an extended period of time with guidance from the

researcher. The data were collected through tape recordings, journaling by the

participant, interviews with friends, photographs, documents, and observations. The data

gathered were "context bound" and were reflective of the individual, time, and

circumstances.

Short life stories are more common. They were usually gathered through "in-depth

interviews, with open-ended questionnaires, requiring gentle probes" (Plummer, 2001,

p.24). The stories usually were more truncated versions of the long life story. These life

stories may be incorporated into a case study or joined with other short life stories to

create a larger understanding of a social concept.

Denzin (1989) described autobiographies and biographies as "conventionalized,

narrative expressions of life experiences" (p.17). These narrative interpretations result in

blurring the lines between fact and fiction. Biographers are faced with the challenge of recognizing their own biases and values**.** Denzin (1989) identified the following guidelines for biographers: 1) begin with an objective set of experiences in the subject's life noting life course stages and experiences; 2) use interviewing to gather concrete contextual biographical materials, focusing on gathering stories; 3) organize stories around themes that indicate pivotal events; 4) include the participant in determining the explanation and meaning of the stories; and 5) look for larger structures to explain the meanings (p. 51).

Life history research requires the collection of extensive information from and about the subject of the biography. When using an interpretive approach, the potential for bias must be recognized. Lomask (1986) emphasized that research must be forthright in presenting as facts only those statements you know to be true and as opinions those conclusions derived from the facts. A clear understanding of the historical, contextual nature of the data is necessary before writing the narrative.   Multiple layers may need to be sifted before the significance of the life events story can be told (Creswell, 1998, Miller, 2001). Lomask (1986) encouraged frequent review of the data collected, recognizing that when data are revisited, relationships and themes will appear which initially were not as obvious.

<div align="center">Feminist Scholarship</div>

Feminism and qualitative research methods have a number of common elements. They both emphasized phenomenology, with importance placed on the experiences and voices of individuals. Both feminism and qualitative research methods have valued research as a participatory process that recognized the researcher's subjectivity and the

importance of the researcher's reflexivity (Allen & Barber, 1992; Thompson, 1992; Lindsey, 1997).

Biographers, like historians, must make difficult decisions in selecting, reconstructing, including, deleting, or in the analysis of motives and cause of events or experiences. By writing life histories of women, the knowledge about women's lives will be expanded and the frameworks within which we interpret historical experiences will be altered. "When the subject is female, gender moves to the center of the analysis" (Alpern, Antler, Perry, & Scobie, 1992, p. 7). The challenge for the researcher has been to recognize the subjectivity of biography, yet maintaining a critical scholarly stance. Alpern et al. (1992) explained

> …this emphasis on attachment and revisioning suggests that writing a woman's life requires an active, not a neutral, voice from the biographer. Inherent in that voice is the willingness to learn from the specificity of a subject's life, to acknowledge and express her complexities, contradictions and tensions (p.11).

Steward (1994) identified that women's lives and issues have often been left out of social science writing. Steward further noted that women have the ability to make choices and resist oppression. She encouraged researchers to inquire into how a woman understands her gender, acknowledging that gender is a social contract that differs for each individual. Steward also recognized the importance of understanding the impact of power relationships and social position as related to women.

Feminism has had a specific political agenda of giving voice to women's experiences, to illuminate the oppressive effects of patriarchy, and to empower women to make positive changes in their individual lives as well as in the society at large (Lindsey,

1997). Feminist researchers have focused on reducing the inequities in power between themselves and the women studied. Power may reside inequitably in the hands of the investigators, who define both the questions and the process of inquiry. Col (1981) emphasized that research questions should be as meaningful to participants as to the researchers. The imbalance of power has been corrected when women participate fully in the research process by helping to formulate the problem, conduct the inquiry and disseminate the results (Walleston, 1981). The research experience may stimulate the participant to analyze self-needs.

Thompson (1992) differentiated between research on women, which "aims to document and correct for sexism," and research for women, which "is consciously aimed at emancipating women and enhancing their lives" (p.4). Research on women has been considered to be "corrective" in that it tries to expose inequalities in social institutions, including the family, and to "reclaim concerns of women" (p.4) by focusing research on issues of importance to women. Research for women has a more assertive, action-oriented agenda that attempts to empower women to recognize their strengths and to take actions on their own behalf.

Feminist research has insisted that all human experiences are worthy of being acknowledged, documented and analyzed. Women's experiences and personal narratives have been seen as valuable primary sources rather than biased, subjectively flawed information (Joyappa and Self, 1996). In life history research and feminist research, data from lived experiences are collected, analyzed and examined from various perspectives in order to better understand and improve the experience.

Gustafson (2000) identified four characteristics of feminist research. These included: 1) challenging what is known and how that knowledge is produced by examining the centrality of androcentric, institutionalized knowledge as being the way of knowing ourselves and the world; 2) overt and primary attention paid to women; 3) a self-conscious, critical and intense process of gazing inward and outward that results in questioning assumptions, identifying problems and organizing for change; and 4) using feminist research as a tool for social change and for informing and reforming feminist theorizing, pedagogy, and community activism

Feminist researchers are concerned with the ethics of the relationship between the interviewer and interviewee. Feminist researchers have strived to work in a non-hierarchical manner, recognizing that they are not always able to accomplish this goal. This focus has required methodological commitment to explore the social construction of gender and its actual impact on all participants in the research project (Joyappa & Self, 1996).

Thompson (1992) identified ethical issues in regard to feminist researchers: the exploitation versus the empowerment of the research participants and the potential for objectifying the participants. The concern with objectification has raised issues related to authorship, ownership of life stories and possible differences in the interpretations of researchers and participants. The second ethical concern was the inability to anticipate the balance of risks and benefits. Researchers cannot specify in advance exactly what will be addressed in the research because they make an effort to remain flexible and receptive to the unexpected. Privacy may be invaded during the interviewing process.

Procedures

The University of Nebraska-Lincoln (UNL) Institutional Review Board (IRB) granted

approval for the research study, The Life of Patricia Morin – A Nursing Dean, on July 18,

2002 (Appendix A: IRB Proposal # 2002-06-341 EX).

The participant was contacted prior to the submission to the Institutional Review

Board (IRB) proposal to determine willingness to participate. The participant agreed to

participate in the study and have her name used.   Patricia, the participant, signed the

Informed Consent Form on October 3, 2002 (Appendix B)

In qualitative studies, interviews have provided a method of data collection that

allows rich, in-depth descriptions of the participant's perceptions of the phenomena

which in this case was Patricia Morin's life history (Creswell, 1998). Interviews

provided information that cannot be gained through observations (Miller, 2001).

Qualitative case study research focuses on the understanding of data, therefore the

findings of the interviews help form the understanding of the participant's life

experiences.

The primary method of data collection was through tape-recorded interviews after the

informed consent was obtained on October 3, 2002. These interviews provided a window

to the participant's life. The first interview occurred in the fall of 2002 at the Nebraska

Nurses Association annual meeting in Kearney, Nebraska. Additional interviews

occurred at Patricia's office at her private liberal arts university and at her home. Patricia

chose both the time and place of the interviews.   The two-hour semi-structured

interviews focused on the questions presented in the interview guide. The Grand Tour

Question and sub-questions (Appendix C) were the basis of the interview questions

(Appendix D). Open-ended questions were used to facilitate free exchange of information.

All interviews were audiotaped and transcribed (Appendix E: Interview Dates). Transcripts were reviewed by the participant for verification (Appendix F: Confirmation of Transcipts Review). Telephone follow-up was used to supplement and clarify information. As the data were analyzed, coding occurred and patterns and themes were identified. As themes occurred, on-line searches were conducted to locate and collect both research and non-research articles to better understand and develop the themes. As appropriate, these articles were then incorporated into the narrative to provide more in-depth understanding and background to support the themes. These articles were then color coded according to preliminary themes so they could be readily identified for more in-depth review.

Data Analysis

Stake (1995) defined analysis as "taking something apart" (p.71). He described analysis as a matter of giving meaning to first impressions as well as to the final compilations. He further explained that researchers reach new meanings about phenomena through direct interpretation of the individual instance and through aggregation of instances until something can be said about them as a group or class of experiences or instances. Stake explained that the search for meaning is often "a search for patterns, for consistency within certain conditions" (p.78). The patterns may be known in advance, be drawn from the research questions or will emerge unexpectedly in the analysis. Stake emphasized that subjectivity must be recognized when interpreting data or reading someone else's interpretation.

Miller (2001) stated that many activities occur or should occur parallel in the course of the qualitative research data analysis. Merriam (1998) recommended that data collection and analysis should occur both in and out of the field. He recommended performing rudimentary analysis while you are in the process of collecting data, between data collection activities, and upon completion. He explained that data collection and analysis is an ongoing process and can extend indefinitely. Merriam (1998) reflected that without ongoing analysis, "the data will be unfocused, repetitious, and overwhelming in the sheer volume of material that needs to be processed" (p.162).

A professional transcriptionist was used to transcribe the interviews immediately after each interview session. The transcriptions were immediately read, critiqued and compared to field notes. I then listened to the audiotapes while verifying the accuracy of the transcriptions. This opportunity to "re-experience" the interviews helped me to better recall the voice inflections and body language observed during the initial interviews. Data coding and analysis were then completed and managed through a combination of manual coding on the typed transcripts and then organized with the assistance of a computer word processing program. Analysis of the data included both organization of a narrative description of the life history of Patricia Morin and the construction of categories or themes that "cut across the data" (Merriam, 1998).

As I collected the data, my goal was to identify patterns and themes. Marshall and Rossman (1995) described the qualitative researcher as being guided by initial concepts and hunches that would be discarded or replaced as evidence is collected and analyzed. I focused on remaining open to possibilities and alternative explanations of my findings (Valerio, 1999). However, women doing feminist research recognize that the study of

women has been absent or marginalized and while doing research face the realism of their own marginal positions, thus turning previously private, personal concerns into political public ones for researchers and researched alike (Maguire, 1987).

Although an initial draft was written in 2003, the final narrative was finished almost five years later. In 2008, I reread and re-coded the transcripts. The narrative was updated and restructured, incorporating additional literature, thus enriching the life history because I better understood the significance of feminist research, including ordinary women in the research inquiry process.

Methods of Verification

The rich, thick descriptions and the relationship that has developed between the researcher and participant contribute to the verification of the data (Creswell, 1998). Triangulation, clarifying researcher bias, member checks and rich, thick descriptions are used to establish trustworthiness of a study (Creswell, 1998). Miller (2001) stated that external validity is verified through rich, thick, detailed descriptions and internal validity is verified through triangulation between primary participant and secondary informant interviews, member checks and clarification of researcher bias.

In qualitative research, multiple sources would be examined to identify the concurrence of information and confirm themes and sub themes. I was cognizant that my life experiences as a woman, a nurse and an educator would influence my perception of the stories I heard from the participant. I recognized that I chose a life history of a nurse educator to better understand factors that influenced her success, her challenges and the decisions she made about her career. I used member checks, asking the participant in the study to review the collected data for accuracy. This allowed the participant to

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review the researcher's drafts to check data for credibility (Miller, 2001). In this study, the participant was given the opportunity to review her transcripts.

In qualitative research, rich thick descriptions permitted the reader an opportunity to judge whether the findings are transferable to other settings (Creswell, 1998). A rich narrative account provides the reader with details and precise characteristics of Patricia Morin's life history and invites the reader to experience the participant's life through her stories.

Validity and Reliability

All research is concerned with reliability and validity. In qualitative research studies, the terms validity (do the items measure the content they were intended to measure?) and reliability (can the findings be replicated?) have been used to assess the quality of the research (Creswell, 1994). To establish validity in qualitative research studies, Creswell and Miller (2000) identified nine procedures to consider in the practice of verification: 1) prolonged engagement and persistent observation in the field; 2) use of triangulation - using multiple investigators, multiple sources of data, or multiple methods to confirm the emerging finding; 3) peer review or debriefing - asking colleagues to comment on the findings as they emerge; 4) disconfirming or negative evidence – searching through data that is consistent with or disconfirms initial identified themes; 5) clarifying researcher bias or researcher reflexivity - clarifying the assumptions, worldview, and theoretical orientation at the outset of the study; 6) member checking - taking data and tentative interpretations back to the people from whom they were derived and asking them if the results are plausible; 7) rich, thick descriptions - providing enough descriptions so that the readers will be able to determine how closely their situations match the researcher

situation, and whether findings can be transferred; 8) external audits – using external auditors or readers to examine the narrative account and attest to its credibility; and 9) collaboration with participants throughout the process of research.

Creswell (1998) recommended that at least two of these verification strategies be used in qualitative research. Merriam (1998) identified participatory or collaborative modes of research involving participants in all phases of the research, including conceptualizing the study to writing up the findings. I used member checking, triangulation, rich thick descriptions, clarifying researcher bias and an external audit.

Member checks were used to verify critical observations and interpretations. The participant was asked to review the material for accuracy and palatability (Stake, 1995). The participant reviewed transcripts from taped interviews to verify accuracy, provide clarification, and answer questions.

Triangulation of multiple data sources and evaluation methods were used to ensure the reliability and credibility of the study. I repeatedly compared and contrasted the data in the transcripts. This enabled the identification of patterns and enhancement of themes.

The clarification of research bias was ongoing. Lomask (1987) stated that researchers must be objective, "He must force himself [gender neutral] to pull back, to put his subject at arm's length, to achieve that detachment-cum-compassion which is the sine qua non of good biographical writing" (p. 32). Maguire (1987) stated that feminist scholarship proposes using experience, intuition and evaluation as alternative modes of knowing and challenges the concept of value-free, objective knowledge production.

As a researcher, she shared some privileges of the male academic elite; yet as a woman, she shares sexist oppression with other women. Dominant social science

expects her to describe other women's oppression while ignoring her own. It requires her, as a researcher to do nothing about either (Maguire, 1987, p. 92).

The process began when I chose the life history methodology and identified the topics of leadership, barriers, and feminist scholarship for my literature review. MacIntosh (2002) stated that "by self-report they [registered nurses] have not considered, or thought to consider, gender-related influences on role expectations, self-concepts, and relationships" (p.170). As I attempted to examine gender-related factors that influenced the personal and professional life of my participant, I also examined my own personal awareness. The literature on gender identity provided a new way of viewing both the participant's and my life experiences. This increased awareness has provided an enhanced awareness that I am using as I mentor and encourage nurses to discuss, examine and question their role in the healthcare system. Thus, recognizing my potential biases, I did ongoing introspection throughout the study.

As a validity check for this life history study, an external audit was used. I invited an objective, independent, external auditor with doctoral-level training and experiences in conducting qualitative research to review the research findings (Taio, 2002). This external auditor reviewed a sample of the interview transcripts and compared them against the profile of the participant and emerging themes to assure that no distortion existed and that no unreasonable interpretation had been made of obtained data. The external auditor affirmed the credibility and trustworthiness of this study. Minor changes were made after a short discussion between the researcher and the external auditor.

Merriam (1998) cautioned that reliability is problematic in the social sciences simply because human behavior is never static. Reliability in a research design is based on the

assumption that there is a "single reality and that studying it repeatedly will yield the same results" (p.205). In qualitative research, the researcher has strived to describe and explain the phenomena as those in the world experience it. Merriam clarified that the question is not whether the findings will be found again, but whether the results are consistent with the data collected.

Miller (2001) identified four methodological procedures employed by qualitative researchers to attain reliability: Miller suggested that the researcher should 1) furnish a thorough description of the focus of the study, the researcher's role, the selection of participants and the circumstances from which data would be collected; 2) employ triangulation or multiple methods of data collection and analysis; 3) describe in detail data collection and analysis procedures to yield a clear and exact depictment of the methods used; and 4) complete external audits of the process and the product of inquiry.

Miller's (2001) techniques were consistent with those identified by Merriam (1998). Merriam suggested that the investigator 1) explain the assumptions and theory behind the study; 2) explain their position in relationship to the group being studied; 3) explain the basis for selecting the participants; 4) describe the participants; 5) describe the social context from which the data were collected; 6) perform triangulation; and 7) conduct an audit trail.

To ensure verification and reliability in my study, I described the focus of the study and the selection of my participant. I collected my data through interviews and used multiple methods of data analysis. I described in detail the exact methods used in my data collection and utilized an external auditor.

Ethical Considerations

The federal government has established regulations to protect human subjects in biomedical, behavioral and social research. Qualitative researchers have faced ethical issues different than those of quantitative researchers (Creswell, 1998). In qualitative studies, ethical dilemmas have emerged with regard to the collection of data and in the dissemination of findings (Merriam, 1998). In the collection of data and in the analysis of the findings, it is imperative that the researcher has protected the anonymity of the informants unless they have consented to be identified.

The standard interviewing data collection technique in qualitative research presents its own ethical dilemma. As stated earlier, structured and open-ended interviews may lead to both risks and benefits for the participant, enlightening or revealing data the participant may not want revealed or shared.

As the researcher in this study, I have the responsibility to produce a study that is conducted and disseminated in an ethical manner. I assumed the responsibility to explain to the participants the purpose of the study, data collection and storage, and participant's rights. I did the following to protect the participant: 1) research proposal was presented verbally and in writing; 2) the participant agreed to the use of an audio tape as a data collective device; 3) verbatim transcriptions were made available to the participant; 4) the participant's wishes were taken into consideration when interviews were scheduled; and 5) the life history participant received a printed copy of the dissertation.

Use of Theory and Literature

Theory and literature on qualitative research methodology and the major themes were critically examined and used in this qualitative life history study. The review of relevant literature served as a foundation for the current study.

Presentation of Findings

The goal of this life history study was to describe in narrative form the life experiences of a female nursing dean and to identify experiences and leadership characteristics that may facilitate the success of women and future nursing academic leaders. Although the results can not be generalized, the findings can increase awareness of women's talents and minimize their loss. In addition, the results can support, inspire, and encourage more nurses to choose academic nursing leadership roles and expand the knowledge base on successful strategies and tactics for women deans in the academy.

Dissemination

The participant received a final copy of the completed study. The data remain confidential with access restricted to the researcher.

Chapter Four

PATH TO AN ACADEMIC NURSING LEADERSHIP ROLE

Introduction

Patricia Morin was the Dean of the Nursing Division at a private liberal arts

university at the time of the interviews. Patricia was the first Dean for this Bachelor of

Science in Nursing (BSN) completion program. This program provided an efficient

bridge for diploma and Associate Degree Nursing graduates who wanted to develop

stronger clinical reasoning and analytical skills to advance their careers. Bachelor of

Science in Nursing completion programs build on initial nursing course work to enhance

professional development, prepare registered nurses for a broader scope of practice, and

provide a better understanding of the cultural, political, economic, and social issues that

affect patients and influence care delivery. These programs have continued to grow in

importance since many professional practice settings, including Magnet hospitals and

academic health centers, now require or prefer the baccalaureate degree for specific

nursing roles (American Association of Colleges of Nursing, 2007b).

Dark straight haired, pale skinned, petite stature, and immaculately groomed is a good

description of Patricia. Individuals who do not know Patricia are often surprised by the

projected voice that booms from this petite, polished female. And once you get to know

her, you will quickly find out that Patricia's loves are teaching and her relationships with

her students.

Patricia has given nursing education the warmth and love another woman might give

to her children. She has a strong hand shake but also will give you a hug as readily as

extending her hand. Her desk and office are filled with piles of papers and scattered with many items personalizing her space.

She greatly respects her administrative assistant and depends very heavily on her. Patricia is visionary, creative, and outgoing. She dislikes routines and tasks, thus depends on her administrative assistant, who is very "attention-to-detail," to keep her organized, remember appointments, and assist her with the mail and e-mail.

Since Patricia and I are the same age and worked together in the 1970s, I recognized I needed to use caution and not instill my values and reactions, but to use Patricia's voice in writing her biography. Is the biographer who has befriended her subject suspect, or can the biographer tell a dispassionate story? I was in my second year of teaching at a diploma nursing program when Patricia was hired as a nursing faculty member. Although Patricia and I did not work closely together, we were both friends with another fellow instructor. When the diploma school of nursing in which I was teaching closed, I accepted a nursing faculty position at a public Midwestern University School of Nursing where Patricia was teaching. It was at this time I was able to get to know Patricia and recognize the gifts she shared with her students, the gift of caring and the gift of empowering them to succeed.

At the time of the interviews, Patricia had given notice that she wanted to step down from the Dean position. She had determined she wanted to assume a different role and perhaps change to a part-time recruiting/teaching position.

Childhood and Family Support

If you raise your children to feel that they can accomplish any goal or task
they decide upon, you will have succeeded as a parent and you will have
given your children the greatest of all blessings.
                                                                            Brian Tracy

Patricia was born in the Midwest, to working class parents who valued family,

religion, education and a strong work ethic. The second of two children, Patricia was

raised in a rural farming community. Shakeshaft (1989) profiled the typical woman in an

educational leadership position as white, in her mid to late 40's, either firstborn or raised

in a two-parent family with three or fewer siblings, usually married and a mother, and

coming from a rural area. In 1989, Patricia was 42, married with no children, was a

registered nurse, had a Ph.D., and was Department Dean of a nursing program at a private

liberal arts university.

Turner (2003) shared, "As an educator, I can tell you leaders are not born as great

leaders, great managers, or great CEOs. In fact each is born a baby" (p. 1). Turner gave

the examples of Jack Welch, retired CEO of General Electric, and Gordon Bethune, CEO

of Continental Airlines, as great leaders born to working class parents. "Both of these

turn-around leaders share similar childhood stories reporting their families taught them

ethical values, the importance of hard work, learning new skills in various jobs and caring

for other individuals" (Turner, 2003, p. 1). Both CEOs reported learning negotiation

skills in their childhood and attribute their early focus and success to mentors, frequent

job changes, and continued education. Patricia has vivid memories of a strong network of

family support. "One of the things that I got from both parents is value of family,

integrity, honesty, and hard work." She was surrounded by cousins, aunts, uncles and

grandparents during her early years.

Patricia's father, the oldest of eight children, was a quiet man whose livelihood was farming. Patricia felt her father significantly influenced her outlook on life. Patricia valued the opportunity to watch him and see how he treated people, which influenced how she treated people and liked to be treated. "I would always bum around the farm with dad, though I never worked in the field." Patricia described her father as having "a great sense of humor," was affectionate, and "always seemed to just kind of roll with the punches with me." An example shared was while she was moving a pickup, she was blinded by the western sun, causing her to turn into a fence instead of the gate. Her father's only remark was, "…well, go get the wire stretchers. This is where it is."

Patricia describes herself as having "views of the world like her father," being influenced by his philosophy on life and value system. He taught her a good work ethic and a strong sense of respect for others:

> …that we should be grateful for what we have, because many other people have less. And you may…be intelligent, but there's always somebody more intelligent than you are, as well as not as intelligent.

He emphasized that although people are different, no one is superior,

> My father told me there are two kinds of snobbery…one of them is intellectual snobbery and the other is social snobbery. He told me that there will always be people that are smarter than you and there will always be people that have more worldly possessions. I have tried to be neither.

Patricia's father encouraged Patricia to pursue her dreams, "if you wanted to achieve something you could, and there was a way to do it…as long as you maintained being kind along the way." This support and encouragement gave her the self-confidence to take

risks and pursue her goals. Patricia shared that she never realized that she came from humble beginnings or that money was ever a challenge until her father told her that although they did not have the money, if she wanted to go to medical school, they would find a way. "I remember once…right before I got married the first time…we were talking about religion and…having money…that was the first time I ever realized how poor he [father] was." As a result of this non-emphasis on money, Patricia never talked about money. Patricia eventually chose a career in nursing education because she enjoyed the challenges of life-long learning, interactions with students, and knew she was able to make a difference. Salary was never a primary motivator.

Patricia was twenty-one when her father died. His work ethics which included going to Washington State to pick apples after the depression, his calm attitude of handling challenges one at a time, his emphasis on fairness, his sense of humor, and his appreciation of God-given talents have stayed with Patricia throughout her life.

Patricia's mother had a "can do" attitude and taught Patricia not to feel bound by convention. Patricia's mother was a "stay home mom" when Patricia was small, but worked part time when Patricia and her sister were in grade school. This was during the 1950's when most mothers stayed at home. Patricia described her mother as an extrovert and "… a very good judge of people …a wonderful sense of business, having worked in the bank and …worked for a governmental office."

Patricia stated she greatly admired her mother, describing her mother as being energetic and socially involved.

… known for being ornery. Not mean, bad, but just ornery in high school…she did the Charleston on stage at her thirtieth high school reunion. At that time, I thought it was great and my sister was horrified…people in town know her.

Patricia felt that having her mother work outside the home helped Patricia and her sister become more responsible, "…we always had to get our chores done, like make the bed and wash the dishes, before we ever got on the bus."

Patricia's parents gave her the opportunity to be involved in a variety of activities such as music (piano, band, and voice), 4-H, athletics, and cheerleading and encouraged her to be successful in her schooling. They focused on successful achievements, emphasizing competition as an internal standard and not a competition against others. Her parents taught her a sense of "fairness" and adversity to prejudices. Her mother also set expectations in regard to her dress, "…she was always a little bit more critical than my dad, but (it) usually had to do with what I was wearing." Patricia shared "whereas my sister's accessories always had to match…So did my mothers'…I'd throw on a pair of jeans and be happy."

Redmond (1991) reported that parents can promote development of leadership behaviors in their daughters, suggesting skills in assertive communication, negotiation, and compromise should be taught and modeled by adults as acceptable behavior for girls and women. Redmond (1991) also suggested that team sports and group activities that involve problem solving and involves both males and females and different age cohorts will promote development of leadership behaviors. Patricia's parents gave her encouragement and helped her develop her self-confidence.

In describing her older sister, Patricia says, "She is a typical, what I would say older child. She's introverted. She's very responsible, very dependable …very organized...task oriented, time oriented." Donna, her older sister, was a Home-

Economics major in college and Patricia described her as inheriting or developing the expertise in the "home-making skills." Patricia had no interest in cooking and sewing and preferred helping her father outside. Although different in personality, Donna played an important role supporting Patricia to pursue her own independent vision

Patricia's sense of self confidence and ability to focus was apparent early in life. She describes her experiences with piano lessons "…I would never practice my songs in minor keys. They were just too dreary. My piano teacher would say, 'Do you want a red star? (That was my favorite color). If you want a red star Patricia, you're going to have to practice.' So to get the red star I would do it." Patricia said what has motivated her most is "…doing things that people think can't be done, just because they're not possible, not because they're the wrong thing to do."

Being a student in a small rural school district, Patricia participated in a variety of activities, "…but you have to remember, everybody was in everything. I mean everybody was in pep club, everybody played volleyball." Patricia was very much interested in sports. She describes herself as a "tomboy," remembering playing basketball with the boys. She was involved in 4-H, as were all the neighborhood kids, but discovered that sewing was not her "cup of tea." So she did dogs, ropes, and learned the importance of responsibility by raising a calf. She differentiated between she and her sister's talents "…she could do all these wonderful (domestic) things that I couldn't do and can't do to this day as a matter of fact."

Patricia's sense of humor was apparent by her willingness to share funny stories about herself. She was chosen to sing the solo *"When You Walk Through a Storm."* During the vocal solo, her mind went blank and she could not remember the words, so she started humming. The pianist started over three times and Patricia kept humming. "All my classmates started trying to mouth the words. My sister was horrified. My cousins were horrified…but the music director was especially horrified. When I … even today… when I hear that song, I'll hum. It was so funny." Another humorous music story Patricia shared was the time she decided to rinse her French-Horn under the bathtub water facet before her band concert. She thought she had drained the water. While warming up for the band concert, she discovered differently. She would alternately blow through the horn and turn it over and dump water. This continued throughout the concert. At the end of the evening, the gym floor around her chair was covered with water.

"My basic personality…I'm extroverted…I'm somewhat ornery." Her mischievous nature was illustrated in the stories she shared, including putting worms in valentine baskets, emptying the contents out of capsules she was supposed to take, and polishing her red shoes on a white chair while they were on her feet.

Patricia, in a class of eleven students, rode a school bus four miles to a K-12 system. The bus rides were a social experience and playing cards helped to pass the time. She initially played cards with her grandmother and family then continued through high-school with her friends. Patricia shared "…there were about twelve of us kids who would get together and play pitch." She described herself as a joiner, always getting involved rather than sitting on the sidelines. Redmond (1991) found early socialization

experiences and relationships contributed to the development of leadership behaviors and positive ego development in deans. However, her social development in high school followed a different path than her friends. She had no serious relationships in high school. She was liked and respected by her classmates, but considered them just friends.

Religion and family were important factors in Patricia's life. She even considered becoming a nun in her pre-adolescent period. "We were just good Catholics. My cousins, and my sister and I, were the only Catholics in the K through 12." She explained that she and her family "…used to go visit (her grandparents) every Sunday afternoon." Family continued to be important to her throughout her life, Patricia has stayed in close contact with her mother, her sister, her nephews and her husband's siblings.

Patricia describes herself as a high achiever throughout school, explaining that she was "pretty much a straight 'A' student." In 1965 she graduated as Valedictorian and was voted all-around girl for her high school as well as all-Catholic girl for the Lincoln Diocese. The summer after high school graduation, Patricia started summer school at a public rural Midwestern University. As a first generation college student, Patricia recognized the importance of focus and goals early in college. She attended three full years and three summer sessions. "I would take ten hours in the summer, so I could take only twelve hours in the fall and spring semesters, so I could get A's in my Premed courses." She pledged a sorority, but deactivated because it interfered with her study time. She also states she did not learn to play bridge because "I would see people start playing bridge at 10:00 in the morning and not be able to get up and stop at 2:00… and I knew it was not the thing to do to miss class…I was in Premed those days so I never

learned." Patricia also worked part-time during her first three years in college, cleaning the rectory and working as a nursing assistant.

She started out as a Premed major, but changed her major when her boyfriend (her future first husband) said to her, "Well we can't have two physicians in the family. You could never tell parents that their child died. You're too much of a feeler." This exchange stimulated Patricia to consider a new career direction, making the decision to be a nurse.

Although the majority of nursing schools in Nebraska were diploma schools of nursing in the late 1960s and her father initially encouraged her to attend a Catholic Diploma program, Patricia decided to attend a baccalaureate nursing program. Her decision to attend a baccalaureate program was made because she already had so many general education credits. Patricia did not know the difference between the diploma and the baccalaureate nursing programs when she decided to enter nursing, however, this decision to attend a baccalaureate program enabled Patricia to more easily enter the field of nursing education and climb the educational career ladder. Patricia felt she was destined to be in a health care or service field. "As a little kid I used to play Florence Nightingale - - I had these six sick soldiers…sick on the hay bales and I, as Florence, would come and save them."

Patricia met her first husband the first summer in college. She shared very little information about him during the interview. After their divorce, he volunteered to pay her way through medical school if she still had the desire. They were married three years.

Patricia met her second husband when they were both teaching in a College of

Nursing at an urban public Midwestern University. A friendship and a support system

developed into a life-long relationship. Her husband decided to pursue a career in

medicine and the "dance of career juggling" began. Patricia describes her life being

closely intertwined with her husband. She describes the challenges of teaching in the

same program, living in different cities, and changing jobs. As a Midwestern educated

women, she never hesitated to relocate to accommodate her husband's career, so she

accompanied him to his fellowship in South Carolina. Since her husband agreed to return

to the area, she took a leave of absence. This flexibility enabled her to juggle the

demands of her career and her home life.

Patricia credits her parents with her self confidence which has allowed her to succeed.

Wachs Book (2000) reported that,

> girls, from an early age, were socialized to please people, whether it be parents or
>
> teachers, and feel pressured to fulfill the expectations others hold for them. According
>
> to a 1991 study commissioned by the American Association of University Women, as
>
> girls grow up, their self-esteem plummets. Spirited and aggressive at ages eight and
>
> nine, girls begin to lose more confidence than boys do in their abilities at thirteen and
>
> fourteen (p. 55).

Wachs Book (2000) also reported that family life is found to have a profound impact on

the self-esteem of adolescents. Patricia's father always told Patricia if she had a desire to

do something she could. She believed him.

 Patricia's father was her cheerleader. When she remarried, her husband became her

cheerleader and encouraged Patricia to take risks, to recognize her strengths and not to

worry if everyone agrees. He encouraged her to accept the Nursing Dean position at a private liberal arts university. When the opportunity came for her Dean position, he supported her completely "… he just knew that I would enjoy starting and building something."

Life Changing Events - Confronting the Realities of Life

"...you can either go for it and do something to help people, or you can feel sorry for yourself forever, and that didn't seem very appealing for me….."
Patricia Morin

Diabetes

"I was diagnosed on Valentines Day … I had been real tired … getting up at night going to the bathroom a lot…I was always hungry. I probably ate four or five thousand calories a day...and I was short of breath. I had a good appetite...and I didn't hurt anyplace. I was an eighth grade cheerleader so they (my parents) had thought I was tired. I just thought I was thirsty a lot." Patricia describes this as one of the turning points in her life.

My mother took me to the local physician,

…this wonderful family physician says, well Patricia, you have diabetes. My mother starts sobbing…I remember thinking, considering the choices, I'll take the shots. And that, that was probably a lot better I had the diabetes, because my sister hated shots, pills, anything.

Patricia was diagnosed with insulin-dependent diabetes mellitus (IDDM), a chronic disease whose long-term prognosis is improved with a complex, demanding, and

intensive treatment regimen (Diabetes Control and Complications Trial Research Group, 1993, American Diabetic Association, 2007). In 1959, this regimen consisted of multiple daily insulin injections and frequent monitoring of blood glucose levels and urine ketone levels, in addition to life-style adjustment such as regulation of the timing and nature of food consumption and exercise (Krosnick, 2002). This was the beginning of living with a chronic disease.

Patricia had a diabetic uncle, so her mother was cognizant of the complex demands of diabetes management. Although initially parents assume responsibility for disease management, the diabetic must be taught to self-monitor their disease process (Silverstein, Klingensmith, Copeland, Plotnick, Kaufman, Laffel, Deeb, Grey, Anderson, Holzmeister, & Clark, 2005). As the diabetic child takes over control of their disease, Kovacs, Finkelstein, Feinberg, Feinberg, Crouse-Novak, Paulauskas, & Pollock (1985) found that the diabetic child's emotional distress about diabetes management increases because they recognize the significance of the management regimen. Kovacs, Iyengar, Goldston, Steward, Obrosky, and Marsh (1990a) and Kovacs, Iyengar, Goldston, Obrosky, and Marsh (1990b) also found that mothers found it easier to cope with the diabetes as the children assumed increased responsibility for their own care.

La Greca, Auslander, Greco, Spetter, Fish, and Santiango (1995) reported, "Despite the now-proven health advantages of good diabetes management, treatment adherence remains a serious problem for adolescents. Numerous investigators have found that adolescents with diabetes have poorer treatment adherence than younger children" (p. 450). Patricia shared that she initially was very compliant. "My first four years I was absolutely compliant. I would even measure out tea. And the whole family switched

from having desserts." Patricia recalled that when she was diagnosed with diabetes, her entire family provided moral support. She remembers her mother boiling her syringe daily, her father sharpening her needle weekly, and how her diagnosis changed the lives of her entire family. La Greca, et al. (1995) found having a cohesive, supportive family is associated with better disease management and glycemic control among adolescents with diabetes. Parents who provided more diabetes-specific support had adolescents with better treatment regimen adherence than parents who were less supportive of their youngsters' diabetes care activities (Dharmalingam and Kumar, 2001; Guthrie, Bartsocas, Jarosz-Chabut, & Konstantinova, 2003; Hauser, Jacobson, Lavori, Wolfsdorf, Herskowitz, Milley, & Bliss, 1990; Skinner, John & Hampson, 2000).

Peer group and community support were also found to be important in promoting adherence to the diabetes treatment protocols (Butler & Lawlor, 2004; Skinner, John & Hampson, 2000; Skinner, Petzing, & Johnson, 1999). Patricia shared:

…people in the community were very supportive. One of the problems that used to come up was that I had a good sense of humor... and people would think when I started to laugh about something that I was having an insulin reaction. We had told them that lot of times you'll deny that you need candy. So if you'd laugh…you'd hear somebody say behind you, she's having an insulin reaction, get her some M&Ms. You'd protest and say no, no.

When recalling interactions with other diabetic children at diabetic camp, she recognized how fortunate she was to have a caring, supportive family. She frequently shared her philosophy "that you cannot regulate an unloved diabetic." Patricia felt that she was able to adapt to her diabetes because of the love and support system she had at

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home. Anderson and Laffel's (1997) research supported Patricia's belief that psychological stability and family-centered support early in the disease course are important factors in the control of diabetes for school-aged diabetic children.

Thomas, Petersen, and Goldstein (1997) found that as diabetic school-aged children moved into their adolescent years, they demonstrated fewer adherences in social situations. Patricia admitted she increased her carbohydrate intake when she went to college, but also was saved by the market appearance of sugar free colas. Kovacs, Goldston, Obrosky, and Iyengar (1990c) found that noncompliance or non-adherence emerged at an average of three and one-half years post-diagnosis and at an average age of 15 years, indicating that years three and four following the diagnosis of type one diabetes, as well as the adolescent period may be particularly high-risk time for noncompliance. Patricia was probably compliant longer than the average of the subjects in this study, reporting that she was compliant until she left for college.

Patricia recognized that diabetes influenced her career focus. As a young child she had wanted to be a nurse until she was diagnosed with diabetes. After her diagnosis, she "decided that rather than be a nurse I would be a physician…and probably be an internal medicine person that primarily worked with diabetics…but I have never let my diabetes or my health slow me down." She had researched women physicians and was aware that Elizabeth Blackwell, in 1848, was the first woman to graduate from a U.S. medical school.

Patricia denies any bitterness about being diabetic. "I skipped that. I think it's because I had so much support from Mom and Dad and Donna (sister) - -and at school." La Greco, et al. (1995) found "both family and friends appeared to be important and

complementary sources of support for adolescents with diabetes" (p. 474). Patricia laughingly told the story about watching a television program where a little girl gave her brother, who was sick, a candy bar and he got better. Patricia said she thought, "If I ever get a disease, I hope I get the disease that can be cured by a candy bar." Two years later she was diagnosed with diabetes.

Even though she was only thirteen when she was diagnosed, Patricia reflected "I think I didn't get angry because…taking the shots was better than…the option of dying." Patricia also shared, "I know four diabetics that are still alive 41 years later…and I know one that died at age 16 when I was there (at diabetic camp) when I was 13, she died of kidney failure." In 2006, the Juvenile Diabetes Research Foundation reported that the life expectancy of people with diabetes averages 15 years less than that of people without the disease versus 7-10 years less reported in 2007 (Juvenile Diabetes Research Foundation, 2006, 2007). On her 31st birthday, Patricia reflected that she experienced some concern in regard to longevity.

I remember thinking that I should have done everything between 30 and 31 what most people want to do between 30 and 40 …because as a diabetic, I probably wouldn't live as long…so I had to hurry up and do these things.

Patricia's only other statement of her concern for a decreased life span was in regard to possible adoption of a baby, "…it wasn't possible we were told. We checked into it…because my life expectancy wasn't that great. They said…you've had diabetes for twenty years…even 25 years is a long time to have diabetes."

Although Patricia recognized diabetes as an influence on her career and her life, she described the death of her child as her most significant life-altering event.

An Epiphany, Loss of Baby James

> *We are not alone in our loneliness.*
> *Others have been here and known*
> *Griefs we thought our special own*
> *Problems that we could not solve*
> *Love that we could not have*
> *Pleasures that we miss by inches*
>   *Patrick Kavanagh (Wesorick, 2004)*

Patricia feels that everyone has a personal experience or some incident that has significantly influenced their lives. She explained that these experiences often are hidden in the back of one's memory and are not thought about every day. She described this as "putting it on a shelf." Patricia described the death of her child and her divorce from her first husband as "her story."

Patricia felt the death of her child and her divorce affected her personhood, describing personhood as "your goals, values, the rules you live by, your personality, your character, your knowledge and your skills. It is the total of your life experiences. It makes us what we are." Patricia's concept of Personhood is consistent with Carl Rogers' (1961) theoretical concept, the phenomenological perspective, that each person's unique phenomenal field is the result of that particular person's life experiences and determines his or her behavior.

Patricia explained:

…and my story is probably when the baby died. And then my husband left…I was twenty-four. It's something you don't talk about. It's something you don't share with

very many people. But for some people it's when their grandparent died…their friend committed suicide…that had a child that grew up and did something fantastic. Lots of times it's sad things, but not always. But it's something that either made you a better person, or a more caring person, or affected your life deeply. You don't think about it every day after a while, but you put it on the shelf. And you only take it out of the shelf on an anniversary, holiday or birthday. You don't have to be 30, 40 years old. It affected you in some way. But it's some event …that to other people is just an event. But to you it is, it really affected your personhood.

Patricia reflected that nurses are often privileged to hear these stories from their patients and students because these stories affect the way "we as nurses look at life."

Patricia shared that she had had diabetes for eleven years when she became pregnant. Her obstetrician decided to perform a cesarean section and deliver the baby when the amniocentesis confirmed that the baby's lungs were sufficiently developed. Patricia explained "…so I had the cesarean section and the baby was a boy…the APGAR [Activity, Pulse, Grimace, Appearance, Respiration] score was eight…so I thought everything was fine." He was named James. James, however, developed some breathing problems. He lived to be sixty-nine hours old. Patricia was able to hold him the night before he died. Patricia said she cried the entire summer following his death.

Patricia accepted a teaching position in September. She thought her marriage was stable and she could focus on her new job. However, she soon realized her world would be turned upside down, "…not so, because about a week after I started the job, he [her husband] said he was leaving…that was thirty years ago."

Resolve to be tender with the young,
compassionate with the aged,
sympathetic with the striving,
and tolerant with the weak and wrong.
Sometime in your life you will have been all of these.
Dr. Robert H. Goddard (Wesorick, 2004)

Caring

In 1973, Patricia wrote a paper entitled "Teaching is caring and sharing." Although she was unable to locate her paper at the time of the interviews, the title of her paper accurately described her approach to teaching and life. Patricia stated she basically was a caring person and that she was probably drawn to nursing because of her caring personality. "I think my outlook on life was influenced [by nursing]…how I conducted myself as a professional nurse, and how I interact with students. Nursing itself, would hopefully always make you a better person…by experiencing human encounters that people have." She expanded, "I suspect I've always been a caring person… Nursing probably enhanced it…just because nursing is a caring profession." Parker (2001) summarized that caring is a common word in the English language and has unique and particular meaning to nursing. She explained, "Caring is an essential value in the personal and professional lives of nurses" (p. vii).

Caring and being sensitive to other's needs was a part of Patricia's life at an early age. Patricia nurtured her caring attitude throughout her life. Patricia recalls being sensitive to other people's needs even as a child. She remembers seeing a young girl with polio in an "iron lung." She remembers her concern for this child and asked her mother what would happen if the electricity went off.

Swanson (1993) defined nursing as informed caring for the well being of others and defined caring as a nurturing way of relating to a valued other toward whom one feels a personal sense of commitment and responsibility. Swanson stated that the practice of nursing is grounded in the knowledge of nursing, related sciences and humanities, personal insight and experiential understanding - and the goal of nurse caring is to enhance the well-being of its recipients.

The American Nurses Association identified the provision of a caring relationship that facilitates health and healing as one of the essential features of contemporary nursing.

Florence Nightingale, in her *Notes on Nursing: What It Is and What It Is Not*, defined nursing as having "charge of the personal health of somebody … and what nursing has to do … is to put the patient in the best condition for nature to act upon him." The philosophy has been restated and refined since 1859, but the essence is the same. In the words of nursing theorist Virginia Henderson, "nurses help people, sick or well, to do those things needed for health or a peaceful death that people would do on their own if they had the strength, will, or knowledge." The most current definition that reflects the evolution of professional nursing is from the 2003 edition of ANA's Nursing's Social Policy Statement:

"Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations" (American Nurses Association, 2007).

Sherwood (1997) found in her analysis of caring that healing interaction, knowledge, intentional response and therapeutic outcomes were important patterns. Meyer and Lavin (2003) stated that many health professionals claim caring as being essential to their practice, but found that vigilant caring is what differentiates the unique role of nurses in health care since the nurse is present twenty-four hours during a patient's in-patient stay and has the primary responsibility of promoting patient recovery and ensuring their safety. They defined vigilance as a state of scientifically, intellectually, and experientially grounded attention to and identification of clinically significant observations/signals/cues; calculation of risk inherent in nursing practice situations; and readiness to act appropriately and efficiently to minimize risks and to respond to threats (Meyer and Lavin, 2003).

Meyer and Lavin (2005) contended that vigilance has been a critical component of nurse caring and should be made more evident to others.

Vigilance is not assessment and evaluation. In the 2004 Scope & Standards of Practice, the American Nurses' Association defined assessment as the collection of comprehensive data pertinent to the patient's health or the situation. Vigilance is the largely unarticulated state of mind that makes data collection possible and meaningful. Vigilance is sustained attention, the ability to differentiate signals from noise, the "ah ha" moment that comes when something of significance is recognized. In a health care environment, machines or minimally trained personnel often "do" data collection. Vigilance is attaching meaning to that data and meaning is prerequisite to intentional response (Meyer & Lavin, 2005, p. 6).

Patricia both role modeled and incorporated vigilance into her teaching. She taught her students that critical thinking skills, based on a strong theoretical knowledge base and sustained attention, will lead to informed interventions or actions. Patricia emphasized the importance of a holistic approach to nursing, incorporating both evidence-based practice and relationship-based care. Patricia recognized that vigilance has been the essence of caring.

Falk Rafael (1998) provided a different perspective of caring, referring to the empowerment of caring which encourages "recognition with the 'wild nurse' who has the potential to transform health care through envisioning possibilities for meeting human health needs beyond the context of cure" (p.30). Empowered caring values, rather than rejects nurses' unique experiences and characteristics. Empowered caring has highlighted that the injustices nurses or patients have experienced are not isolated experiences, but are system problems brought about by social and cultural norms used to maintain imbalances of power (Falk Rafael, 1998). Patricia recognized these imbalances, teaching her students to take advantage of the traditional power base to influence social and cultural change. These sources of power included association with the district, state, and national nursing associations, obtaining additional education and credentials, utilizing research, developing expertise, and networking. Patricia's intent was to empower nurses so they were not only able to respond to change but also to initiate change.

Although caring and empathy have been considered feminine qualities, leaders have recognized that these traits, in conjunction with competence, are needed to become a successful leader in the business or professional world (Wachs Book, 2000). Patricia

thought of caring as non-gendered, explaining "Caring is more a socialization process than an actual gender (issue)….I think that females have been in more caring professions - - teaching, nursing, secretaries."

Education and healthcare organizations have looked at business for successful leadership models.   Successful businesses as the Home Depot have recognized that their success depends on meeting their customers' needs. They recognized that Home Depot could not achieve their production and growth goals without strong customer loyalty, emphasizing, "The key is not to make a sale. The key is to cultivate the customer" (Tichy & Cardwell, 2002, p. 82). Home Depot quickly recognized that by taking care of customers on each of their visits, the customers were more likely to return.   Patricia, likewise, recognized that by taking good care of her students and faculty, she could help them achieve their goals. She also recognized that the best advertising she could secure for her program was a satisfied student.

As the first Dean of the BSN completion program at a small private liberal arts university, her first goal was to make the BSN-completion program successful.   Patricia had genuine concern for the needs of her faculty and students, recognizing that they deserved to teach in and attend an accredited program. In describing her motivation, "…there was a need for the RN-BSN completion program…if you really truly believe in your vision…and your vision will help somebody or make a difference, then you work very hard to find the appropriate way to get there." Kouzes and Posner (1995) found when someone has a passion for something, it is easy to detect, "The true force that attracts others is the force of the heart…It's when you share what's in your soul that you

can truly move others" (p.139). Collins (2001) also found that great leaders had a

passion for what they do.

Kouzes and Posner (1995) shared that although "traditional management teaches that

leaders ought to be cool, aloof and analytical; they ought to separate emotion from work.

Yet when real-life leaders discuss what they're the proudest of in their own careers, they

describe feelings of inspiration, passion, elation, intensity, challenge, caring and kindness

- - and yes, even love." Patricia had the vision and passion to make her BSN completion

program successful.

Relationships

> *I think people want to be magnificent.*
> *It is the job of the leader*
> *to bring out that magnificence in people*
> *and to create an environment*
> *where they feel safe and supported*
> *and ready to do the best job possible*
> *in accomplishing key goals.*
> *This responsibility is a sacred trust*
> *That should not be violated.*
> *The opportunity to guide others to their fullest potential is an honor*
> *and one that should not be taken lightly.*
> *As leaders, we hold the lives of others in our hands.*
> *These hands need to be gentle and caring*
> *and always available for support.*
>
> *Ken Blanchard (Ken Blanchard Companies, 2001)*

Patricia thought her faculty would identify her relationship with students as one of her

strengths. Historically, women have been thought to place more emphasis on

relationships and have been found to interact more frequently than men with teachers,

students, parents, non-parent community members, professional colleagues, and super-

ordinates (Conner, 1992). Porat (1991) reported that many women support contributive,

consensual decision making and emphasize the process, but men tend to lean toward

majority rule and tend to emphasize the goal or product. Ryder (1994) found that women

spend more time in unscheduled meetings (i.e. student advising) and are more visible on school campus than their male counterparts. Varley (2004) found that when school principals were visible and had an open door policy, staff recognized them as being available to help solve problems, address instructional concerns, or just listen. Patricia had an open door policy. She was available to listen or assist in solving problems with her faculty or her students.

Dracup (1998) recognized that most nurses going back to school are anxious about how they will change and how these changes will affect them and their relationships. They worry about whether they have the time, intellectual talent, the discipline and the resilience to succeed. Dracup (1998) recommended asking each potential student what they see as their most significant problem in returning to school. Although funding often is thought to be one of the greatest concerns, writing skills or science background might be the major concern. Patricia loved advising students and felt personally responsible for helping them gain the self-confidence to succeed. Patricia explained, "… even if a student comes in and I have never met them before, they know they have my total attention for whatever time I'm spending with them." Patricia would get excited about creating their educational plan and empowering them to move forward in their career development. However, she admitted that the time she spent with students sometimes made her late to meetings. "Believe it or not it bothers me that I'm late. I consider it a character flaw…its rude to make people wait on you. And if they didn't wait on you, and you don't expect them to, it's rude to walk in, in the middle of a meeting. And if I have a student…I'm late lots of times because I'm with students."

Patricia shared that one of her favorite theorists was the psychiatrist Carl Rogers. She was influenced by his concept of Personhood and his belief that to develop a good relationship with people, you needed to share some parts of your own Personhood. Rogers (1961) felt he was a more effective psychoanalyst if he shared some part of himself just as the patient was sharing part of their Personhood. Patricia shared information with discretion.

Patricia recognized that to insure that she provided a quality program, she needed to provide the vision, develop and support faculty engagement, and foster relationships with her students. Allen and Harrison (2006) reported that successful leaders spend the majority of their time developing and nurturing effective relationships which by working through and with others would allow them to achieve the goals of the organization. Redmond (1991) also found that people and relationships played an important role in the lives and careers of the nursing deans studied.

Patricia was also cognizant of the importance of the relationship she had with the community. "Our Registered Nurse Students go out and represent our University. As students…as alumni…there are so many different settings in health care now…you influence the people that have a say…they influence the community …even the state-wide community." Buresh and Gordon (2006) stressed that nurses need to "end the silence" and make sure the voice and visibility of nursing are commensurate with the size and importance of the nursing profession. As the Dean of her program, Patricia recognized her role in this image communication and mentored her students to take advantage of opportunities to educate the community on nursing. In addition, since the university where she was Dean and one of the local hospitals had the same religious

affiliation, there were commonalities of membership on both boards. Patricia's husband

had a leadership role at the hospital and she had a leadership role at the university. Thus,

she had exposure to a larger group of influential stakeholders. Just as the Home Depot

retail chain focused on building strong relationships with associates, customers, vendors,

and communities, Patricia recognized the same priority. She recognized the importance

of these relationships and that these relationships create loyalty (Tichy & Cardwell, 2002,

p. 82).

Patricia valued the relationships she had with her students, her faculty and her peers

and felt this was one of the most satisfying parts of her position. Ryan and Irvine (1996)

found that although the nursing deans in their study reported interpersonal relations were

the most satisfying aspect of their job, they could also be the least satisfying because of

the challenges of dealing with faculty and student conflicts and problems. Ryan and

Irvine (1996) described the challenges of personnel conflicts, legal threats, grievances,

disciplinary actions and political games as the darker side of administration.

Myers-Briggs - Opening the Door to Self Understanding

> *There are three things extremely hard: steel, a diamond and*
> *to know one's self.*
> *Benjamin Franklin*

Patricia explained that the Myers-Briggs Type Indicator (MBTI) (2008) helped her to

better understand herself, her relationship with her family, and the learning styles of her

students. Patricia was first exposed to the MBTI when she taught at the University of

Hartford in Connecticut. One of Patricia's peers used the MBTI in counseling divorced

couples. After completing the MBTI form, self scoring the test, and reviewing the

interpretation, Patricia stated she suddenly better understood herself, "...it made me

realize that I hadn't just always been a bad kid or a bad student. Negotiating with God that I'll study next time the test comes around…I had this pattern, my whole life. I had always been extroverted…when I was five years old I used to get into trouble for talking to strangers."

Taoi (2007), in a study of nine senior academic women, reported that these women felt it was important to be grounded in who they were and what they believed. They felt by "knowing and being oneself they were able to recognize their strengths and work to minimize or eliminate their weaknesses, accept their limitations and embrace people with different talent" (p.156). These senior academic women also emphasized it was important to maintain integrity by doing the right thing or making the right decisions for their universities, yet developing their own leadership style.

Patricia shared that she felt one of her biggest shortcomings was being late…or at least not arriving ahead of time… and the Myers-Briggs helped her to understand "why some people, some students were always ahead of the game…other students did it the last minute." Patricia's mother, after reading Patricia's MBTI personality overview, confirmed "…you've always been friendly…you've never had a routine or liked one… you really never followed a pattern…you don't have a good essence of time."

Gardner and Martinko (1996b) explained the Myers-Briggs psychological type theory as measured by the Myers Briggs Indicator (MBTI) "proposes that people have preferred modes of perception (sensing [S]/intuition [N]) and judgment (thinking [T]/feeling [F]), as well as 'attitudes' which reflect their orientation of energy (extraversion [E]/introversion [I]) and their orientation toward the outer world (judging [J]/perceiving [P]).These four sets of preferences combine to form 16 distinct personality types" (p. 46).

Gardner and Martinko (1996a) reviewed the research on the relationships between

psychological types, as measured by the MBTI, and managerial attributes, behaviors and

effectiveness. They concluded that there is sufficient reliability and validity evident to

conclude that further research, of higher rigor and quality, into these relationships is

warranted.

Patricia's personality type was found to be: ENFP (E=extrovert, N=intuitive,

F=feeling, P=perceiving). Patricia stated her extroverted personality, supported by her

ENFP, has enabled her to be courageous. "…being the total package of an ENFP, we

have a tendency unfortunately to do the things we want to. If we really believe in a cause

or a project…we go for it." Patricia also recognized her Myers-Briggs Type supported

her desire to take on challenges.

The summary of Patricia's purported psychological type preferences and

characteristics (ENFP) are described as follows:

Table 1: Summary of Purported Psychological Type Preferences and Characteristics			
Psychological Types	Focus and Preferences	Strengths	Weaknesses (If Overextended)
Extroversion (E)	Energized by outer world; focus on people and things; active; breadth of interest; interactive; sociable; outgoing.	Good at social interaction; enthusiastic and confident; stimulate communication and ideas; instigates actions; open and straightforward.	Intellectual superficiality; intrusive; lack of respect for other's privacy; easily distracted by external stimuli.
Intuition (N)	Meanings; associations; possibilities; hunches, speculations; theoretical; future-oriented; novelty.	Imaginative; conceptualizes easily; creative; holistic perspective; intellectually tenacious; idealistic.	Unrealistic; out-of -touch; may overlook key variables or facts; bored by routine; scattered; overcomplicates.
Feeling (F)	Sympathy; subjective; humane; personal; harmony; empathy; appreciate; values; compassion; trust; consideration.	Persuasive; empathetic; warm; sensitive; demonstrative and expressive; draws out feelings of others; loyal; committed to values.	Overly sensitive; moody; may give indiscriminately; can become emotionally overburdened; unable to give unpleasant feedback.
Perceiving (P)	Pending; flexible; curious; spontaneity; tentative; let life happen; undaunted by surprise; open to change.	Open-minded; adaptable; spontaneous; understanding; tolerant; inquisitive; zest for experience.	Indecisive; procrastinates; unfocused; disorganized; impulsive; may collect data too long before deciding.

Adapted from Gardner and Martinko (1996b, p. 47)

Patricia recognized early in life that she was an extrovert. She recognized the interpretation of the MBTI tool just reinforced her beliefs.

Gardner and Martinko (1996b) explained that "intuitive (N)" personalities excel in upper management, like non-routine tasks and creative problem solving, are idealistic and unconventional" (p.7). An intuitive (N) person, Patricia stated she does not like focusing on tasks. And although Patricia does not label MBTI styles as gendered, Eagly and Crowley (1986 as cited in Bass, 1998, p. 72) stated that task orientation has historically been considered a masculine trait. Patricia described herself as being happier when she can talk about ideas and be visionary.

Patricia recognized that as she established relationships with individuals, she was able to sell ideas.

I was selling these ideas…you can go to school, you can get a degree, and you can still have a family and you can still work. It was years that I'd been doing this. All of a sudden I realized that I am selling ideas to people. And that's partly what you do as an administrator. You try to sell ideas that will help the organization....You influence people to get the people that you are serving what they need.

Gardner and Martinko (1996b) identified the "feeling (F)" personalities as favoring personal and subjective data, being more considerate, tactful, sympathetic, and warm. This is consistent with Patricia's perception of herself. Patricia described her management skills as "high relation and low organization." Roush (1992) found that feeling (N) types were rated as effective leaders and were the leaders that displayed transformational behavior. Gardner and Martinko (1996) found the planned and orderly nature of organizations often frustrate "perceiving (P)" individuals. Patricia's willingness

to individualize each student's program of study and her delayed decision to establish cohort groups are consistent with these findings.

Patricia's has used her knowledge of the MBTI personality types to understand various roles people assume in committees, "...if you're on a committee and you have five thinkers, and you're the only feeler, you butt heads…thinkers can have empathy, keep things in perspective…the feeler makes decisions with their heart instead of their head and they're willing to leave things open. The thinker can close too fast…and the feeler cannot close soon enough." Patricia was the "feeler" at the meetings.

Taoi (2007) recommended that aspiring women leaders need to focus on improving their individual strengths and confidence. Research supports that women need to know themselves, be themselves, recognize their limitations, view things positively, have confidence, use their strengths, and take assertive actions (Dietz, 1997; Flannagan, 2002; Gatteau, 2000; Gerdes, 2003).

Through this introduction to her Myers-Briggs personality style, Patricia gained self-knowledge. She believed this knowledge helped her not only in her role as a nursing administrator, but also as a teacher. Palmer (1998) believed that "as we learn more about who we are, we can learn techniques that reveal rather than conceal the personhood from which good teachers come…to manifest more fully the gift of self from which the best teaching comes" (p. 24).

Chapter Five

TURNING CHALLENGE INTO OPPORTUNITY

If you treat people as they are, you will be instrumental
in keeping them as they are. If you treat them as they
could be, you will help them become what they ought
to be.
Goethe (Davidson and Cooper, 1992, p. 40)

Becoming a Nurse Educator

Patricia graduated in the spring of 1971 with a Bachelor of Science in Nursing (BSN)

from a large urban public Midwestern University. Her first husband accepted a residency

at a large non-profit urban Midwestern hospital and she accepted a position as a

registered nurse, working the evening shift from three o'clock p.m. until eleven o'clock

p.m. on a surgical floor at the same hospital.

Patricia recognized that her empathy toward her patients was one of her strengths.

Patricia loved the patients - but felt she could not get her tasks done. "I always wanted to

give a back rub in the middle of the day, or I'd spend too much time talking to them. I

liked the families and I liked the patients."

In addition to organization, Patricia felt the most challenging part of her first job was

physician communication. She told the story about a physician confronting her in front

of a patient. When outside the room, she said, "… don't you ever do that to me or

anyone else again…before you give people heck in front of somebody, ask them if that's

really the way it was away from the patient." Patricia recognized she had to be a risk

taker if she were to be a role model and leader for future nurses. Patricia's reaction to this

experience was pivotal in recognizing the importance of self-confidence and

communication. Carsey shares "Courage is really important…You have to have the confidence to do it in the best way regardless of how that's going to sit with management or the outside world" (Wachs Book 2000, p. 83). Wachs Book (2000) suggested that female leaders occasionally need to "reinvent the rules," take chances, not worry if everyone else likes you, and not always worry about exhibiting the appropriate polite and demure behavior often expected from females.

During the summer of 1972, Patricia took a short sabbatical from nursing, re-entering the workforce in the fall by accepting a teaching position in a diploma nursing program. Although she could not remember what stimulated her to apply for the teaching position, she recognized that while teaching she was able to capitalize on her love of learning, share her personal experiences, and separate herself from the frustrations of not being able to give every patient she cared for 100% of her time. Patricia was recruited fairly aggressively, having a Bachelor of Science degree in Nursing at a period of time when the majority of nurses were graduating from three-year hospital diploma schools. In 1960, the American Nurses Association (ANA) had just introduced the proposal of the baccalaureate program becoming the basic educational foundation for nursing (Mahaffey, 2002).

Patricia had less than one year of staff nursing experience when she started teaching. Storch (1999) emphasized that nursing faculty needed a significant amount of clinical experience prior to teaching "because teaching itself is an art and science and because nursing is an art and science, teaching nursing is no simple task.   The nurse educator must know the art form, a task not easily mastered without practice, that is, without the experiences of practice." Storch (1999) stated that it is only through experience in

practice that nursing educators can evaluate the knowledge critical for patient care. A good teacher must also know nursing science as well. Patricia recognized that her theoretical knowledge and ability to mentor students was much stronger than her ability to work at the bedside caring for multiple patients, so built her career around her strengths.

Patricia explained that she loved her first teaching position and loved the contact with students. "It was the best of both worlds between contact with patients and learning and contact with students….I think probably why I really love nursing education is because I've always loved being a student."

Having taught both medical-surgical nursing theory classes and supervised students in the clinical setting in a diploma nursing program, Patricia recognized that she wanted to pursue a career in teaching nursing. She recognized that if she wanted to continue teaching she would need to obtain her masters degree in nursing (MSN). She immediately enrolled in graduate school after one year of teaching. Patricia considered the MSN a terminal degree, since in 1978, only 15% of faculty teaching in nursing schools with baccalaureate degree programs held doctoral degrees (Hinshaw, 2001). Patricia shared, "all this love and attention that I had given to my husband … I gave to the students. And I really liked it. So I decided to go on and get my masters in nursing."

Patricia chose the University of California in San Francisco (UCSF) program because it was an eleven-month program that covered content in both medical-surgical nursing and education. Patricia bought a car, stored her furniture, and borrowed money to go to school. She explained "…one of the reasons that I went to graduate school in the first place was because I had gotten a divorce…I didn't have any children, and it was a good

time to go and get your masters." Patricia's extrovert personality and her ability to take risks allowed her to make this spontaneous decision.

During her master's program, she developed great respect for nontraditional students. The American Association of Colleges of Nursing (AACN) reported that since 1995, the average age of graduates of all nursing programs is 30.9 years, an increase of seven years since 1985 (AACN, 2007a). AACN stated that "seventy-three percent of undergraduate (nursing) students are considered 'non-traditional' by virtue of their older age, more independent financial status, delayed entry into higher education, and competing responsibilities such as jobs and family" (p.10). Patricia recognized the challenges these non-traditional students experienced completing their education, acknowledging the significant amount of time and energy they devoted to work, family, and handling all the routine worries of running a home. This gave her a better understanding of dedication and commitment. Patricia felt that this experience changed her both professionally and personally.

> Personally it changed me because I had always had a somewhat dependent personality, partly related to getting diabetes when I was 13, partly from being a younger kid, partly from my roommate in college being the oldest of five kids, and I didn't have to worry about too many things when I was first married.

During her experience at the University of California at San Francisco, her instructors made a lasting impression on her. These faculty members were both female role models and leaders in the field of nursing and education. The focus of the faculty was to make the students successful in their educational pursuits, which Patricia incorporated into her philosophy on nursing education and developing nursing educators. Not only did these

instructors have a positive influence on Patricia's teaching, their publications and leadership influenced the profession of nursing. Two of these individuals include Shirley Chater, who became a vice chancellor at UCSF and Rheba de Tornay, the nursing Dean at U.C.S.F. Dracup (1998) affirmed Patricia's impression of one of her instructors, Dr. de Tornay, who said at a faculty retreat, "Well, whatever we do, students should leave school with higher self-esteem than when they arrive" (p.7). Redmond (1991) found that the deans in her study were advised, guided and nurtured by senior nursing faculty and administrators during their career, thus recommending that nursing faculty become involved in providing this essential guidance and nurturing for future nursing leaders.

Patricia graduated in 1974 with a MSN, specializing in nursing education and medical-surgical nursing. After completing her master's degree, Patricia thought she would return to teach in the diploma school in which she had originally taught. However, the school did not have the financing to support the curriculum position she had been promised, so she interviewed and was hired to teach in a new Associate Degree Nursing Program (A.D.N.) at a major public urban University in the same community. By accepting this position, she was able to return to her home state, be part of a new program, establish a new support system and do what she loved to do - teach nursing students. Patricia held a variety of positions and taught a variety of courses. In this new A.D.N. program, she had the occasion to experience the challenges and learning opportunities involved in a program start-up.

Patricia also taught in both public and private baccalaureate and masters nursing programs, being responsible for classes in nursing research and utilization, nursing theories, computers in healthcare, leadership and management, ethics in healthcare,

principles of teaching and learning, curriculum development, critical issues in healthcare, nursing theories, program planning, and nursing education clinical practicum's. Patricia prided herself in developing curricula that was flexible and responsive to the dramatic changes in the healthcare system and demographic shifts in society (Personal communication, October 3, 2002). In her BSN completion program, she utilized the curriculum she helped develop to give clear direction to faculty as they made decisions about what to teach and when to introduce and reinforce or expand content or skills. This is consistent with Boland's recommendations for using curriculum as a teaching roadmap (1998).

Patricia recognized the trend toward requiring nursing faculty to obtain a Ph.D. Patricia received her Ph.D. in 1989, at the age of 42, working full time except for taking one semester of sabbatical to finish her dissertation. The American Association of Colleges of Nursing (AACN) surveyed 575 nursing schools in 2004 and found the median age of Ph.D. nursing graduates in 2002 was 47.3 years (American Association of Colleges of Nursing, 2005). They found that 50.8% were between the ages of 45 and 54 years, and only 8.6% were under the age of 35 (AACN, 2005). In comparison, the median age of all research doctoral awardees in the U.S. in 2002 was 33.3 years (AACN, 2005).

Patricia described the scholarship of knowledge as one of her joys of teaching. Patricia stated she has been successful as an educator because she liked the people she taught, has incorporated evidence-based practice, and recognized that her students have kept her current with changes that are occurring in the healthcare settings. Tichy and Cardwell (2002) summarized:

Interactive teaching occurs when the teacher respects the students and has a mind-set

that they probably know things that he or she doesn't, and when the students have the

mind-set that they have something to say and that the teacher would be interested in

hearing it. These are developed and maintained in an open, informal environment

where people have confidence in the knowledge and the abilities of others, as well as

self-confidence (Tichy & Cardwell, 2002, p. 70).

Patricia recognized her role in facilitating opening the door of knowledge, saying to

the student, "We'll take the first step and we'll see what happens." Patricia explained that

whenever you teach, you are always learning, "You learn as you teach… it's empowering

others to realize sometimes that they can do what maybe they've only dreamed about.

You see this all the time. I've always wanted to be a nurse, but I don't know how I can

do it. Can you help me?"

Patricia accepted the position as the first Dean of a BSN completion program at a

private liberal arts university the summer of 1989. Patricia recognized the national

movement toward B.S.N. education and felt the time was "right" to start this program.

Patricia's vision was supported by the Health Resources and Services Administration's

National Advisory Council on Nurse Education and Practice (Health Resources and

Services Administration, 2007) who recommended that at least two-thirds of the basic

nurse workforce hold baccalaureate or higher degrees in nursing by 2010 to meet the

needs of more complex demands of today's health care environment. Fifty-five percent of

employed registered nurses held a hospital diploma and 18% held an associate degree as

their highest educational credential in 1980 (AACN, 2007b). By 2004, a diploma was the

highest credential for only 27.5% of RNs and an associate degree climbed to 33.7%. In

2004, the number with bachelor's degrees as their highest educational level had climbed to 34.2% (AACN, 2007b). In 2005, 13,232 RNs with diplomas or associate degrees graduated from BSN completion programs (AACN, 2007c; Health Resources and Services Administration, 2007, thus a pipeline for BSN completion programs.

Patricia had the challenge of familiarizing the administrators and faculty at her private liberal arts university to the unfamiliar nursing program where faculties were expected to be both academicians and practitioners. Academic nursing administrators and faculty often give mixed messages in their mission statements because they try to respond to both the demands from the community of scholars and the demands of the healthcare providers (Hegyvary, 1990). As practitioners who value clinical teaching as the cornerstone of professional education, nursing faculty are often put into the position of justifying their workloads (Keehner-Engelke, Lawler, Duldt, & Walsh, 1994).

Since most of the students in Patricia's BSN completion program were non-traditional, Patricia recognized she must be creative in challenging and engaging these students. When asked how she incorporated adult learning theory into her teaching style, she stressed focusing on the relevance of the material and acknowledging student's life experiences and knowledge base. This is consistent with the findings of AACN (2005) that non-traditional students "demand a no-nonsense approach to education that is immediately applicable and complementary to their lives" (p. 10). Patricia enthusiastically shared "…what's interesting, is the same principles apply to little people in kindergarten (laughs). They want to know why they have to learn it. And you certainly have to respect them as little people. The biggest difference is the adult

nontraditional students typically have obviously much more going on in their life…whether it's family, job or significant others."

The American Association of Colleges of Nursing (2005) found mature students as gifted in their scholarship, motivation, life experiences, and insights. Patricia felt only five percent of these students really like lecture, so she encouraged her faculty to be facilitators of learning rather than dispensers of information. Musinski (1999) concluded that nursing educators who use a facilitative approach will create an atmosphere that is conducive to learning. Faculty can support students to become self-motivated by providing the necessary resources, being available as a counselor and adviser, and creating a non-authoritarian ambience that also is conducive to learning. Faculty facilitators can potentiate development of positive attitudes while providing support, ideas, opinions, and alternative interpretations to stimulate self-confidence (Musinski, 1999).

Burdette Saunders (1999) challenged faculty to "find ways to help students become more independent and creative thinkers who have confidence in their skills and are willing to assume responsibility for their own learning and behavior" (p. 29). Patricia and her faculty incorporated everything from "active learning… to problem based learning… to group activities… to interaction…to correlational maps…to gaming." Thus, challenging faculty to plan more creative, practical and interactive teaching-learning strategies such as case studies, problem-solving exercises, research projects, and service learning experiences (Burdette Saunders, 1999). Patricia and her faculty use multiple teaching strategies, with each faculty member capitalizing on the strengths of what they are "naturally wired" to do. Although these approaches better meet the needs of mature

students, they have been found to be very time-intensive for faculty to develop and monitor (AACN, 2005). Patricia also emphasized that she continuously learns from both nursing and non-nursing faculty.

Although not an expert in technology, Patricia was an early adopter of technology into the curriculum, hiring experts to incorporate technology. Todd (1999) stated that "Transformational leadership and learning are all about creating and providing opportunities for leaders to make the most of their life opportunities in a world rich in information and technology" (p. 4). Felton (2000) predicted that the computer will be to the clinician in the twenty-first century as the stethoscope and the thermometer were to clinicians in the twentieth century. Patricia recognized that developing new teaching strategies and incorporating these new technology skills enriched student's access to resources. Patricia felt that this "scholarship of teaching" helped students critically think.

Patricia recognized the potential in her students and has always focused on her students' needs. This focus has intermittently been in conflict with the more gestalt views of her university. On more than one occasion Patricia has had to negotiate with her V.P. of Academic Affairs to offer certain classes for only a small group of students, so they could continue their progression through the program. Sometimes Patricia ended up teaching fifteen credit hours a semester in addition to her administrative responsibilities. She would not accept no for an answer if it adversely affected a student. Collins (2001) pointed out that "great companies" need executives and leaders, who are willing to argue and debate in pursuit of the best answers, yet they need to unify fully behind a decision regardless of parochial interests. Although Patricia lobbied for her students and her

program, she also recognized the support the University and her boss had given her and accepted the decisions made.

Patricia's BSN completion program received its' initial National League for Nursing (NLN) accreditation in 1986. After being reaccredited on subsequent visits, Patricia decided she needed another challenge and proceeded to initiate a Master of Science in Nursing Program. Again Patricia recognized the national trend. AACN (2007a) emphasized the demand for master's prepared nurses for advance practice, clinical specialties, teaching, and research roles, reporting that in 2004, only 13% of the nation's registered nurses held either a master's or doctoral degree as their highest educational preparation. Patricia worked with her university president and VP of academic affairs and was able to offer the first master's program at her university. Again she adapted the schedule around student needs. Through her reputation of offering a quality B.S.N. completion program, she was able to admit a full cohort group into her first class. The program received NLN accreditation from NLN in 2002.

Patricia explained, "I first had the opportunity to do the job, and then I really liked it." This opportunity became her passion. "I have a passion for nursing education and nursing both."

<div align="center">A Nursing Dean</div>

Organized nursing and nursing education have their roots in the late nineteenth century with the initial training schools for nurses being established within hospitals in which education, housing, and meals were provided in exchange for unpaid student labor, creating a system of exploitative apprenticeship that is blamed by many for the position of nursing today (Kleinman, 1999). Medical education moved into the university setting

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while nursing education remained linked to hospital administration through the labor of nursing students. The power relation between (male) physicians and (female) nurses was epitomized in the notion that nurses were to be "trained" while physicians were to be "educated" (Doering, 1992).

In 1923, the Rockefeller Foundation supported the study, *Nursing and Nursing Education in the United States*, which later became known as the "Goldmark Report." The recommendations from this study included removing control of nursing education from hospitals and placing it within the educational system. This study had little impact and was not supported by the majority of nursing leaders (Fitzpatrick, 1983). Therefore, hospital nursing diploma programs continued to flourish through the 1960s.

In the 1960s, deans of nursing began to be seen in the university setting. There were few doctoral programs to prepare nurse administrators, but those that did exist specialized in education curriculum (Hall, 1985). Although not all deans had doctoral preparation when they assumed their positions, they were encouraged to acquire a doctorate to retain their positions. Their preparation may or may not have addressed the administrative and leadership skills needed for their positions, their leadership styles were influenced by the size of their institution, and approaches to decision making ranged from autocratic to participative (Chance, 1980).

As early as the late 1970s, concern about the decline in nursing programs offering administrative and teaching tracts was reported (National League for Nursing, 1978). Fitzpatrick and Heller (1980) reported a shift from a total emphasis on functional preparation in the 1950s and 1960s to clinical specialization in the 1970s. This shift was

encoured by the American Nurses Association's (ANA) 1969 statement on Graduate Education in Nursing.

Fitzpatrick and Heller (1980) reported this change in focus has been valuable in advancing the clinical field of nursing, but acknowledged that it has contributed to the shortage of nurses appropriately prepared to assume leadership roles in both nursing service and nursing education. Therefore, clinical specialists have been recruited to assume nursing leadership positions in both education and nursing service. "While clinically expert, these nurses lack the requisite knowledge and skills of higher education and are at a great disadvantage in implementing the teaching role and assuming responsibilities of professional educators in an academic milieu" (Fitzpatrick & Heller, 1980, p.372). Kelly (2002) stressed that deans need to acknowledge that transition from practitioner to educator necessitates learning an entirely different body of knowledge. Patricia's field of specialization for her M.S.N included nursing education and medical-surgical clinical emphasis. Patricia received her Ph.D. in 1982 in education with her field specialization in administration, curriculum and instruction, thus giving her the theoretical background for an academic nursing leadership position.

Nursing deans have been considered mid-level leadership positions in the academy and have been very complex and demanding administrative roles. Nursing dean positions require individuals who are knowledgeable and skilled clinicians, teachers, leaders, and business people. Crucial factors in the position are appropriate academic credentials, excellent communication skills, and the requisite knowledge and skills of higher education to lead a department or university. Kleinman (1999) stated that deans must

possess expertise in business principles and practices, operations, finance, marketing, informational systems, products/service development, and strategic planning.

Starck, Warner and Kotarba (1999), in a qualitative study of top-ranked deans of graduate nursing programs, identified the future leadership skills for deans as consensus builders, risk takers and interactive empowerers. They emphasized that deans must be flexible and able to deal with ambiguity, including tolerating the unknown and thriving on uncertainty. They found that deans must make quick decisions, be facilitators and advocates, and involve and engage their staff. They recommended developing faculty to assume ownership of the program so the dean can assume a greater role in external activities such as fund-raising.

Short (1997b) emphasized that deans of nursing schools are in key positions to influence both the profession and the direction of nursing programs. Their influence extends outside their immediate faculty and students to the entire system and community. Research and publications generated from their department and faculty involvement in professional organizations and activities will expand their sphere of influence. Deans, as nursing education leaders, must be resourceful, skillful, and knowledgeable in setting the vision and influencing the future for the schools of nursing and the profession. Short (1997a) found that communication ranked first as the most important skill for goal achievement, with interpersonal skills, creativity in thinking, ability to mobilize groups and intellectual ability following.

Redmond (1991) found that early socialization, including personal relationships, team sports and birth rank, were considered influential in the career paths of corporate women.

Redmond also found that previous employment and career modeling relations positively influenced the careers of deans and successful career women.

To influence policy making, nursing deans must recognize the importance of politics, power and risk taking. Stanton (1978) defined politics as the art of influencing and a part of everyday life. Nursing deans must recognize that the economic and political forces that affect the administering of an academic unit cannot be separated. Torres (1981) stressed that nursing deans need to deliberately determine how to best use their resources to gain and keep a political support system in the university. Nursing deans must establish political support systems to obtain the necessary resources to achieve the goals of their nursing programs.

Russo (1986) identified successful political strategies used by academic women administrators included alliance formation, visibility, networking, bargaining, coalition formation, mentoring, maneuverability, power plays, immediate access to powerful people, control of information, compromise and persuasion. Women must also know what kinds of power they possess and how they can use their influence (Ropers-Huilman, 1998).

Moore and Porter (1987) examined nursing deans in small, liberal arts colleges and universities and found that they face unique challenges in managing multiple roles of mid-level manager, professional leader and role model, and sometimes chief executive officer responsibilities. In a study of 245 deans/directors of colleges/schools of nursing accredited by the National League for Nursing (NLN), Ryan and Irvine (1996) found that the average Dean worked 50 hours per week with managerial responsibilities taking the majority (70%) of the time, teaching responsibilities (21%), and research less than ten

percent. Since Patricia was a nursing dean in a small private liberal arts university, she did no research and assumed more advising and teaching responsibilities than deans of larger programs. In addition, since Patricia's BSN program was a new program, she spent a large amount of time working with inexperienced adjunct faculty who had no curricular or teaching experience which is consistent with the findings of Kelly (2002).

The dean's position is often sandwiched between administration and instruction, thus requiring juggling of competing priorities, interests, agendas, and matters of concern of the various administrative and faculty members of the college or university (Seagren, Wheeler, Creswell, Miller, & Van Horn-Grassmeyer, 1994). Ebbers, Gmelch, Shelley, and Wild (2003) and Princeton and Gasper (1991) found that Deans experienced stress in trying to find time for meeting attendance, administrative and leadership responsibilities, extensive communication and human relation interactions, knowledge of policies, rules and regulations, balancing professional and personal lives, meeting social expectations of the position, pursuit of scholarship in light of the fact that the scholarship role may or may not be a focus of the mission or purpose of the private or public institution or a priority role for the administrator. In addition, external constituency demands which may include fund raising, trying to obtain financial support for programs, and satisfying external constituency groups such as alumni, legislators, and the community must be recognized. As a midlevel administrator and leader, new deans need support in learning and executing their roles and responsibilities.

Ryan and Irvine (1996) reported that nursing deans saw themselves as leaders, liaisons, and figureheads both internally and externally. These deans listed communication as the most important skill necessary to be successful in the position, but

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recognized that conflict management, planning, budgeting, staff development and functioning as a change agent, motivator, and coordinator were important. The nursing academic deans indicated that nursing leaders needed to be

> self-directed, self-confident, self-controlled, healthy and emotionally stable. They should be introspective and learn to balance personal/professional aspects of life. Academic leaders should look at things positively and optimistically, in an open minded way, objectively but pragmatically. Examining political aspects of situations, seeing the big picture and accepting problems as challenges are important. Finally these individuals should be visionary and committed to excellence (Ryan & Irvine, 1996, p. 140-141).

Patricia's focus on relationships precluded her pursuit of clearly defined career goals. Patricia was intellectually gifted, yet did not flaunt her cognitive ability. Serendipitous events provided her opportunity to use her intellect and skills. Patricia's first formal leadership/management role in nursing education was as a second-year coordinator for an Associate Degree Nursing program. Patricia was in a new program with young, enthusiastic faculty. Patricia recognized that the diversity of students in today's nursing schools heightens the need to build on the student's past learning experiences and beliefs. She recognized that teaching effectiveness requires a blend of knowledge, interpersonal skills and style and flexibility in the use of teaching methods (Kelly, 2002). She recognized that the faculty had the knowledge base, but needed support in their new roles. She quickly recognized her greatest strength was working with people and the management part of the role proved to be the most stressful.

Patricia approached this coordinator position from a unique perspective. One of her first administrative responsibilities was making faculty teaching assignments and placing students in clinical rotations. She shared that her focus was on assuring that faculty were teaching in areas in which they were most familiar and that students had the very best clinical experience possible. She remembers trying very hard to identify one person in each clinical group that had the maturity and confidence to help the group become more cohesive.

> This was challenging for me because I don't think in boxes. To this day, if I want to present something and I know that another person thinks better with boxes, then I will go and have somebody assist me with what goes in what box, because I have a tendency to be so global.

The university-based associate degree nursing program expanded into a baccalaureate completion program, eventually becoming a generic baccalaureate degree program. Patricia held various course chair positions and chaired a variety of committees. Patricia decided she needed to obtain her doctoral degree, recognizing that nursing was lagging behind the level of preparation necessary for most academic disciplines. Hinshaw (2001) supported this view, reporting that Schools of Nursing have always had a shortage of doctoral prepared nursing faculty. Hinshaw (2001) reinforced that the academic norm for faculty teaching in baccalaureate and graduate programs to hold earned doctoral degrees was established later in nursing than for other disciplines, estimating that only 50% of nursing faculty in baccalaureate and graduate nursing programs have met this academic standard in 2001.

Patricia was finishing her Ph.D. when she heard of the opportunity to start a B.S.N. completion program. She recognized she was at a time in her life where she needed new challenges; she had both teaching and leadership skills, and had confidence in her ability to explore new opportunities. Ryan and Irvine (1996) found that the major motive for most deans applying for the position is the desire for personal challenge. Patricia embraced this opportunity to influence the direction of nursing education in her state. Merle (1999) found that often an administrative opportunity develops and it just "seemed" right, "…the women were willing to take a risk by responding to an unexpected opportunity, seeing this as part of their destiny" (p.25). Patricia did not see it as a "stepping stone" to another position and did not make the move because of a salary increase.

Since Patricia was a nursing faculty member before becoming a dean, she fully understood the concerns of her faculty. She tried to make decisions on faculty assignments and workload with this in mind. Ebbers, Gmelch, Shelley, and Wild (2003) recognized that this close affiliation and understanding of the faculty role probably adds to the stress of conflict with faculty. Although individuals have a natural desire to avoid conflict, especially Patricia with her "feeling" MBTI personality, Patricia was in a position where these inevitable conflicts had to be addressed.

Patricia recognized the importance of instilling the use of evidence-based practice in the work setting and felt this was an opportunity for her to influence nursing practice. She recognized she had the skills and knowledge base to work with these registered nurses who were coming back to school to obtain their BSN and frequently referred to these "real nurses" as the nurses that were working directly with patients. Although Patricia

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embraced lifelong learning and eagerly updated herself through journals, networking, conferences and teaching, she acknowledged that bedside nursing was not her area of expertise. When interacting with her peers, student nurses, and staff nurses, Patricia acted like a sponge soaking up information, identifying changes occurring in the clinical areas, challenges of the profession of nursing as well as challenges specific to institutions or areas, openly stating that she learned more from her students than she taught them. Patricia updated her curriculum regularly, adapting her teaching style to meet the needs of her students.

Patricia was a dean in a profession which has been 97% female and whose faculty continues to be 90% Caucasian and 96% female (Minority Nurse, 2002). Patricia was one of two female deans at her private liberal arts university, with nursing being the only health related field of study. Twombly and Rosser (2002) reported that in 1997, women held almost 70,000 (46%) of the 150,000 plus total executive, administrative, and managerial positions in academic settings (p. 461). However, these women are found mostly in the areas of student affairs and library services, which are often perceived as marginal to the mission of the institutions and thus compensated at lower rates (Chamberlain, 1991; Touchton & Davis, 1991). Eddy (2002) reported that women make up 20% of the presidents of higher educational institutions, however only 2% are presidents of major research universities while others lead "the less prestigious community colleges, independent colleges, women's colleges, and comprehensive colleges" (p. 500).

Patricia describes herself as a life-long learner. She recognized early in her deanship that she did not have all the answers and frequently relied on the expertise of other

resources to attain her goals. Healthcare providers and educators have recognized that

they must incorporate the leadership principles currently being used by successful

business leaders (Liker, 2004; Baldridge Healthcare Criteria for Performance Excellence,

2008) and business leaders have recognized they must become learning organizations

(NLN Position Statement: Lifelong Learning for Nursing Faculty, 2001**).** Robert

Knowling, Chief Executive Officer of Simbion Technology, passionately believed that

successful business leaders "have made teaching, learning, and development a

cornerstone of their business models. I see leaders making themselves vulnerable, and I

see them embracing the fact that they are growing and developing just like everyone else

in the organization" (Tichy & Cardwell, 2002, p. xii). These sentiments are consistent

with Patricia's philosophy on teaching/learning and nursing education. Knowling

recognized that setting the environmental tone is key to a leader's success:

> …it's okay that we don't have all the answers, and it's okay that we don't have it all
>
> figured out. It's even okay if we make mistakes sometimes. So, while these very
>
> direct, high-energy and hard-driving CEOs command the complete attention of their
>
> organizations and have delivered stellar business results, they are real-life
>
> player/coaches that employees can feel and touch (Tichy & Cardwell, 2002, p. xii-
>
> xiii).

Patricia's dean in graduate school, Dr. Rheba de Torney, told Patricia and her

classmates that being a dean is one of the loneliest jobs in the world. Ramsay (2000)

stated that because the number of women in leadership positions is small, these women

experience isolation due to their lack of critical mass, which in turn contributes to their

lack of mentors and role models. Ramsay also reported that research suggested that as

women rise in the organizational hierarchies, their peer support falls away and they become isolated from other women (p. 7). Growe and Montgomery (2000) also found women's perceived isolation and associated it with minority status, sex-typed expectations, and gender bias. Research conducted by Catalyst (1998) found female managers felt networking was more difficult for women and that male discomfort is a critical factor in their exclusion of women.

Patricia felt the isolation that deans experience was related to whom you can share things with - - or more specifically who you could not share things with. Patricia felt that Dr. de Torney's statement was partly true, "… you need to just be very careful in terms of - - it's mostly a disclosure thing. Providing too much information…hopefully you've given the right amount of information." Patricia did not think that she had been lonely in her position, because she was so extroverted. Patricia felt that by being a dean at a small private liberal arts university, she had the opportunity to attend certain meetings and functions that she perhaps would not have been included if she had been in a larger university.

Patricia developed relationships with deans from other departments that prevented her from feeling lonely or isolated.   These relationships became her network into the informal communication system at her university. Wedderburn Tate (1999) described networking as tapping into a variety of sources of knowledge, contacts and information and a key element in the process of continuous learning. Taio (2007) and Wedderburn Tate (1999) found that multiple types of networks, including personal, professional, organizational, strategic, and international, enhanced an awareness of new developments and was vital to leadership success. Taio (2007) found that to be successful, women

leaders need a wide range of personal, professional and community experiences as well as skills, such as communication, consensus-building, collaboration, fund-raising, budgeting, personal management, public relations, and as stated above, networking skills. Taio (2007) found that the demanding nature of academic leadership positions required that leaders delegate, establish personal and professional support networks, and attend to the big picture. Although Patricia was in a female dominated field, she was a minority gender among the deans at her university.

Ramsay (2000) indicated the difference in men and women's university career development has been influenced by women's lack of knowledge of and opportunity to enter the informal system for career advancement which has been used for so long and to such good advantage by men. "Exclusion from informal networks, career sponsoring relationships, and other avenues which provide the basis for career advancement and advantage to their male colleagues has been identified as critical for women in all forms or organizations, including in universities" (Ramsay, 2000, p. 6). Catalyst (1998) also identified that exclusion from networks prevented women from gaining knowledge needed to accumulate experience critical for leadership positions in their organizations, information necessary to identify and access "gateways" and "gatekeepers," and visibility for their contributions and achievements which leads to advancements. Patricia did not feel she experienced this exclusion from the informal networking system.

Poole (1998) found that academic women face a deficit of resources compared to their male peers, which is partly explained by their field of study, but also in relation to prestigious mentors, broad international networks, and time. Wunsch (1994) also found that collegial networks have been crucial in higher education, acting as a means of

transmitting, reproducing, and reinforcing standards for professional behavior and socialization into professions of scholarship and excluding the nonconformists.

Patricia established a networking system consisting of deans and directors of various nursing programs in her state, program deans of National League for Nursing accredited BSN completion programs, chief nursing officers of local hospitals and deans of other departments at her university. Witmer (1995) described networking as a viable strategy for women to obtain job enhancing information, make professional contacts, and exchange social support, pointing out that John Naisbit identified networking as one of the ten Megatrends. Witmer (1995) recommended:

Women need to build on their own strengths of affiliation, caring, and nurturing. Networking built on the strengths of women and the areas women see as needing improvement can provide an opportunity for women to establish professional relationships and bonding, which encourages confidence and affirms female identity. Women need to weave their own webs of connection, where talent is nurtured and encouraged, where there are a variety of interconnections, where lines of authority are less defined, and where there is a reliance on a moral center (Witmer, 1995, p. 251).

Patricia used networking within her University to establish both one-on-one relationships but also broader relationships which enabled her to access information she would not have had readily available to her if she had focused only on her nursing program. Although Patricia did not have children, she still faced the challenges of maintaining a healthy balance of life of work and family. She often went to work at 8:30 or 9:00 a.m. and still was on campus at 9:00 p.m. Patricia had no desire to progress any further up the academic administration ladder. Financing and budgeting were not her

strengths nor were they her greatest love. Although she had had some involvement with

fund raising, she recognized she did not want to assume a higher position.

Chapter Six

LEADERSHIP CONSIDERATIONS

The characteristics that they criticize you for, that you are strong-minded, that you make firm and tough decisions are also characteristics which, if you were a man, they would praise you for. I think they have not yet fully come to terms with that.
Margaret Thatcher

Gender

As nursing leaders and nursing educators examine gender-related factors that have influenced their personal and professional lives, they will expand their personal awareness. Few nurses have questioned the apparently natural social world (MacIntosh, 2002). Sheinin (1998) encouraged inquiry into gender-related issues to stimulate discussion, examination, and questioning of the role of women in academic administration and in the academy in a taken-for-granted world (Sheinin, 1998). The creation of these kinds of discussions will also benefit men who are nurses.

MacIntosh (2002) differentiated between gender and gender identity, stating gender refers to the societal roles and expectations imposed on women and men. She described gender identity from a broader perspective as personality attributes, aspects of physical appearance, interests, abilities and social roles.

Women's gendered self-concepts develop as they interact with others in societal contexts. The development of persistent relationship patterns tend to be reciprocal and cumulative….Dominance of men over women is one such pattern and is defined by, and relies on existing norms and systems (MacIntosh, 2002, p 171).

The gender socialization process has resulted in females playing supportive and nurturing roles instead of competitive and aggressive roles, which includes not being

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trained to master skills needed to play political games in the workplace (Acker, 1992; Brown & Gilligan, 1992; Jablonski, 1996; Kimmel, 2004).

The nursing profession has long been dominated by male physicians, leading to the oppression of nurses because of their subordinate status. Many nurses feel powerless in the healthcare hierarchical work environment because this complex and demanding structure has denied them the status of equal partnership. Nursing has characterized the down-side of America's gender-based power structure (Baer, 1991; Kelly, 1998). Rathers (1994) found that the initial education-based socialization of nursing students have included practices that instill ethical professional conduct, respect, caring, deference to authorities submissive relationships, and other behaviors that tend to encourage oppression. MacIntosh (2002) emphasized that nursing educators play have played pivotal role in influencing the status quo of nursing practice and challenged nursing educators to help students examine their personal and professional socialization to better understand their role and contributions as a member of the health-care team. MacIntosh (2002) encouraged elimination of gender-based stereotyping in nursing textbooks, examining critical assumptions underlying existing structures that constrain the profession of nursing, and examining gender related issues and their implications for the nursing profession.

Powers (1996), a professor of women's studies, reported that when she initially asks students if they are feminists, they deny any such identification.

But by the end of these courses, after they have learned what feminism really stands for (rather than the media hype which includes an explication of Rush Limbaugh's

term 'feminazi') most of them declare loud and clear that they are feminists (Powers, 1996, p. 1).

With this in mind, it is probably significant to reflect on the fact that Patricia attended high school in the 1960s. This was a period of racial unrest, turmoil over the Vietnam War, the Supreme Court banned prayer in schools, and the Civil Rights Act of 1964 banned discrimination which ultimately influenced the women's movement as well as equal opportunity and affirmative action. Betty Friedman wrote the book *Feminine Mystique* which examined women's role in society, the birth control pill was approved by the federal Food and Drug Administration, and the federal Department of Health, Education, and Welfare offered family planning services including contraceptives for the poor. The National Women's Organization was calling for equality for all women in America at the same time when 'mini' skirts were the rage. College students experimented with drugs, young adults were exhibiting increased sexual freedom, and an open concert in Woodstock exemplified the perception of the "hippie" generation (Valerio, 1999). Patricia did not address any of these events in her interviews.

Hyde (2007) defined a feminist as a "person who favors political, economic, and social equality of women and men, therefore favoring the legal and social changes that will be necessary to achieve this equality" (p. 6). Regan and Brooks (1995) differentiated between feminists (from women's experiences) and feminine (given to women by their role in the culture) leadership traits. They defined feminist attributes as collaboration, caring, courage, intuition, and vision as compared to feminine attributes which include nurturance, compassion, and care (p. 5). Although Patricia clearly displayed these feminists and feminine attributes described by Regan and Brooks (1995) and stated she

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supported political and social equality, she never considered herself a feminist. She

recognized the progress nursing has made with autonomy, recognition, and leadership,

and the correlation between these changes and the concept of the feminist equality focus.

Female academic leaders often are held to a double standard. Members of the

academy have expected them to fulfill the masculine image of a leader yet have behaviors

consistent with the image of a nice good, virtuous woman (Jablonski, 1996; Sandler,

1986; Wajcman, 1998). Academic nurse educators and academic nursing administrators

are faced with additional barriers in gaining equal respect. Professional nurses are

expected to perform personal care work that has not been highly valued by society.

MacIntosh (2002) stated that nurses are expected to show dedication to altruistic service

to others and are not valued for their caring functions, yet are not recognized for their

curing and technology mediated functions. In addition, some feminists have demeaned

and denigrated the traditional women's tasks of child-rearing, care taking, teaching and

nursing (Baer, 1991). This disdain for traditional female roles has quality of life costs

that our society is only beginning to notice.

Growe and Montgomery (2000) pointed out that "female attributes of nurturing, being

sensitive, empathetic, intuitive, compromising, caring, cooperative, and accommodative

are increasingly associated with effective administration" (p. 1). While these

characteristics are innate for women, women have continued to face higher attrition and

slower career mobility particularly in higher education (Porat, 1991). Whitaker and Lane

(1990) found that data on equality of opportunity in educational administration revealed

that gender, more than age, experience, background, or competence determined the role

an individual will be assigned in education. However, Gillette-Karam (1994, as cited in Getskow, 1996) found situations determine leadership style and not gender.

Carless (1998) found that female managers reported using more interpersonal oriented leadership behaviors and were rated higher on supportive leadership empowerment, leading by example, charisma, and vision compared to male managers. However, Carless found that female and male managers perceived themselves similarly with regard to innovative problem-solving, inspiring respect and trust, communicating a vision and maintaining consistency between what they say and do.

Nursing has been considered a care work occupation. Care work occupations have been defined as positions involving care, such as teaching, counseling, providing health services, or supervising children (England, Budig, & Folbre, 2002). Care work historically has been undervalued in the labor market, as is much of "women's work" (Sirianni & Negrey, 2000; Turkoski, 1992). However, recently there has been an increased interest in the relationships of gender, work-family focus, care work and dependency (Gerstel, 2000: Kittay, 1995; Reeves, 1994). When women entered the labor force in the 1960s and 1970s, much care work that had previously been done without pay by women, started being done by child care workers, nursing assistants and home health nurses/aides, nannies and other paid care workers (Rothausen-Vange, 2001).

Women have been nursing since the earliest days of recorded civilization and the profession of nursing has continued to be comprised overwhelmingly of women. Gender and function have been interwoven in ways that have created a struggle for voice within the male dominated health-care industry. Gender issues have translated into power issues in academia and the healthcare settings, where female nurse leaders have held few

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academic presidential positions or chief executive officer (CEO)/chief operating officer (COO) positions. Men have advanced more rapidly up the ranks of nursing administration, confirming that both female and male nurses accept the dominate male-oriented view that traditional male characteristics are necessary for success in management (Borman & Biordi, 1992; Kleinman, 1999).

This high valuation of male and masculine apparently has played a significant role in situating a disproportionate number of men in nursing administrative and elite specialty positions. At the heart of this gender dynamic has been the need to separate the masculine from the lesser valued feminine. Male nurses do this by "employing strategies that allow them to distance themselves from female colleagues and the quintessential feminine image of nursing itself, as a prerequisite to elevating their own prestige and power. They are aided in this task by patriarchal cultural institutions that created and perpetuated male advantage, as well as by women nurses themselves who, consciously or unconsciously, nurtured the careers of men colleagues" (Evans, 1997, p. 226). Kleinman (1999) recommended that nurses obtain professional credibility through graduate education in healthcare and nursing administration programs that prepare them to be knowledgeable and skilled clinicians and leaders as well as business people.

Buresh and Gordon (2006) stated that in patriarchal cultures, women's work has placed under the control of men and conceptualized as an extension of male agency. This has resulted in care-giving being self-sacrifice rather than an opportunity for self assertion or self-fulfillment.

Nineteenth century nursing established a template that endures to this day. "Nursing is self-sacrificing, altruistic, devotional, poorly paid, anonymous, silent work. The idea

that women are 'naturally' caring and that caring is instinctual or hormonal also lives on and conceals both the complexity of care giving and the agency of the caregiver" (Buresh & Gordon, 2006, p. 33). Buresh and Gordon explained that complex care giving that has been described by feminist scholars as Ruddick (1989), Thatcher-Ulrich (1990), and Benner, Tanner, & Chesla (1996) has been missing from the patriarchal conceptualizations of women's work.

Baer (1991) explained that although nursing appears to have always been on the downside of power, in the 1870's it was an opportunity for advancement for women. Nursing provided unmarried independent women looking for alternatives, in an era that stultified women, the opportunity to assume positions of influence and power in running organizations and making decisions (Baer, 1991). However with the women's movement in the 1960's, those opportunities were no longer unique to nursing. The profession of nursing had to compete for recruits with all professions and industries.

Fine (2005) agreed that historically "the power of nurses has been portrayed as subordinate and circumscribed, reflecting the gendered division of labor in health care, which in turn mirrors the gender relations of advanced industrial capitalism more generally" (p.2). Although Patricia became a nurse, in the late 1960's, Patricia oscillated between the field of medicine and nursing. After her divorce, her ex-husband volunteered to pay her way through medical school, but she declined. After she became a nurse, Patricia recognized that nurses had the most holistic view of patients and she had had the opportunity to see the influence nurses made on the lives of patients. She recognized that the most routine of interactions can serve as a vehicle to establish an intimacy with patients, to comfort, and to provide reassurance. Patricia never commented

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on the reason her ex-husband made this offer and never mentioned the financial and power gap between medicine and nursing.

"When I first thought about medicine, it didn't really have anything to do with gender. There weren't many physicians that were female at the time. Elizabeth Blackwell was the first physician that was female and I thought it was intriguing." However, Patricia changed her major when her fiancé expressed his opinion that she probably did not have the toughness to be a physician and there could not be two physicians in one family. Patricia remarked that "now, today, or even ten years later, possibly five years later, I would have responded, so don't be one."

Shirley Chater, Ph.D., R.N., FAAN, one of Patricia's graduate school instructors, addressed the challenges of females in the field of higher education. In 1973, during a conversation with Patricia's class, Shirley Chater shared her experience of being the first female vice chancellor at the University of Califoria, San Franciso. One of the things that Patricia clearly remembers was her recommendation that "…if you are the only female, when you have meetings, whatever you do, do not serve coffee and do not wear slacks." Molloy (1977), a national syndicated newspaper columnist recognized for being a clothing consultant in the 1970s, advised women to never wear pants when they are dealing with men in business. Kuk and Donovan (2003), in interviews with ten women administrators representing three generations of women at a public, four-year research university also heard recommendations about not taking notes during meetings, commenting that they had never seen men taking notes. These references to not "serve coffee" and "take notes" are examples of efforts by women leaders to distance themselves from the expected roles of women.

The recommendation of not wearing slacks was remembered by Patricia when she accepted her second teaching position at a large urban Midwest University in 1974. A female dean wore blue jeans and cowboy boots to the office. A member of the Board of Governors came to visit and she had to go home and change. Patricia felt that in academia it is more acceptable for a male to wear jeans than for a female, clarifying that she felt you were more credible as a female professional if you did not wear jeans to work. She did say she would wear slacks if it was very cold, "but they have to be some wonderful pants," She said she had never worn slacks as a Dean.

Cho and Lueders (1982) agreed with Patricia that "one way or another, your clothes are going to make an impression," explaining that "clothes are silent persuaders and give people reason to have faith in your skill and competence" (p. 32). They suggested that although women differ in their tastes and preferences, if they can get their image together, the most valuable by-product is self esteem. Cho and Lueders (1982) warned that you must consider the circumstances, otherwise you could make the people you interact with uncomfortable with your dress, "They'll feel you've distanced yourself" (p. 35). Cho and Lueder' suggestions on dress were consistent with the successful women interviewed in the book, *Why the Best Man for the Job Is a Woman* (Wachs Book, 2000). These women did not have a consistent dress code, but individualized their dress according to their personality and comfort level, not necessarily conforming to the "conservative" expectations of society (Wachs Book, 2000). Buresh and Gordon (2006) also stressed that appearance, both your dress and body language, affects the way the audience receives your messages. "Wear neat, tailored clothes. Don't be bland, but don't be jarring" (Buresh & Gordon, 2006, p.236). Patricia described her dress as conservative,

influenced both by her mother and the institution where she worked. Patricia wore

mostly skirted suits and never slacks to work, which is consistent with the

recommendations of Molloy in *The Women's Dress for Success Book* (1977).

The concept of professionalism has been incorporated into the framework that has

organized the curriculum of nursing programs. When discussing the educational

preparation for entry into professional practice, nursing faculties have the opportunity to

describe professional conduct. In addition, often they have developed a statement of

expectations for students' appearance and demeanor in the clinical setting. These

expectations plus comments from nursing staff or patients have helped nursing students

develop a sensitivity to personal appearance as an expression of professionalism

(Burdette Saunders, 1999). Negative stereotypes held about nurses by patients, families

and other providers have been reinforced if nurses were not professional in their

appearance (Campbell-Heider & Hart, 1993). Patricia recognized she was a professional

role model to her faculty and her students, and her dress and demeanor were important.

When Patricia accepted the Nursing Department Dean position at the small private

liberal arts university in 1982, one of the biggest changes she faced was going from a

primarily all female department in one location at a large public urban university to a

small private liberal arts university setting with seventeen department deans, only two of

which were female. "I remember Dick [husband] saying, if they think they got a token

female, for the department Dean, they're in for a big surprise."   Patricia was surprised

and appreciative of the openness of the communication between the department deans, "if

they had something to say in a curriculum meeting, they said it in the meeting rather than

outside." She also enjoyed the family atmosphere of the liberal arts university more than

the isolation of the large department atmosphere. Bass (1998) reported that in the organizational transformational culture, "there is a sense of purpose and feeling of family. Commitments are long-term. Mutual interests are shared along with shared fates and interdependence of leaders and followers" (p. 65).

Patricia considered her nurturing nature as non-gendered saying that when she started teaching she had nurtured her students "… giving them the love she would normally have given to her deceased child and divorced husband." Patricia felt that she had never experienced any gender discrimination in the institutions where she taught and stated that was a result of the attitude of the administration, "In some institutions, females are expected to act a certain way." Patricia did not feel she had to adapt her behavior in order to become part of the culture of the private liberal arts university. Patricia denied that gender had overtly influenced her life or career, "I don't think the issue of gender has really affected me one way or another."

Wesson (1998) reported that management leaders often fill its ranks, particularly at the highest level of management, with those persons that best fit the existing norm. Therefore, gender could be considered a hindrance to women leaders, compelling them to adopt the leadership style expected of men. Borman and Biordi (1992) reported even within the profession of nursing, men have advanced more rapidly up the ranks of administration, confirming that both male and female nurses subscribe to the dominant male-oriented view that traditional male characteristics are necessary for success in management. Borkowski and Walsh (1992) reported that leadership positions in the health care industry continue to be segregated by gender despite the fact that fifty percent of recent graduates in health care administration master's degree programs are female.

Porat (1991) recognized that although attempting to mimic men's leadership was one avenue for a woman to be hired for administrative positions or any position of leadership, this approach is an obvious abdication of integrity and actually undermines a woman's chance for success. Yoder (2001) agreed, stating that the traditional male leadership style will bring women more problems than benefits.

The lack of critical mass is another challenge for women in academic leadership roles. Taoi (2007) found that the number of women on the executive team influenced women's leadership experiences. Taoi (2007) found that as the executive group becomes more diversified, more voices are readily heard and more talents and diverse approaches are embraced for the good of the organization. As the number of males and females on the executive team become more equal, gender becomes an invisible issue (Taio, 2007).

When Patricia interviewed for her Dean position, the interviewing committee asked if her husband would support her taking the position. She explained that they were aware that her husband was in medical school and they were concerned that she would leave when he finished medical school. Patricia stated this question was appropriate regardless of gender. Patricia did not try to read discrimination or gender bias into situations. Cline (1996) and English (2000) found that successful women administrators chose their battles, recognized when to step back, duck and dodge, how to assume different roles, and when to play the game.

Patricia was a dean in a professional program that was 94.6% women (Mahaffey, 2002). Patricia developed her own unique leadership style and did not imitate the male "gendered" way of leadership. Patricia's leadership style was consistent with that described by Chliwniak (1997) as embracing relationships, sharing and processing, as

compared to men's focus on completing tasks, achieving goals, hoarding of information and winning. Patricia did not feel that gender was a barrier in her career. Patricia did not feel she was excluded from the informal networks at her university. In fact, she appeared to accept the protection and mentoring which in turn enabled her to obtain the information and resources she needed to succeed. Patricia had many "gendered" characteristics and her institution benefited by her diversified viewpoints and strengths that enriched her leadership experiences.

<div align="center">Mentoring</div>

"The successful companies and leaders will be those who understand that the greatest resource we have in the enterprise is people and that the human capital we are entrusted with has to be developed and turned into a more valuable resource (Tichy and Cardwell, 2002, p. xv).

Robert Knowling

The Mentor in *The Odyssey*, was the patron, advisor, guide, role model, teacher, and inspirer of the young Prince Telemachus' rites of passage into Greek manhood. Mentor was a disguise of Athena, the goddess of wisdom (Cliffs Notes, 2007). Applied to the academy, mentoring was a way of imparting knowledge, a way of using the wisdom of tradition, and a way of using experiences of established colleagues on behalf of gaining passage (Wunsch & Johnsrud, 1992).

Johnsrud and Atwater (as cited in Wunsch & Johnsrud, 1992) found tenure-track women faculty reported lack of institutional resources and support, isolation, tenure pressures, workload imbalance, stressful relations with colleagues and department deans, and discrimination. These findings supported the need for mentoring as a strategy for changing structure and climate of institutions. Wunsch and Johnsrud (1992) reported

junior faculty also identified need for assistance with career planning, teaching development, research support, dual career issues, orientation to a multicultural campus and personal adjustment issues.

Mentoring in the academy has been a process for providing information on how to survive and thrive at a particular institution. Academic mentoring programs often have two dimensions (Yale University, 2005). The first dimension has been how to be a good scholar and has included how to deepen one's understanding of a topic or discipline, participate in scholarly dialogues, grant writing, and publish articles or research. The second dimension has been how to negotiate the university system. This has included orientation to the institution and how to be a good colleague, how to agree or decline to take an obligation such as a committee assignment, and how to utilize available resources.

Although mentoring has historically occurred informally, reliance on informal relationships has been found to limit access to mentoring opportunities. The University of Wisconsin – Madison established a Women Faculty Mentoring program in an effort to support women faculty and assist in their career development. Assignment of a mentor from this program does not replace the departmental mentor or guidance committee, but serves mainly as a resource to help the mentee find out what she does not know and needs to know. The following is an explanation of the mentoring relationship:

In a university setting, a mentor can help a mentee to learn about campus resources and opportunities, understand disciplinary and departmental norms, balance professional and personal responsibilities, and build a circle of contacts within and beyond the university. Effective mentors can help mentees formulate short-term goals

that maximize chances for promotion and tenure as well as longer-term career plans. A mentor might suggest strategies for showcasing new work, flag opportunities to obtain institutional support (such as travel funds, release time, or access to equipment), or help a mentee steer clear of political pitfalls. Invaluable access to honest criticism and informal feedback may be the mentor's most important gift (University of Wisconsin-Madison, 2007).

Research has shown that individuals who are mentored advanced more rapidly in the organization, earned higher salaries, were less likely to leave the organization, and expressed more favorable work attitudes (Dreher & Ash, 1990; Fagenson, 1989; Scandura, 1992; Whitely, Dougherty, & Dreher, 1991). Mentoring has been cited as the most important factor in career development (Capozzoli, 1989 as cited by Vaughn and Weisman, 1998) and a proactive strategy for developing female leaders (Vaugh and Weisman, 1998). Witmer (1995) pointed out that as administrative positions become more competitive and more aspirants are seeking an edge in the job market, research has shown that mentoring has provided an edge and that mentors are found to be critical to the advancement of women. Patricia recognized she had multiple mentors during her career, "I had mentors to help me adapt to the family at my university [name omitted]. And a lot of them were deans."

Blackhurst (2000) found that having a mentor in the work setting may reduce role conflict and ambiguity and increased organizational commitment. Blackhurst, Brandt, and Kalinowski (1998) also found mentoring has an effect on organizational commitment of women protégés. Kuk and Donovan (2003) reported that both men and women mentors were instrumental in assisting senior women administrators (ages late 40s to mid

50s) in reaching their current administrative positions. These women administrators indicated that the "qualities and characteristics of these people are the important factors, not their gender (Kuk & Donovan, 2003, p. 6)" and that the ability to listen, to be supportive, to challenge and to provide opportunities for personal and professional growth were the keys to success. However, mid-level and entry level women administrators wanted female mentors with similar challenges and goals (Blackhurst, Brandt, & Kalinowski, 1998; Kuk & Donovan, 2003).

Until the 1990s, there have been limited numbers of women in administrative positions, therefore, women have had insufficient numbers of female role models and mentors (Cullen & Luna, 1993: Eakle, 1995). Growe and Montgomery (2000) found that it is not uncommon for women to have male mentors, but concluded that the best mentors for women are other women because of the significant benefits of women interacting and sharing experiences and knowledge, emphasizing the importance of the mentoring experience in helping the women to develop self-esteem, assertive managerial personalities and non-traditional attitudes about women and employment.

Allen (2004) found mentors in informal relationships reported no difference in mentoring provided to their protégés then did mentors in formal relationships. Allen (2004) also found that mentors with more mentoring experience reported more career mentoring than did mentors with less experience.

Vance (1977, as cited by Madison, 1994), in a research study of 71 identified nurse leaders, found that mentors provided career advice, guidance, promotion, professional role modeling, intellectual and scholarly stimulation, inspiration and idealism, teaching, advising and tutoring, emotional support, and other sharing as financial advice and

support. Vance (1977) reported that 59 (83%) reported having more than one mentor and 66 (93%) reported they were mentors to others. White (1988) reported that the majority of academic nurse leaders she studied also indicated having more than one mentor and believed having more than one mentor contributed to their success. Madison (1994) also reported that 97% of the nurse administrators surveyed indicated that mentoring relationships had caused a positive change in their self-confidence, summarizing that having someone believing in one enhances one's belief in oneself.

Patricia's first mentor was a diploma graduate registered nurse, Miss B. When Patricia was hired to work as a staff nurse at mid-sized non-profit urban hospital in a Midwestern community, Miss B. was assigned as her mentor. "She was not the head nurse, but was a wonderful nurse. When they wanted something done on the floor, they would ask Miss B. During my first two weeks…Miss B would go into a patient's room with me to help start an IV or just to let me run things by her." Patricia also pointed out that the term mentor was not used in 1971.

Patricia said that her Ph.D. advisor was her most significant role model and mentor. Jacobi (1991) and Merriam (1983) found that doctoral supervisors, through their advising, have been identified as having significant influence on their advisee's professional development. This adviser-student relationship provided role modeling for how supervised mentoring should occur. Patricia described her Ph.D. advisor as

> …a wonderful role model…he really cared about the students as people…he was knowledgeable…was very enthusiastic about teaching…was a risk taker in terms of trying new things, and he had vision. He was one of the first people in the nation who

used the television in the classroom. He had a sense of harmony, but yet discipline all at the same time.

Palmer (1998) shared that the power of our mentors is not necessarily in the models of good teaching they gave us, but their power to awaken a truth in us that we can reclaim years later by recalling their impact on our lives.

When asked why she described her Ph.D. advisor as excellent, she replied:

…because he challenged you. He was very kind. He set limits. Bright, sense of humor, respectful, knows your topic. [He] treats you as an adult. He even had a sense of humor. When I was considering taking an incomplete one semester, he laughed and said, "Oh, I think you'll probably complete it because the professor's moving".

Tichy and Cardwell (2002) described good teachers as endorsing the concept of a Virtuous Teaching Cycle where the teacher continually focuses on their own personal growth and development at the same time they are helping their mentees reach their potential with them as their role model and teacher/coach. They found that good teachers have clear set values, energize themselves and others, teach in an interactive way so that everyone gets smarter and more aligned, do not operate as autocrats because they have the self-confidence to know they do not have all the answers, and have an open mind with the willingness to modify their point of view (Tichy and Cardwell, 2002).

Patricia's relationship with her advisor extended until his death. Green and Bauer (1995) found that greater supervisory mentoring would occur when the student appeared to have characteristics indicating that they were committed to their endeavors, had a positive attitude toward their adviser and had the talent to succeed. In addition, whether

the student chose his/her present university to work specifically with the professor serving as their advisor was also a positive indicator of a positive predisposition toward the advisor. Patricia specifically requested her Ph.D. advisor.

Dr. L, an English Professor and Director of the Nontraditional Programs at the private liberal arts university where Patricia was Dean of Nursing, was one of her first mentors. Dr. L. had worked very closely with a diploma nursing program in writing the proposal for the BSN completion program. In this program, the students were registered nurses who graduated from hospital-based diploma nursing programs. Since the majority of students needed general education courses in addition to their nursing courses, Dr. L. helped facilitate evening class offerings to meet their general education needs. Patricia recognized that a strong camaraderie was needed between she and Dr. L., explaining that the programs were "very intertwined since the majority of students were nontraditional, and not going full time as students between 18 years and 22 years old …these nontraditional students want learning to be meaningful and they want to be self-directed." Although the mentoring relationship was informal, Patricia felt that it was a mutually beneficial relationship. Huston & Burgess (1979) and Scanzoni (1979) found that mentoring relationships that developed informally rather than by organizational design were more likely to evolve into interdependent, mutually beneficial pairings over time. This was supported by Allen and Eby (2003), who found that mentorship effectiveness was not influenced by whether it was informal or formal.

Dr. L. taught Patricia about customer service and meeting her customers' (students') needs. She progressed from offering only evening classes to classes early in the morning, at noon, or clustering two or three classes into a day. She took classes to Omaha and

Grand Island. She recruited appropriately credentialed faculty with expertise in specific areas to share their knowledge.

Another mentor was Dr. C. "He helped me learn the policies….what you can take and can't…and the role of the deans." Dr. C., a chemist, helped Patricia understand the challenges the faculty were having adapting to the change from an environment of all academicians to one including a nursing program – and nurses. Dr. C. was also an informal mentor. The first two years were the most challenging for learning her advising role and he supported her through the learning curve. "I didn't make many advising mistakes because I always checked questions out with someone, but if I made a mistake, Dr. C. would describe it as a sincere mistake."

Most of Patricia's mentors were male. Noe (1988), contrary to expectations, found that mentors in cross-gender relationships reported that they were more effectively utilized by their protégé than did mentors in same-gender relationships. Turban, Dougherty, and Lee (2002) also found that protégés in gender dissimilar dyads of longer duration reported receiving more mentoring and benefits than did protégés in gender similar dyads. In contrast, Allen, Day and Lentz (2002) found that protégés in same-gender mentorships reported greater interpersonal comfort in the relationship than did protégés in cross-gender mentorships. However, at Patricia's University, there was only one other female dean.

Another informal male mentor was Dr. P., head of the philosophy department. "He had a way of keeping things in perspective, in a very intellectual but humorous way. He had a respect for students. He was very direct in his approach and taught me how to deal with being a department dean in terms of meetings and interactions with

administrators. I do not think he actually knew he was mentoring me. We co-taught a

philosophy class and I think he thought he was mentoring his philosophy students.”

Although this was a shorter mentorship relationship, Allen and Eby (2004) found that

a stronger relationship was found between perceived similarity and dependent variables

of learning and quality in shorter rather than longer mentorships. Allen and Eby (2004)

explained that the needs of the mentor and protégé change over the course of the

relationship.

Another leader Patricia admired was the Vice President (VP) of Academic Affairs.

He was the detail person behind selling the master’s program to the faculty. The

president believed in the vision, but the VP of Academic Affairs had the responsibility of

convincing the faculty that developing and offering a Masters of Nursing program would

support the vision, mission, and objectives of the university. The VP of Academic

Affairs was able to persuade the faculty to accept the program for its own merits and did

not approach it from solely a financial position. “In the end, the faculty decided that

graduate degrees weren’t for every department. But since Patricia had ‘one in her back

pocket for ten years,’ nursing would be a good way to start.”

Patricia also recognized that her husband Dick was also a mentor and role model.

Patricia describes Dick as a very respectful, kind, and as a leader she admires.

> He will recognize people in the organization that need to grow or improve and if
>
> they are unable to make the changes requested, they will have to leave the
>
> organization knowing Dick tried to do what was best for them. He is kind but
>
> firm. He knows the ethical aspects and the legal aspects. And he can see the

parts that make up the whole…He can discipline people and empower people in a kind manner.

Patricia recognized the importance of mentoring new nurses transitioning from being a student to a member of the nursing staff. "There are lots of new graduates that would stay in nursing if they were sincerely mentored more. They need to be made to feel welcome." Patricia felt that mentors need to both challenge and accept you.

Patricia recognized that she had many mentors who gave their time and shared their knowledge and wisdom with her during critical times in her career. She recognized that every mentoring relationship was unique because the personalities, experiences, and professional developmental agendas differed. Patricia recognized that her mentors helped her find the courage to make difficult decisions and to try new roles. She recognized that successful mentoring involves a dynamic process, where both the mentor and mentee learn to respect and trust each other's commitment, expertise and individuality.

Patricia said that many of the individuals she considered mentors might not have recognized they were acting in that role. However, to assure that mentoring is successful, a firm commitment to the process and a willingness to invest time and energy have been found to be the most important components to a successful mentoring relationship (University of Wisconsin, 2007). If this formal agreement does not occur, it has been found that that some mentor-protégé relationships may not be successful. In addition, some protégés have found the problem of being mentored by mentors who work primarily to further their own causes, who are domineering or possessive, who withhold

important information, or who will negatively affect their protégé when they lose status within an organization (Scanlon, 1997).

Patricia also identified the importance of negative role modeling. Patricia shared stories of students having to "jump hurdles," faculty that did not respect students, and instructors that did not give students regular feedback in their clinical experiences." At times I felt "there was no human contact in terms of you can do this. It was more you can't do this. Which is another one of my least favorite words - - can't and never." As a beginning nursing student in the clinical area, Patricia remembers having an instructor that never gave positive feedback. The instructor was negative to all students and Patricia recalls everyone attempted to avoid her. Patricia remembers thinking that if she ever taught, she would never want her students to feel that way.

Dracup (1998) believed that being a successful teacher begins with recognizing the anxieties and concerns of students because if they are not recognized, they will become impediments to learning. Patricia also recognized that anxiety interferes with a student's ability to learn, "If a student is not experiencing high anxiety, they will be more apt to come to you for assistance or ask questions." Patricia recognized being approachable in the classroom was important too, "If you cut off a student, they're not going to ask the question. They are not going to put themselves at risk." Thus Patricia mentored her faculty on how to positively relate to and support students.

Patricia utilized her administrative support system within her university to verify and ratify decisions she made early in her deanship. In addition, she had a structured association of nursing deans and directors that met on a regular basis to discuss shared concerns and problems facing nursing academic leaders that served as resource people

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and mentors. Patricia was also active in the State Nurses Association, the State League for Nursing, the American Association of Colleges of Nursing, and served on several boards and statewide task forces on various topics throughout her tenure.

Patricia had mentors at various crucial stages of her life - childhood mentoring by her family, adult and adolescent diabetics when she was diagnosed with diabetes, her college roommate, her graduate school nursing classmates, her teaching peers, advisors, co-deans, and her supervisors. After she had been the Dean of Nursing for several years at her private liberal arts university, she realized that she had reversed roles and become the mentor. She now had the opportunity to offer the gift to younger people that had been given to her when she was young. Palmer (1998) explained that

> …mentors and apprentices are partners in an ancient human dance, and one of teaching's great rewards is the daily chance it gives us to get back on the dance floor. It is the dance of the spiraling generations, in which the old empower the young with their experience and the young empower the old with new life, reweaving the fabric of the human community as they touch and turn (Palmer, 1988, p. 25)

Stepping Up to the Plate - Leadership/Followership/Management

"Leadership is the art of accomplishing more than the science of management says is possible."
Colin Powell

Changing technological and social forces have influenced the nursing profession. The American Nurses Association (1996) stated that nursing administrators need to be knowledgeable, skilled and competent in all aspects of management. Porter-O'Grady (2000) emphasized that to cope with managed care realities, nurses must be prepared to be critical thinkers and managers, pointing out that nurses need to welcome change and

thrive in unstable environments. As a greater emphasis on the business of healthcare occurs, nursing leaders must become involved in the financial and marketing aspects of their respective departments. Likewise, nursing education administrators must assume responsibilities to facilitate the successful outcomes of the nursing graduates and at the same time meet other strategic institutional goals and objectives. Nurses, nurse educators and nurse leaders need to cultivate their leadership, management, and political skills if they want to have a voice in their universities and institutions.

Management Theories

Historically strong management skills have been valued more than strong leadership skills, but Misener, Aleander, Blaha, Clarke, Covor, Felton, et. al, (1997) stated the trend now is to place greater emphasis on leadership skills. This is supported by the National League for Nursing (1997), who identified leadership as a criterion in its accreditation of baccalaureate programs in nursing. Although leadership has been viewed by some as one of management's many functions, others maintained that leadership required more complex skills than management and that management was only one role of leadership (Marquis & Huston, 1998b). Marquis and Huston (1998a) stated that "if a manager guides, directs, and motivates and a leader empowers others, then it could be said that every manager should be a leader" (p.4).

Management science developed its theory base from the disciplines of business, psychology, sociology, and anthropology. Management theories have changed repeatedly in the past century. Taylor (1911), the father of scientific management, introduced time and motion studies, tied pay to production, and introduced the concepts of planning, preparing, and supervising as part of management. Fayol (1925) first

identified the management functions of planning, organizing, commanding, coordinating and controlling. Follet (1926), a human relations management theorist, introduced the concept of participative decision making and participative management. The Hawthorne Works at the Western Electric Company near Chicago played a major role in this shifting focus. In this study, Mayo (1953) discovered that employees responded positively when management recognized them. This was supported by McGregor (1960) who theorized that managerial attitudes about employees can be directly correlated with employee satisfaction and Argyris (1964) who found that managerial domination causes workers to become discouraged and passive. Argyris (1964) emphasized the need for flexibility within an organization and employee participation in decision making.

Patricia differentiated leadership from management, describing management as managing tasks or managing people in terms of getting tasks accomplished. Predpall (2007) described leadership as a part of management, stating that the goal of a manager is to maximize the output of the organization through administrative implementation by undertaking the functions of organization, planning, staffing, directing, controlling; explaining that leadership is a component of the directing function. Kelley (1992) found that there is a significant difference between the manager/worker and the leader/follower relationship. He found that leaders and followers are able to reach an agreement on a common or shared set of goals, whereas, sometimes in the manager/worker relationship the manager does not need followers to cause work to occur.

Kotter (1990) asserted that management is associated with planning and budgeting for targets and goals, organizing and staffing for accomplishing plans, controlling and monitoring results, and solving problems as they arise. Kotter (1990) described

leadership as establishing a direction by envisioning strategies to attain long-term goals, aligning people by communicating the mission and ensuring their commitment to it, and motivating and inspiring followers by appealing to their needs, values, and emotions so that they keep moving toward the mission of the institution. Kotter acknowledged that there is leadership in management (the motivational part) and management in leadership (the implementation part) emphasizing that both are needed to run organizations effectively.

Leadership Theories

The plethora of articles and books on leadership is overwhelming. Although the term leader has been in use since the early 1300s, the word leadership was not found in the English language until the first half of the nineteenth century (Marquis and Huston, 2003). Gardner (1990b) defined leadership as "the process of persuasion and example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers" (p. 1).

In the 1940s, a prominent leadership theory was the great man theory and/or trait theories that assumed some people are born to lead and have certain characteristics or personal traits that make them better leaders than others. During the 1950s and 1960s, the authoritarian, democratic and laissez-faire leadership styles were identified (Lewin, 1951; White & Lippitt, 1960). Two other prominent leadership categorizations were the situational and contingency leadership theories developed by Follett (1926), Fiedler (1967), Tannenbaum and Schmidt (1958), Blake and Mouton (1964), and Hersey and Blanchard (1977).

In the late 1970s, efforts to integrate organizational culture, leadership and follower values, and the influence of the leader/manager, work, and the environment resulted in the interactional leadership theories (Marquis and Huston, 2003). Interactional theory is based on how the leader's personality and the specific situation influences leadership behavior. Hollander (1978) differentiated between the roles of leaders and followers and Greenleaf (1970) coined the term servant leadership, emphasizing the importance of values and trust in working relationships. Ouchi (1981) introduced theory Z which included consensus decision making, fitting employees to their jobs, job security, slower promotions, examining long-term consequences of management decision making, quality circles, guarantee of lifetime employment, establishment of strong bonds of responsibility between superiors and subordinates, and a holistic concern for the workers.

Nelson and Burns (1984) identified four developmental levels that influence productivity and workers satisfaction. Brandt (1994) suggested that leaders develop a work environment that fosters autonomy and creativity through valuing and empowering followers. Wolf, Boland, and Aukerman (1994) emphasized the "social architecture" of the work group, recognizing expectations, personal values and interpersonal relationships that affect the ability of leaders and followers to achieve the vision of the organization. Kantor (1989) summarized the work of the interactive theorists by stating that title and position authority are no longer sufficient to mold a work force where subordinates are encouraged to think for themselves.

Burns (1978) developed the concepts of transactional and transformational leadership to characterize and differentiate types of political leaders. Bass (1985) elaborated on these concepts and generalized to other organizational settings. Burns (1978) suggested

that both leaders and followers have the ability to elevate each other to higher levels of morality and motivation, differentiating between the traditional manager that is concerned with the day-to-day operations as the transactional leaders and the manager who is committed, has a vision, and is able to empower others with this vision as a transformational leader. Wolf, Burns, and Aukerman (1994) defined transformational leadership as an interactive relationship that is based on trust, influencing both the leader and the follower, and focusing on a collective purpose. The high performing transformational leader demonstrates commitment to the profession and organization and is willing to take risks. This self-confidence comes from a strong sense of being in control. Change is embraced because of the transformational leader's vision and futuristic focus. Organizational culture and goals are valued by transformational leaders and perpetuate these values and behaviors in their staff (Wolf, Boland, & Aukerman, 1994).

Medley (1987) and Bass, Waldman, Avolio, and Bibb (1987) found that transformational qualities are more congruent for professionals and for work requiring high levels of decision making and relative independence. This style of leadership is also associated with work satisfaction and higher productivity among employees.

Bass, Avolio, and Goodheim (1987) and Dunham-Taylor and Klafehn (1990) recommended that transformational leadership be coupled with the more traditional qualities of day-to-day management (transactional leadership). Alimo-Metcalfe (1996) agreed that transformational leaders are needed to manage the turbulent and increasing complexity of problems faced by leaders, but also recognizing that transactional leadership is needed to hold leaders accountable for performance indicators. McDaniel and Wolf (1992) agreed that transformational leadership should be coupled with the more

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traditional transactional dimensions to offer a rewarding approach to leadership in professional nursing practice environments. The challenge then is to recognize the value and importance of transformational leadership style in relationship to the transactional necessities.

Bass and Avolio (1994) identified contingent reward and management by exception as common features of transactional leadership. They also identified charisma (idealized influence), inspirational motivation, intellectual stimulation and individualized consideration as common features of transformational leadership. Empowerment is an important component of transformational leadership and is a result of individualized consideration. In the hospital setting, empowerment of nurses results in higher job satisfaction and better patient outcomes (Dunham-Taylor, 2000; Gevedon, 1992). Patricia empowered her nursing faculty by giving them the autonomy to develop and teach their courses.

Gevedon (1992) found that the key to effective leadership of nursing deans and a characteristic of transformational leadership is the ability to blend successfully the organizational and individual dynamics as they relate to the ever-changing organization. The deans in this study were able to articulate a vision for their schools (transformational leadership) and also influence their faculty through rewards and faculty development (transactional leadership).

When asked if any experiences during her childhood experience contributed to how she defined her leadership style, she felt the fact that her mother went back to work part-time when she was a fourth grader was a factor. "One of the characteristics of leadership

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is being responsible, and we had certain tasks we had to do at home." In addition, Patricia learned early in life to ask for help.

> I think older kids and younger kids solve problems differently. Lots of time the older kid or the first born will sit there and work at solving the problem…As a younger kid, I would work at it for a while, and then if it didn't work, I'd go off and find somebody who could assist me. And I think that's one of the reasons why younger kids are such great resource people.

Patricia recognized that as individuals we can not know everything and need to capitalize on our resources. Patricia incorporated this into her leadership style.

Leman (1998) describes the strengths of the last born as charming, people oriented, tenacious, affectionate and engaging, uncomplicated and attention seeking (p. 188). Patricia would agree that this is consistent with her Myers Briggs analysis. Patricia learned early in life to recognize and utilize her strengths appropriately. She recognized that she sometimes had a tendency to see the gestalt of things and needed help in "putting things into boxes."

Although Patricia had not considered herself a leader, she was a cheerleader and a class officer in high school. In college she was president of her sorority. She balanced going to school and working part time during both her undergraduate years and while she obtained her Ph.D. Patricia's informal and formal leadership skills learned during her various career moves, set the baseline for her leadership style as a Dean. This transfer of leadership skill is supported by Lucas (1986), who found that leadership skills learned in the clinical setting can be transferred without great difficulty to nursing college administration.

Montgomery and Growe (2003) and Porat (1991) found that women often lean toward facilitative leadership and permit others to make contributions through delegation, encouragement, and nudging from behind. Many women leaders supported collaborative decision making, promoting feelings of self-worth, active participation, and sharing of power and information (Porat, 1991; Getskow, 1996). Women also focused on transforming people's individual interests into organizational goals through the empowerment process (Eakle, 1995). The work of Shantz (1993) also supported that women administrators are effective at fostering collaboration, sharing power equitably, vision building, collegiality, and encouraging risk taking. Many of the above characteristics (nurturing, collaborative decision making, empowerment and building self-worth leadership skills) are found in Patricia's leadership style.

Delegation is also a critical skill for leaders. McNamara (1997) stated that delegating involves working with an employee to determine what is to be delegated, then granting them sufficient authority, freedom, resources and responsibility to achieve the goal. The leader must be available as a resource to help the employee be successful. Leaders sometimes are hesitant to give up control or permit an employee to take a risk. Coyote (2006) stated "many of the greatest leaders spend nearly all their time coaching others to do the jobs that they would otherwise have done, believing (correctly) that their real job is to train and develop their subordinates, not carry out tasks they could perfectly well have delegated" (p. 3). Coyote stated that delegating routine trivial tasks is de-motivating, but by inviting others to take responsibility for an area for which you are responsible, you involve them in ways that can add innovative ideas to your approach.

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Coyote stated the essence of delegation is trust. Patricia did allow her faculty autonomy in planning and teaching their courses, but recognized she could have delegated more.

Patricia describes leadership as

…empowering people…helping them realize their own strengths. So that they can go way beyond what they ever thought possible… I think part of it is having a vision. Get people to follow your vision. I think it's the combination of having certain skills like…communication.

Medley and Larochelle's (1995) found that today's health care environment demands leaders with the vision of what can be accomplished. They found that a transformational leadership style, which is consistent with Patricia's leadership style, promotes retention and prevents turnover, a finding that has important economic implications.

Patricia said that her comfort in risk taking is one reason for her success as a nursing education leader. She knew she was "swimming against the current" when she accepted her position as Nursing Dean of the private liberal arts university. She knew there would be resistance to the establishment of a BSN completion program for diploma nursing graduates in her community. The VP of Academic Affairs at her private liberal arts university did receive telephone calls from educational leaders in the community telling him that the community did not need this program and that it would never get accredited. Patricia said "but I had a vision that we'd get accredited. And so we just simply worked toward it."

Patricia attributes her vision as another reason for her success. She felt her vision has allowed her to articulate where she needed to go. Nanus (1992) stated that a leader's vision provides guidance to an organization by clearly articulating what they wish to

accomplish. This mental image describes the organization's direction and goals. Vision

becomes the picture of the future for which people are willing to work. Gevedon (1992)

and Ryan and Irvine (1996) also found the prominent theme of vision as essential for the

success of nursing deans.

Very shortly after starting her BSN completion program for diploma nursing

graduates, she recognized there were growing numbers of Associate Degree Nurses

(A.D.N.s) wanting the same opportunity to complete their Bachelor of Science Degree in

Nursing (BSN). Patricia expanded her program to offer a BSN completion program for

A.D.N. students. Patricia's ability to see beyond the "norm" is consistent with

transformational leadership. Bass (1985) describes a transformational leader as one with

vision, self confidence, and inner strength to argue successfully for what one sees is right

or good, not what is popular or is acceptable to the established wisdom at the time.

Allen and Harrison (2006) described transformational leadership as a set of personal

behaviors based on clearly understood and articulated beliefs. Allen and Harrison stated

that successful transformational leadership was "something you believe in, something

you exude through example, something you naturally role model to others by being

completely engaged with a set of genuine personal principles. It is clear to others around

you in what you say (your beliefs) and what you do (your behavior) that you wholly own

these values" (p. 2). Patricia readily articulated her vision and lived by her ethical

standards.

Gevedon (1992) identified transformational leadership behaviors in nursing deans in

top-ranked schools in the United States. The nursing deans in her study identified values

as the most important theme of transformational leadership followed closely by vision,

people and motivation (Gevedon, 1992). Patricia's leadership style parallels the deans in Gevedon's study. Patricia role modeled a high commitment to ethical behavior, she readily articulated her vision, and she successfully blended her vision with that of her university.

 Starting a new program in a community where there were already three generic B.S.N. programs required courage. At the start of the program, Patricia was the only full time faculty in the BSN completion program. To provide a well-rounded program, she hired multiple adjunct faculty to teach in areas where they were experts. However, her vision was to have the program accredited so she lobbied the President and Provost "…if we're going to get accredited, we have to have full-time faculty." Patricia shared her vision and was able to get the support she needed. Her proposal was taken to the board and approved.

 Patricia stated that her peers and faculty identified her vision and her relationship skills as her greatest strengths. Patricia shared "a lot of my students had not a clue what they could achieve…until they went back to school and took it step-by-step, and could maintain a balance…between family, work and school."   The reward that Patricia experienced was seeing people grow. Gardner (1990a) stated that leaders help people believe in themselves and in the possibilities of the future. "Leaders must help people believe that they can be effective, that their goals can be accomplished, that there is a better future, that they can move forward through their own efforts" (Gardner, 1990a, p. 10).

 "For years I was selling theses ideas…you can do this, you can go to school, you can get a degree, and you can still have family and you can still work." After years of doing

this, Patricia realized that she was selling ideas to people. She felt that as an administrator she was "trying to sell ideas that will (sic) help an organization. . . you influence people to get the people that you are serving what they need." She recognized that influencing people to do what's right for other people applies to both students and patients.

Patricia acknowledged she had a talent for coaching and mentoring students and getting them to believe in themselves. She also recognized her strengths were not in completing tasks and organization, so she surrounded herself with people who had these skills.

I do think there's a difference in being a manager and a leader, and I do not think I am a good manager. My definition of a manager is people who manage people…Leaders sell ideas, and empower people, and get them to buy into their, the vision.

Patricia shared that her faculty knew her well, "…they [her faculty] would also describe areas to improve would be organization." Ryan and Irvine (1996) reported the nursing deans in their study identified time management and organizational skills were necessary skills for carrying out their role responsibilities. They also reported that a thorough understanding of the planning and budgeting process is needed. As Patricia's programs grew, she recognized that these organizational and financial skills were important to her success.

Followership

Patricia recognized that a good leader also knows how to be a follower. Kelley (1988) stated that leaders contribute no more than 20% to the success of an organization, while followers are critical to the remaining 80%. Kelley (1992) stressed that followers need to be critical independent thinkers who understand the significance of their actions, the actions of others, and the impact of decisions on the organization's vision. Rost (1993) highlighted the reciprocal relationship between leaders and followers and emphasized that the importance of followers is slowly gaining recognition. This reciprocal relationship is strengthened when they share the same desires and purposes. This supports the definition of leadership as the ability to influence relationships among leaders and followers to enact changes that reflect shared purposes.

Patricia recognized the importance of being a good follower and developing followership skills. Lundin and Lancaster (1990) explained that

> Effective followers must possess a high level of organizational understanding in order to see how their work contributes to the big picture. They must be able to make sound decisions, often through teamwork that requires a high level of communication. They must be enthusiastic about what they do to the point that roadblocks and repetition don't deter them from achieving their objectives. They need to feel a strong level of commitment, both to the organization and to their own work. And, finally, they must be responsible individuals who are willing to perform under stressful circumstances, motivated by the sense of a job well done (Lundin & Lancaster, 1990, p.19).

Although Patricia had a leadership role as a department dean, she also reported to the V.P. of Academic Affairs. Patricia challenged her VP when she felt something needed to be done for her students or her faculty. Chaleff (1995) emphasized "courageous followers challenge themselves as readily as they challenge a leader about behaviors that impedes the common purpose (p. 115)" and effective followers are confident enough about their contributions to the group that they do not worry about loss of favor with the leader if they oppose him/her on an issue. Chaleff stated that the willingness not to follow the leader on every issue makes an outstanding follower. Cook (1998) agreed that a follower must have the courage not only to serve the organization and the leader, but to challenge the leader when they deviate from the organization's core values.

Patricia shared that when something needs to be created or accomplished, a leader will show you the way and when you join others to accomplish that goal you become a follower. Chalef (1995) suggested that we need to keep asking ourselves if it serves the common purpose better if you lead or follow in different situations. Chalef (1995) supported Patricia's point of view that we are all leaders and followers at different times and we need to be able to move fluidly between these roles, stressing that in healthy organizations the leader and the follower, individually and collectively, recognize they are serving a common purpose and the follower must maintain their egos sufficiently so that they can contribute the creative input and feedback their leaders need.

Situational Leadership

Patricia described her leadership style as high relationship, recognizing that tasks and organization are not her strengths. Patricia explained her leadership style making

reference to Ken Blanchard's situational leadership model and the leadership studies done at Ohio State University in the late 1960's (Ken Blanchard Companies, 2001).

Situational Leadership is a leadership process that focuses on developing people so they can reach their highest level of performance. The leadership goal is to determine the appropriate leadership style to use with staff/followers. This leadership concept recognizes that leaders must be partners with their staff and accept a role that will ensure accountability through supporting and coaching. The desired outcome is to open up communication and to increase the quality and frequency of conversations about performance and development.

The Situational Leadership Model is built around three basic elements which include relationship behavior (supportive behavior), task behavior (guidance), and readiness or commitment of the follower. Leaders need to adapt their leadership styles to the situation by using various amounts of direction and support as followers increase or decrease in development or readiness. Booth (1994) and Colyar (1996) agreed that nursing education leaders need to use a variety of leadership approaches to successfully mange their complex organizations with multiple constituencies.

Blanchard (Ken Blanchard Companies, 2001) differentiated between four different leadership styles: 1) Directing and/or Telling (high Directive Behavior/low Supporting Behavior, 2) Coaching and/or Selling (high Directive Behavior/high Supportive Behavior, 3) Supporting and/or Participating (low Directive Behavior/high Supporting), and 4) Delegating (combination of low Directive Behavior and low Supportive Behavior). In all four styles, it is important for the leader to clarify expectations and goals, observe and monitor performance, and provide constructive feedback.

To use this leadership approach, the Situational Leader must appropriately assess the staff/follower's competence and commitment and determine his/her need for direction and support. Development or readiness level varies from goal to goal and task to task. The development or readiness level does not apply to the person but rather to the person's competence and commitment to a specific goal or task. The Situational Leader must be flexible and use a variety of leadership styles comfortably. And lastly, the Situational Leader must recognize the importance of the partnership between the leader and the follower to achieve individual and organizational goals (Ken Blanchard Companies, 2001).

Since Patricia interacted with masters and doctoral prepared faculty and registered nurses returning to receive their BSNs, the majority of individuals with which she interacted are professionals. Patricia's described her leadership style as being primarily relationship oriented, which is consistent with participatory/relationship (Style 3) where the leader is supportive, thus facilitating autonomy and independence. Patricia's secondary leadership style was coaching/selling (Style 2) where she provided a high amount of direction and support as needed. This is consistent with Womack (1993) and Goldenberg (1990), who found nursing department deans perceived themselves as having either the participatory (relationship) or selling (coaching) primary leadership style and having the ability to adapt their leadership styles to the specific situation. Al-Omari (2005) also found both nursing and non-nursing deans selected selling (high task/high relationship behavior) as their primary leadership style, and selected participatory as their secondary style.

Blanchard (The Ken Blanchard Companies, 2001) used the term development/readiness cycle to describe the sequential progress an individual goes through in their career maturation/growth. Patricia progressed through these cycles when she went from staff nurse to nursing instructor, to course chair, to level II coordinator, to her final Deanship role. The individuals with whom she networked and her informal and formal mentors were her partners and helped facilitate her growth as a nursing leader. She recognized that as she experienced this growth, she gained self-confidence and empowered herself. Patricia described it as experiencing a metamorphosis "…and you probably would be able to empower yourself to go further than you thought."

Blanchard described the Delegating leader (Style 4) as one who provides the necessary resources, permitting the staff to function independently. Although Patricia feels she encourages autonomy in her staff, she feels one of her biggest challenges has been delegation, "I have a very difficult time delegating. That comes from the fact that I was the only one in the department for a year and a half." Bass (1998) reported that in any hierarchical organization, the most common approach of a leader to empower followers has been through the delegation process. Patricia had not looked at delegation from the perspective of a "learning and growing opportunity." However, her reward for buffering her faculty from a heavy assignment was a program where the faculty would do whatever to make the program and their students successful.

Patricia's relationship leadership focus might have interfered with making the program function more efficiently. Patricia described this as the Sam Walton Syndrome. "The Sam Walton Syndrome is when you start out like Sam Walton did, with a small Mom and Pop store and they still try to run, do the same style when you have thousands

of stores." A friend of hers, the dean of the business department, asked her to evaluate

whether she had changed how she handled things in the past twenty years. She stated

that she realized that she continued to still have individualized plans of study for every

one of the students.

The only people we've ever moved in a cohort was my first Master's class. A lot of

people would flat out call it my poor managing, which is probably what it is. But I

also, I think my personality has affected the way I do things…so rather than

micromanage, I think well so and so doesn't have time to do this, or so and such

doesn't have time to do this, so I'll do it. And it is more than not liking to delegate or

not thinking that people won't do it.

Gardiner (2006) stated that situational leaders use both transformational and

transactional leadership methods. Transformational leadership focuses on increasing

follower's awareness of the importance of their tasks and performing well, making

followers aware of their need for personal growth, development and accomplishment, and

motivating them to work for the good of the organization rather than exclusively for their

own personal gain (Bass, 1998). Patricia applied these principles when working with both

students and faculty. Patricia identified herself as a change agent, courageous, believing

in people, value driven, a lifelong learner, and having the ability to work in complex

situations. Patricia also utilized transactional leadership skills, where an exchange takes

place between leaders and follower, in many day-to-day interactions.

Patricia feels that leadership is not always about having a formal title. She shared

that sometimes the informal leader has more influence on an organization than a formal

leader. She recognizes the influence and power an expert floor nurse has, the knowledge

base of a seasoned obstetrical nurse, and mentoring and knowledge she has received from peers as well as supervisors.

Patricia did not think of herself as a leader when she started the BSN completion program. "I would describe myself as the first Department Dean. It was a couple of years later that I realized it. Coming from a small school, everyone needs to be a leader." Patricia's leadership style was also consistent with Relationship Based Leadership as described by Richardson and Earle (2006), where cooperation rather than control is stressed, motivation comes from within rather than from without, and accountability is to a team more than to a boss. Patricia considers herself a member of the "team." These leadership concepts are also consistent with transformational leadership.

In reviewing her career, Patricia recognized that she was a builder and a visionary.

I didn't realize until a couple of years later that I really did want to build the program, I really did want to get it accredited, and that I was probably more of a builder than a maintainer. I also had the vision of starting a masters program and even a generic program….I realized that I'd like to build something…maybe I'm more of an entrepreneur than a leader.

Patricia recognized the need for the BSN program and once she received the nod to go ahead with the program – that was all the motivation she needed. "If you really believe in your vision and that your vision will help somebody or make a difference, then you work very hard to find the appropriate way to get there." Patricia felt she had attained her vision when the program was accredited. "I realized I had built something." Patricia was more comfortable describing herself more as an entrepreneur than a leader, being an entrepreneur within the university.

Patricia valued the unique opportunity she had to personally know every student that graduated from the program. She had small faculties, never more than four full time faculty members, with different numbers of adjunct faculties. She graduated small classes and only had cohort groups in the out-of-town sites and the masters program. She adapted everyone's schedule to meet their individual needs and was able to mentor each student.

Patricia's Legacy

You won't remember when you retire what you did in the first quarter…or the third. What you'll remember is how many people you developed, how many people you helped have a better career because of your interest and your dedication to their development…When confused as to how you're doing as a leader, find out how the people you lead are doing. You'll know the answer (Tichy and Cardwell, 2002, p. xxvii).

DeTrude and Stanfield (2000) found that the lives of successful women often are influenced by the struggles they have overcome to reach their heights of excellence. They found that many of these women have a "resiliency factor" that enables them to rebound from early hardship and lead normal, fulfilling lives through the use of rituals and relationships. As a child, Patricia's supportive family, community, and friends wanted her to be successful. Several times in her life, she detoured from her own professional career to support significant others in her life - - changing her major from pre-med to nursing and extending a two year leave-of-absence when she was the dean at a private liberal arts university so her husband could complete a fellowship. Her husband in turn became her support system and encouraged her to take risks and make changes in her nursing program. Although she did not envision being a dean, she progressively

climbed the ranks through the academic institutions to the position she held at the time of these interviews. Porter O'Grady (2001) summarized:

> One of the great lessons learned in the challenges of new career opportunities is that they can never be fully anticipated or planned. The secret of sustainability and success is more influenced by one's availability to opportunity than any other factor. Opportunity is serendipitous, it never presents itself when a person is ready or perhaps even prepared - it comes when it comes.

Patricia was diagnosed with diabetes and has always been open in sharing her experiences with her diabetes. She has lived a life of always giving to others – her family, her students, her peers, her pets, her friends - and in return they have been her support system. The isolation of living on a farm solidified her self-reliance, her experiences in raising animals in 4-H enhanced her innate ability of caring and also provided her with discipline, the fact that she and her cousins were the only Catholics in their school system cemented her comfort with being secure with her own belief system, her ability to establish relationships, and her resilience have contributed to the career successes she experienced.

Patricia was never afraid to challenge herself. She embraced new opportunities and inspired others to follow. When she experienced challenges and roadblocks, she simply faced the facts and moved on the same way her father did when she ran the pickup into the fence instead of driving through the gate. Patricia has always been optimistic and resilient. Her optimism has enabled her to continue to grow and learn. She has not permitted adversity to control her. Her family continued to be her source of confidence.

Her husband, Dick, was a major force behind her success, being a friend and a strong ally.

What if Patricia Morin had not been a nurse, an educator, a dean? What if Patricia's formal and informal education veered in a different direction? Her nurturing and empowering leadership would have been missed by hundreds of nurses - - in turn patients in the health care system. Would nursing and nursing education in her state have survived? The answer is yes. However, the lives that she touched would have been different.

Although it may be difficult to compare the art of nursing education to the art of Michelangelo, both Patricia and Michelangelo must have stood at the half-finished point of each of their endeavors (grooming a student or completing a masterpiece) and envisioned their work in its entirety and understanding the magnitude of the task ahead. Patricia did not wait for other nursing leaders to come along to "re-sculpture" the nursing education system in Nebraska, she forged ahead just as Michelangelo did with his art.

Patricia was willing to explore alternative approaches to educating nurses. She recognized the value of encouraging each student to capitalize on their strengths, recognizing that they were working in a rapidly changing health care environment that demanded them to accept and adapt to change. Patricia recognized that as an academic leader, she needed an understanding of the challenges ahead, a willingness to change and an eye to encourage each student to become a "masterpiece" (Tirozzi, 2001, p.434).

Patricia recognized that it was her role to establish a climate for excellence. She identified the vision for continuous improvement of the program through professional development of the staff and improved academic achievement, social, and emotional

well-being of her students. Patricia proved she was competent, confident, creative, and committed to her institution. She was able to see the "big picture" and readily adapted to the dominant culture of the university. Patricia in turn, contributed to the excellence of her university by working with the faculty and staff to achieve the major educational objectives and obtaining the resources to make it possible.

Tirozzi (2001) stressed that the time has come to put the nursing administrator's brush to the canvas to paint a vision of what tomorrows' nurse and nurse leaders can and will be. The beauty of the finished canvas - - nurses and nursing educators working in collegial relationships in health and educational settings - - will truly be a masterpiece.

Chapter Seven

SUMMARY, CONCLUSIONS AND IMPLICATIONS

Nursing is a dynamic and exciting profession. The future of practice is built on the shoulder of those who have gone before and laid firm foundations upon which to construct the future. One person's career is simply a small part of the complex of variables that contribute to the growth and success of the profession. However, it is precisely this commitment, energy, and contribution that assures a viable and meaningful future and every nurse is called to add his or her individual gifts to its creation.
Tim Porter-O'Grady (2001)

One of the most significant outcomes of the women's movement has been the development of feminist scholarship in higher education. There has been a proliferation of women's studies programs since the 1970s. These study programs, and the growth of interdisciplinary feminist journals, have provided a publication outlet (Glazer-Raymo, 2003). McManus (1997) stated that feminist scholars focus on removing the existing inequalities between dominant and marginalized groups, summarizing that the political goal of feminist work is to revise our way of considering history, society, and literature so that neither male nor female is taken as normative, but both are seen as equally conditioned by the gender constructions of their culture. Since a university dean is a mid-level leader, and the majority of nursing deans are female, feminine scholarship was utilized to facilitate the understanding of Patricia's life history and her leadership.

Patricia tended to examine her career from an individual perspective that did not include gender as a theoretical or political lens (Smulyan, 2000). Since feminist researchers' focus is to carry out research that contributes to social change and the improvement of women's experiences and position in society, I initially felt I was faced

with a dilemma on how to proceed. However, as the researcher, I did feel Patricia had a heightened awareness of her gendered life at the end of the interview process.

Although Patricia denied that gender influenced her career, her gender influenced the expectations others had of her. Patricia developed relationships with her students, faculty and peers that supported and challenged the traditional gendered norms of women and leaders. Patricia was sensitive to the needs of her students and taught them to be critical thinkers, yet resisted applying a similar gender equity framework to her own experiences. Connell (1985) pointed out that many women teachers are stated or unstated feminists in their insistence on equity opportunities for students, but fewer see feminism in terms of power issues for themselves. Chase (1995) found that women superintendents spoke easily and confidently about their professional lives, accomplishments, and dilemmas, but when asked about the role of gender in their experiences, they were hesitant or found it uncomfortable to share. They wanted to be judged by their competence and accepted as professionals and did not want their success overshadowed by equality issues. "In this larger story, the individual struggle for equality is essential, but also secondary, to the primary commitment to professional work. While professional commitment is an end in itself, the struggle for equality is a means to that end" (Chase, 1995, p. 183). Smulyan (2000) stated

> Women administrators may, then either ignore the issue of gender or develop
> individual solutions to inequities they and others experience rather than take an
> activist stance that makes addressing inequality a part of one's work, because the
> institutional, ideological and social structures within which they operate do not
> support a collective, activist approach (p. 11).

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Although Patricia did not experience any great epiphanies about her life and career during these interviews, nor did she embrace the gendered framework I attempted to discover, she did begin to understand some of her own experiences. As a researcher, I tried to respect her context-based process of making decisions that allowed her to be a responsive, effective and self-confident academic nursing dean.

In 1984, McCloskey & Molen reported that nursing was facing a leadership crisis which was heavily influenced by the traditions of the past and resistance to change the methods of preparing nursing administrators. The influencing factors included: 1) nursing education programs originated as hospital diploma programs; 2) the nursing role has been considered subservient to physicians and hospital administrators; 3) nursing has been a female dominated discipline with little political or budgetary expertise; and 4) nursing curriculum followed the medical based curriculum. Nursing has continued to be primarily a profession for women and the majority of nursing educators and deans have continued to be white females (Minority Nurse, 2002). The American Association of Colleges of Nursing (2007) reported that nursing continues to face a leadership crisis.

Marquis and Huston (2003) found that the skills needed to be an effective leader are dynamic and change constantly in response to the rapidly changing world in which we live. In examining leadership and management, it is apparent that these two concepts have a synergistic relationship and nursing administrators must integrate these skills to achieve their highest potential. Meade, Morgan, & Heath (1999) concluded that successful nursing deans must combine these leadership and management skills with their academic credibility, their vision, and strategic planning skills. Koszalka (1990) also found that nurse administrators having degrees in nursing administration or management

as compared to those with degrees in clinical nursing had significantly higher scores for leadership effectiveness on the Effectiveness and Adaptability Description Self Test (LEAD-Self).

Summary

The purpose of this historical study was to describe and analyze the life of Patricia Morin, a nursing dean. This life history focused on understanding Patricia Morin's decision to become a nursing dean and factors that influenced her career. The preceding chapters were organized around themes that emerged from the data and were constructed using the participant's words.

The grand tour question for this study was: How did Patricia Morin's life experiences influence her career?

The five sub-questions addressed in the study were:

1. What factors and career decisions contributed to Patricia's success as a nursing dean?

2. How did Patricia describe her leadership?

3. How did gender influence Patricia's career?

4. What were the greatest challenges faced by a nursing dean?

5. What lessons from Patricia Morin's life were helpful for other nursing deans?

Contributing Factors

The first sub-question addressed what factors and career decisions contributed to Patricia's success as a nursing dean. Patricia stated that the support from her family and her multiple mentors have helped her be successful. Patricia recognized that she was able to take advantage of opportunities that presented themselves and also had properly

positioned herself through her academic preparation. Patricia's loss of her baby and subsequent divorce influenced her decision to accept her first nursing teaching position and then immediately obtain her M.S.N.

Patricia recognized she was willing to take risks – borrow money to obtain her M.S.N and accept a dean position for a new program. She also recognized that her vision, her ability to utilize resources, and ask for help were also responsible for her successes.

Leadership Style

The second sub-question addressed Patricia's leadership style. Patricia stated, "I'm more of an entrepreneur than a leader." When asked how she would describe her leadership style, Patricia said "high relationship…I thought of myself as somebody who could make a difference in certain things." Patricia intermittently thought of herself as a peer to her staff rather than their leader.

Patricia carefully chose her faculty and then permitted them to function independently. Patricia continued to devote a large amount of time to teaching and advising students, roles she could not have performed in a larger program. Patricia spent 50-60 hours per week at the university, in addition to doing all her course preparation at home. Patricia continued to use several of her initial mentors, V.P. of Academic Affairs, Business Chair, and the Director of Nontraditional Programs, to assist in her program and strategic plans.

Gender

The third sub-question addressed how gender had influenced Patricia's career. Patricia stated that gender had not really influenced her career. Although Patricia

advocated for her students, focused on giving them "voice," and stimulated their critical thinking skills, she appeared to ignore her gendered experiences.

Patricia served on many boards and faculty committees and had membership or participated in many community groups. Glazer-Raymo (2003) recommended encouraging women to serve on boards in order to gain experience, influence and power. These board positions have provided women with the opportunity to demonstrate that they are "decision makers who speak on matters of diversity and social justice" (Glazer-Raymo, 2003, p.108). Patricia admitted she was not familiar with feminine scholarship and had not actively sought out information on feminine scholarship. Patricia was not an agent of social change and did not overtly advocate for women's concerns, so I assume she did not overtly address women's issues as member of these boards and organizations. Ropers-Huilman and Shackleford (2003) found that faculty members "discussed ways they either waited to engage with feminist theory in a public way until after tenure, or felt pressured to keep feminist work 'closeted' within their departments" (p.139). Patricia did not acknowledge or address any gender issues in her career.

Patricia was a dean at a small conservative private liberal arts university. She stated that she had no difficulty fitting into the culture and experienced no discrimination. In retrospect, I wish I had addressed gender from the fact that nursing has been predominantly a female profession and has been considered an oppressed profession to further explore her thoughts and opinions.

Challenges

The fourth sub-question addressed was what Patricia perceived as the greatest challenges she experienced as a dean. Patricia stated that organization and time

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management were her greatest challenges. Patricia recognized the need for more balance in her life. She worked long hours and admitted she needed to delegate more. Patricia identified the current and future nursing shortages as challenges for health care and also for faculty recruitment. She also recognized the escalating cost of health care and education along with limited resources as a challenge for deans and nursing programs, but did not address resource allocation in depth. Patricia recognized that her dean position at a small liberal arts university was much different than a dean position at a larger university, acknowledging that a dean from a larger university would probably be more involved with research, funding, marketing, and community outreach. Patricia did not indicate she had experienced any barriers, discrimination, or that her opinions were not accepted or treated as non-important.

Lessons

The fifth sub-question addressed lessons from Patricia Morin's life that would be helpful for other deans. Patricia identified the importance of family, friends, and peers in the development of her self-confidence. Patricia recognized that obtaining appropriate credentials early, mentoring, networking, communicating, and having a passion for what you do as important. Although Patricia had academic content on administration in her M.S.N. and Ph.D. programs, Patricia did not identify that she wanted to be an academic nursing administrator.

Although Patricia took advantage of opportunities as they arose, I think she would agree that having agency would facilitate the career success of future academic nursing leaders. Psychologists refer to agency as the quality of actively asserting on ones own behalf – or to control one's own destiny. Ruderman and Ohlott (2008) stated that

although agency has been associated with qualities that are masculine and connection has been associated with women, women leaders need both. They recognized that "Sometimes a woman employing the behaviors of agency (assertiveness, self-promotion, or the questioning of practices that do not meet needs) is seen as inappropriately aggressive. A man using the same behaviors, however, is seen as powerful" (Ruderman & Ohlott, 2008, p. 9).

Themes and Conclusions

After extensive analysis, six major themes resulted from the study. The first prevailing theme was the importance of family in developing work ethic, values, and self confidence. Patricia's supportive family gave her the perseverance to survive through the diagnosis of diabetes, the loss of a child, a divorce and the challenges of starting a new program. The second theme was the importance of understanding oneself and doing the right things for both the institution and oneself. This awareness helped Patricia to recognize her strengths and the areas where she needed assistance. The third theme was the passion and caring that Patricia demonstrated through her relationships with students and faculty and in making the nursing program a success. Included in this theme is communication and the importance of listening, interpersonal skills, and demonstrating mutual trust and respect as well as good relationships with her peers and university family. The fourth theme was transformational leadership and the vision she shared with her staff and students. The fifth theme was mentoring and networking. Patricia used the strategy of multiple, strategic layers of support and alliances to counteract lack of knowledge, overcome resistance, tackle challenges, and achieve goals. She built both formal and informal political networks to influence the multiple levels within the

university and this provided an effective leadership tactic. When faced with challenges, Patricia remained focused and productive. The sixth theme was gender. Although not faced with overt discriminative behavior, Patricia was aware of the gap between the power of medicine and that of nursing. She did teach her students to critically think, use evidence based practice, and challenged them to have a voice in the healthcare community.

Patricia's parents shaped her work habits, religious beliefs, valuing others, and helped her to develop self confidence. Patricia talked about empowering herself, but never equated her title or her leadership role with power. She had a sense of self confidence and peace with her role. Palmer (1998) discussed authority being "granted to people who are perceived as authoring their own words, their own actions, their own lives, rather than playing a scripted role at great remove from their own hearts." (p.33) Patricia earned her authority by accepting her strengths and focusing on their development.

Patricia recognized it is important to understand and know oneself. She recognized self-reflection upon beliefs and values is central to leadership. Thorpe (1989) recommended that educational administrators endeavor to understand and acknowledge their own beliefs and values just as they should be aware of the beliefs and values of organizational members. Thorpe (1989) found that the quality of leadership is enhanced by critical active reflection upon beliefs and values.

Patricia had a passion to make her students and her program successful. She cared about her students and recognized the importance of the concept of caring for nurses in the health care setting. She considered caring as non-gendered and role modeled the behavior in every aspect of her life.

Patricia demonstrated many traits of a transformational leader. As an academic nursing leader in a rapidly changing healthcare environment, she was forced to make decisions rapidly, have a long-term vision for the future of the organization, and inspire and empower others through a system of shared values. Patricia integrated elements of transactional leadership in managing day-to-day operations which contributed to the objectives and vision of the organization. Studies of transformational leadership in nurse executives indicate charisma, intellectual stimulation, and consideration for the individual are leadership characteristics that contribute to staff satisfaction. Dunham-Taylor and Klafehn (1990) and McDaniel and Wolf (1992) reported that successful nurse executives are predominately transformational leaders who also possess transactional leadership skills.

Transformational leaders can motivate and influence followers to produce changes that will provide harmonious work or educational environments. Part of transformational leadership is the ability to share a vision and engage the staff/faculty in support of the vision. Patricia had the ability to see the big picture and plan for the future. She also valued relationship building which enhanced her ability to sell her vision. Thorpe (1989) found that the transformation of a vision into a mission involved both seeking support and commitment from staff, thus facilitating the importance of reciprocal relationships between the leader and the followers/staff. Thorpe (1989) found that values are basic to both leadership and followership, but only visions of a desired future will be valued by leaders and only those visions which are consistent with the values of the followers will generate commitment to a mission.

Wachs Book (2000) emphasized that " to navigate today's knowledge economy, leaders, whether male or female need to be able to identify and sell a vision, must recognize challenges and change as an opportunity, have an obsession for customer preferences, recognize the importance of relationships and communication, and recognize risks sometimes are necessary and rules sometimes have to be reinvented" (p.236).

Patricia recognized that having multiple mentors and establishing networks were important contributors to her success as a leader. Formal and informal mentoring programs can be utilized as a strategy to assist with recruitment and retention of both nursing faculty and academic nursing administrators. To be effective, a mentoring program must provide information about advancing within the institution and provide a support network of senior colleagues. Wunsch and Johnrud (1992) found that effective mentoring programs need both visibility and structure to facilitate worthwhile activities which will motivate participants to spend valuable time with one another. Patricia had a variety of mentors serving different roles and providing different experiences. These mentors helped her to learn the politics, regulations, and informal networking of her educational institutions. This knowledge is crucial to the survival of the nursing program and the dean.

Patricia also established a strong networking system of other academic nursing leaders. Larson (1994) found that support from others, especially the support of the nursing deans of colleges of nursing can make a difference in career development. Deans can help provide the encouragement and resources to help faculty members explore career advancement and consider the deanship role. Musilli-Cerra (1991) found that developing support networks provides an avenue for exchange of ideas and strategies,

and alleviates some of the frustrations inherent in academic positions. Networking can help identify approaches to minimize professional barriers, thus becoming invaluable for faculty members considering pursuit of the deanship.

As stated earlier, Patricia did not feel that gender had negatively influenced her career. Sherman and Beck (1979) stated that "often, those few women who do achieve positions in the scholarly world do not see themselves as women, but as men have taught them to see themselves – through the prism of the male sex" (p.5). Maguire (1987) stated that just as feminist research promotes making women visible as women and fully-human people, it must also promote making men visible as men. Patricia helped her students find their voice. She explained that her faculty did not function as authoritative educators and lecture to their students – making them listen passively, receiving information, and taking notes (Buchanan & McIntosh, 1997).

Patricia embraced active learning and thought of herself as a facilitator in the classroom, encouraging students to express themselves and their ideas, and value their own opinions. Belensky, Clinchy, Goldberger, and Tarule (1986) and Peterson and Jones (2001) found that through active learning and involvement, learners begin to find their own voices.

Gender stereotyping can negatively influence both men and women. Although Patricia did not have children, Kimmel (2004) and Witmer (1995) found that many in society today consider home as women's primary responsibility, expecting women to give their families priority over their career. Taio (2007) identified women as potentially having geographic immobility which can lead to limited bargaining power, limited job market and career choices, lower salaries, and infrequent promotions. Patricia did not

have this challenge because her second husband relocated to her state, met Patricia, and elected to live close to Patricia's family in her state.

Patricia denied common professional barriers such as exclusion from informal networks, having to work twice as hard, lack of access to power, and difficulty receiving recognition that women in higher educational administration often report (Stokes, 1984). Patricia never mentioned exclusion from the "good old boy's" network, perhaps due to the particular culture of her private liberal arts university, the fact that she had always had a somewhat "dependent" personality and permitted others to take care of her, and possibly because she chose to ignore any hint of subtle discrimination or exclusion.

Empowerment and power were not strong threads in the transcripts. Patricia talked about empowering students and her staff by giving them autonomy. Empowerment has also been associated with transformational leadership. Treiman (1993) stated that women are adept at "bottom-up" acquisition of power and "feel comfortable with undefined, informal authority" (p.169). However, with the women's movement in the 1960's and the recent surge of women's research centers, the empowerment of women continues to be a national and international phenomena (Treiman, 1993).

<div align="center">Implications</div>

The major contribution resulting from this study, to the existing body of knowledge on women in leadership positions, is the unique exploration of struggles, challenges, and successes of Patricia Morin, the first dean of a BSN-completion program at a private liberal arts university. Life histories allow a unique look into the life and experiences of one individual. Feminist research is contextual and as such its results are not necessarily

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replicable. The themes reflected throughout this study provide insight into the life experiences of Patricia Morin.

The writing of this study has been a journey. I found myself somewhat rigid in the interview process, attempting to stay too focused on the individual questions. I feel that an experienced interviewer would have redirected Patricia in some instances and asked for additional detail in other areas. I should have followed my natural instincts and pursued some areas in more depth. In retrospect, I would have phrased some questions different and included others. When reviewing the transcripts, I should have picked up the telephone and called Patricia for clarification or asked for additional information on some of her answers. The challenge is determining when you have enough information and when the interview process is complete.

Second, before the interviews, I did not recognize the significance of research bias. I had taught with Patricia at three different institutions and had the opportunity to see her lecture and interact with students. I also had the opportunity to receive positive feedback from Patricia when she was the coordinator at a Midwest public university and observe her advocate for faculty members. I chose her as my subject because of her passion for nursing education and developing students. However, through the interview process I saw how differently the two of us approached situations. I thought Patricia would share some experiences where she was triumphant over gender discrimination – and then she shared that she had perceived herself as having not experienced any gender bias. I thought that since she was in the academic world, she would be knowledgeable on feminine scholarship and would have some wonderful insights. However, she readily admitted that she had done no reading on feminine scholarship. I think I was disappointed, but

recognized that although I had recognized and experienced gender discrimination, I chose not to actively address some of the injustices I observed and experienced.

In writing the narrative, I struggled with what was in the transcripts and what I knew from interactions and observations of Patricia at meetings and when we previously worked together. I had regular contact with Patricia at the state Deans and Directors meetings and also had her speak multiple times at an annual career fair where I was an Associate Dean.   I attempted to limit these perceptions, but I felt I did augment the material on facilitative teaching style and curriculum development because of personal knowledge.

I would recommend not interviewing someone you know. Although Patricia and I have gone as long as four years between seeing each other or visiting, it is difficult to be objective about even a casual friend. Patricia is not an anonymous person. Patricia is well known in the nursing education arena in this state. I tried not to allow my biases to present everything in a positive light nor to paint a negative picture. Being objective was much more difficult than I had anticipated.

One "ah ha" of this study was my recognition of how the educational process contributed to the oppression of nursing. About 50% of the hospital employees are nurses and although they perceive they have a voice, often they do not. Nurses have been represented by the chief nursing officer (CNO). If the CNO is a female, she may be the only female on the senior management team. The majority of Chief Executive Officers (CEO), Chief Financial Officers (CFO), and Chief Operating Officers (COO) in the healthcare systems are male. The majority of the hospital board members are leaders of various businesses and organizations in the community and the majority are male. Nurses

have not marketed themselves well and the healthcare communities have not appropriately recognized nor rewarded them financially for their contributions. I now recognize how I can help facilitate a change by being more assertive in succession planning, mentoring, and providing leadership experiences for both new and seasoned nurses. The second "ah ha" was recognition of how I have ignored gender discrimination and bias, rationalizing that I would "pick and choose" my battles.

The following implications emerged from Patricia's story:

1. The primary participant may have been selective in sharing information and may have chosen not to divulge information pertinent to the study that would affect the results of the study.

2. The study explored biographical data of an individual (N=1); therefore, the findings may not be appropriate for generalization in other research.

3. The primary participant's life experiences as a role model and mentor influenced the students who have attended her program, faculty who have taught for her, and peers in other nursing programs.

4. The primary participant revealed life and career experiences that may be beneficial for recruitment and mentoring of nurses into nursing leadership roles.

5. The opinions and life experiences of female leaders need to be sought out and documented to serve as a foundation for women in academic leadership roles.

6. Due to the scarcity of biographical studies on academic nursing leaders relative to their path to leadership, this study may influence future recruitment of nursing faculty into leadership roles.

Recommendations

Educational administrators should reflect upon their personal mission and activities. Literature on women in administration indicates that women in leadership positions do function differently than men. Nursing leaders need to understand their unique role and contributions as women and leaders through understanding what they know to work in practice.

Nursing academic leaders play a crucial role in creating an organizational culture that is committed to the continuous enhancement of the quality of the university's core outcomes in teaching, research and community service.   Succession planning and the development of leadership programs are essential to assure that academic programs have highly skilled nursing leaders. Meade, Morgan, & Heath (1999) recognized that a program's success may depend on the transfer of knowledge and skills from participants who have used the ideas and strategies they have gleaned to stimulate the further learning of staff and teams within their areas of responsibility.

Gender has been at the core of feminist research. Joyappa & Self (1996) emphasized that all experiences are different. Just as there is not one woman's experience, there is not just one feminist research methodology or perspective. Feminist researchers have challenged androcentric methodologies and have attempted to provide a more holistic understanding of phenomena, challenging sexism, racism, classism, ageism, and homophobia (Joyappa & Self, 1996). Issues around gender identity, self-concept, self-confidence, professional education, and women's learning preferences have

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shaped the socialization of nurses and nursing education (MacIntosh, 2002). Nursing educators need to foster gender-based examination of nurses' learning and workplace systems.

Self-confidence was instilled in Patricia as a child. Her strong family support, religious upbringing and focused goals contributed to her success. Her exposure to a variety of opportunities and jobs, mentors, and networks contributed to her life-long learning and growth. These support systems gave her the comfort to take risks, seek out new opportunities, and challenge students to grow and be successful. The challenge is to recreate these experiences for future nurses so they too can become future academic leaders in nursing.

Nursing educators and deans need to recognize visible and non-visible gender-related issues that nurses experience. These educators can create opportunities to discuss the influences of gender on nursing and help nursing students find their voice by examining stories and providing support. The goal is to educate future nurses so they have a seat at the table and assume an active role in planning the future of healthcare.

Agenda for Future Research

There continues to be a need to examine experiences of women in leadership positions and in particular nursing leadership positions. A number of questions were identified and if addressed, may provide a better understanding of experiences women in leadership positions encounter.

1. How can we provide the family/community/education support necessary to provide women with the self-confidence and focus to obtain the necessary education and experiences to assume leadership positions?

2. How can we provide equal opportunity and voice to those who are prepared and willing to assume leadership roles in the academy? How can we provide the necessary knowledge, skills and education that will permit women to compete for leadership and/or administrative positions?

3. How can we prepare prospective and seasoned nurses for faculty and deanship roles? If we are to attract and retain qualified leaders in nursing education and provide a new kind of dynamic leadership, more knowledge about factors which promote leadership effectiveness is required.

4. How can we prepare nursing leaders to model and mentor other faculty and staff members to promote the development of leadership skills? This strategy includes identifying young nurses with potential leadership abilities, promoting personal and professional growth opportunities, and empowering them to actively assist in promoting the mission of their organization or university.

5. What role should academic nurse leaders, nursing faculty, and nurses play in addressing and diminishing the oppression that nursing as a profession continues to experience

6. How can we encourage qualitative researchers, both male and female, to critically examine their own position on male domination and women's oppression? How can we expand the circle of colleagues with whom we share and debate our research theories and practices?

With the advent of more women in leadership positions throughout the academy, the opportunity for mentoring and role modeling increases. It is important for the younger generations to see successful women, from multiple backgrounds and lifestyles, leading

healthy and happy lives in and outside of the workplace. Prospective women leaders need to be exposed to coping strategies of top, seasoned, women administrators so they have realistic expectations (Hicks, 2000). Sheinin (1998) recognized the important roles that academic women leaders play in sending the appropriate message to universities and to society.

They become part of the image and the authenticity of gendered role models, mentors and representatives of the current authoritative guardians of knowledge. As a group, and individually, they are recognized as experts in the entire array of disciplines and fields of research, scholarship, and creative activity. Girls and women who are still planning their lives and careers see a reflection of themselves in these important activities, previously reserved for men and boys (Sheinin, 1998, p.105).

More emphasis is being placed on leadership development than ever before and effective leadership is central to organizational success. Women need to have a place at the table and be recognized for their contributions as leaders, professionals and women. Further life histories on nursing academic leaders can support, inspire, and encourage more nurses to choose academic nursing leadership roles and expand the knowledge base on successful strategies and tactics for women deans in the academy.

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APPENDICES

July 18, 2002

Ms. Linda Walline
5164 33rd Avenue
Columbus NE 68601

IRB#: 2002-06-341 EX

TITLE OF PROPOSAL: **The Life of Pat Morin - A Nursing Dean**

Dear Ms. Walline:

This letter is to officially notify you of the approval of your project by the Institutional Review Board
(IRB) for the Protection of Human Subjects. This project has been approved by the Unit Review
Committee from your college and sent to the IRB. It is the Board's opinion that you have provided
adequate safeguards for the rights and welfare of the participants in this study. Your proposal seems to be
in compliance with this institution's Multiple Project Assurance M-1510 and the DHHS Regulations for
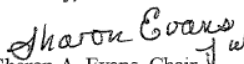the Protection of Human Subjects (45 CFR 46) and has been classified as exempt.

Date of EX Review: **6/21/02**

You are authorized to implement this study as of the <u>Date of Final Approval</u>: **7/18/02**. This approval is
<u>Valid Until</u>: **7/18/03.**

1.   Enclosed is the IRB approved Informed Consent form for this project. Please use this form when
         making copies to distribute to your participants. If it is necessary to create a new informed
         consent form, please send us your original so that we may approve and stamp it before it is
         distributed to participants.

This project should be conducted in full accordance with all applicable sections of the IRB Guidelines
and you should notify the IRB immediately of any proposed changes that may affect the exempt status of
your research project. You should report any unanticipated problems involving risks to the participants or
others to the Board. For projects which continue beyond one year from the starting date, the IRB will
request continuing review and update of the research project. Your study will be due for continuing
review as indicated above. The investigator must also advise the Board when this study is discontinued.

Sincerely,

Sharon Evans
Sharon A. Evans, Chair
for the IRB

cc: Faculty Advisor
         Unit Review Committee

IRB#2002-06-341 EX

University of Nebraska Lincoln

<u>INFORMED CONSENT FORM</u>
<u>Primary Participant</u>
<u>The Life of Pat Morin – A Nursing Dean</u>

You are invited to participate in a research study. The purpose of this historical qualitative study is to explore and analyze the experiences of a woman nurse educator. This study will explore the experiences of a nurse educator as well as the role of a woman in academic leadership as she perceives and lives it. A profile of a nursing dean will provide important knowledge for administrators of nursing programs. By identifying personal abilities, experiences, relationships, and qualities paramount to achievement in the nursing dean's role, these experiences can be emphasized in developing the abilities of aspiring deans. The following information is provided in order to help you make an informed decision about your participation in this research. If you have any questions, please do not hesitate to ask.

Participation in this study will require approximately ten hours of your time. Several in-depth interviews will be conducted at times of your choosing. Each interview will be audiotape recorded, transcribed and submitted to you for review, verification and comment. The number of interviews will be dependent upon your comfort and the information shared. Interviews will be conducted in a public setting where privacy can be obtained.

Only the researchers and professional support personnel used to transcribe the material will utilize interview tapes and transcribed material. The data will be stored in a locked cabinet in the primary investigator's home office. This data will be destroyed three years after the close of the study. There are no known risks and/or discomforts associated with this research study. If you choose to participate in this study, you have the right to withdraw from the study at any time without adversely affecting your relationship with the investigators or the University of Nebraska. Your decision will not result in any loss of benefits to which you are otherwise entitled. The information obtained in this study may be published in scholarly journals or presented at scholarly meetings.

You may ask any questions concerning the research before agreeing to participate or during the study. If you have any questions concerning your rights as a research participant that have not been answered by the investigator, please feel free to contact the University of Nebraska-Lincoln Institutional Review Board at 402-472-6965, or my advisor, Dr. Marilyn Grady, at 402-472-0974.

You are voluntarily making a decision whether or not to participate in this research study. Your signature certifies that you have read and understood the information presented and have decided to participate. You will be given a copy of this consent form.

Thank you.

☒ Your name will be used in this dissertation. Please check to indicate agreement.

Patricia J. Morin
_____
(Signature of Research Participant)

_10/3/02_
_____
(Date)

Linda K. Walline, M.S.N., Principal Investigator
Marilyn Grady, PhD., Secondary Investigator

402-563-2412
402-472-0974

University of Nebraska–Lincoln   University of Nebraska Medical Center   University of Nebraska at Omaha   University of Nebraska at Kearney

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The Life of Patricia Morin – A Nursing Dean

Grand Tour Question:

How did Pat Morin's life experiences influence her career?

Sub-questions:

1. What factors and career decisions contributed to her success as a nursing dean?

2. How does Patricia describe her leadership?

3. How has gender influenced Patricia's career?

4. What are the greatest challenges faced by a nursing dean?

5. What lessons from Patricia Morin's life would be helpful for other nurse educators?

Interview Questions: The Life of Patricia Morin – A Nursing Dean

The grand tour question for this study will be: How did Patricia Morin's life experiences influence her career?

Sub question 1: What factors and career decisions contributed to Patricia's success as a nursing dean?

Early Life Experiences and Career Focus:
1. What are some of your earliest memories?
2. Tell me about your family.
3. Tell me about your parents.
4. What was the educational background of your parents?
5. How would you describe your relationship with them?
6. Tell me about your role within the family/siblings/birth order.
7. Tell me about any other relatives/relationships in your life who influenced you.
8. Where were you reared? Describe the community.
9. Share your memories of your early years in school.
10. Tell me about your early friends.
11. Describe the things you did with your friends.
12. Share your memories of your later school years - through high school.
13. In what activities/classes did you excel?
14. What organizations/activities were you involved in during high school?
15. In what social activities were you involved in high school?
16. How important was dating in high school?
17. Did you work during high school?
18. Did family interactions change during the high school years? If yes, how?
19. When did you start thinking about college and a possible career?
20. How did you choose your undergraduate school?
21. Did family interactions change during the college years? If yes, how?
22. In what social events or activities were you involved in college?
23. Did you have any part time jobs during college? If yes, how did they influence your career decision or work ethics?
24. Can you describe a typical week at college?
25. How did you meet your husband?
26. Describe your relationship of your career with that of your husband's?
27. What stimulated you to attend graduate school?
28. Tell me about the awards and honors you have received.

Life experiences contributing to success as a nursing educator and dean:

1. What characteristics do you posses that have contributed to your success as a nursing educator and administrator? I.e. What are your strengths?
2. How were these developed?
3. What early life experiences impacted their development?
4. How would your peers and faculty describe your strengths?
5. How did your family (parents, grandparents, siblings) influence the development of these strengths?
6. Who else influenced your teaching and administration style and strengths?
7. What obstacles/barriers contributed to your strengths/assets?
8. How have you continued to refine these strengths?
9. What excited you about nursing? About nursing education? About nursing administration?
10. How would you define your "passion" for nursing?
11. What motivates/ed you?
12. What steps did you employ to make your career goals a reality?
13. How would you describe your adaptation/changes in your approach to your nursing educator/administration roles?
14. How did your husband influence your career?
15. How has your health influenced your career?

Professional career influences:

1. How did you decide that nursing might be a career direction?
2. How did you decide on what nursing program to attend?
3. How has nursing influenced your life?
4. Tell me about your employment history in nursing.
5. What was it about nursing that kept you excited about it as a career?
6. When and how did you entertain the possibility of teaching nursing?
7. Who have been role models or mentors for you? Both in nursing service and education? Explain what role behaviors or characteristics that caused them to be revered.
8. What was your relationship with these mentors? How did you use your mentors?
9. Did your mentors change throughout your career? Did you maintain a relationship with any of your original mentors?
10. Who else has influenced your career choices?
11. What relationship did you have with them?
12. Who encouraged you as you made these choices?
13. Who discouraged you?
14. Did the issue of gender have any impact in your career choices?
15. What has been your husband's role in your career choices?
16. How has that (your husband's role) changed during the years?

Teaching and learning:
1. How have your personal educational experiences influenced your beliefs on teaching and learning? Successes? Failures?
2. Identify one teacher/faculty member that has made a significant influence in your beliefs about teaching and learning?
3. What learning theories have influenced your career in nursing education?

Sub question 2: What life experiences were important in developing your leadership beliefs and style?

Leadership experiences:
1. What leadership experiences did you have in school?
2. What leadership experiences did you have in activities/organizations outside of school?
3. What leadership characteristics did you develop as a result of your family responsibilities/home life?
4. Describe some of the early experiences in your career where you had an opportunity to lead?
5. Describe some of your informal leadership roles.
6. Describe your first "formal" leadership role.
7. Can you describe your desire to lead versus follow?

Mentors, role models, and barriers:
1. What people influence your leadership style?
2. What relationship did you have with them?
3. Who encouraged you as you developed this style?
4. Who discouraged you?
5. Who do you admire as a leader?
6. What traits does this person posses that appeals to you?
7. What leadership characteristics were transferable from previous positions to your Director position?

Leadership style:
1. Describe your leadership style/philosophy.
2. How did this particular style come about?
3. How would others describe your leadership style?
4. What specific coursework or individuals influenced your leadership style or philosophy?
5. How did your leadership style influence your career?
6. How have you utilized change in your leadership style?
7. How have you utilized innovation in your leadership style?
8. How important has creative thinking been in your dean's position?

9.	How or when did you learn to think creatively?
10.	Describe the process that you used to think creatively?
11.	How do you encourage creative thinking in others?
12.	Describe an incident where you would consider yourself a risk taker.
13.	What guidelines did you use to determine that you would take a "risk" or initiate a change?
14.	How do you seek others support to take a risk or do you make decisions independently?
15.	What does power mean to you?
16.	Describe how you use power?
17.	Describe how you share power. How do you empower your staff?
18.	What has been your greatest leadership success?
19.	What has been your greatest leadership challenge?
20.	What were your most difficult leadership decisions you had to make?
21.	What are/were your greatest leadership communication challenges?
22.	What were your greatest rewards and areas of satisfaction?
23.	What are/were your greatest leadership frustrations?
24.	To remain current in the theoretical and clinical field of nursing, in what professional development activities do you participate? Leadership?
25.	What strategies do you utilize to motivate staff?
26.	If you were to give advice to a future nursing education administrator, what would you tell him/her?

Sub question 3: How has gender influenced Patricia's career?
1.	Identify advantages of being a female in a leadership position.
2.	Identify any barriers or obstacles that gender has had on your leadership role/style?
3.	Who were mentors or role models for your leadership style?
4.	How would you define feminine scholarship?
5.	How have you utilized feminine scholarship in your career? In your program?

Sub question 4: What are the greatest challenges faced by a nursing dean?
1.	How does the nursing shortage influence your deanship?
2.	How has your role changed in regard to responsibility for resources, budget, marketing, and economics of your institution?
3.	How have changes in the health care industry influenced nursing education?
4.	How much influence do you feel you have on the profession of nursing? In your community?
5.	How has faculty recruitment changed?
6.	How do you balance your administrative responsibilities with research, teaching and service?

Sub question 5: What lessons from Patricia Morin's life would be helpful for other nurse educators?

Achievements:
1. What has been your greatest achievement?
2. What personal characteristics contributed to these achievements?
3. How has career planning influenced these achievements?
4. What specific experiences contributed to your success?
5. How has education influenced your success?
6. How important have role models and mentors been in your career?

What is the quintessence of Patricia Morin?
1. What do you do to relax?
2. What do you do to have fun?
3. How do you renew yourself?
4. How do you balance the demands of work, family, and personal life?
5. What is the role of your husband in managing the demands?
6. What are your hobbies?
7. Who is your support system?
8. How will you determine it was time to retire?

What will be your legacy?

What would you do differently?
1. If you could change something about your professional career, what would you have changed?
2. Can you explain in more detail?

THE LIFE OF PATRICIA MORIN – A NURSING DEAN

Confirmation of Participant Opportunity to Review and Comment

On the Transcripts of Interviews

You have an opportunity to review the transcript of your interview(s) and make suggestions for clarification. A transcript of the interview(s) is attached. Please review this transcript as soon as possible. If you have suggestions for clarification, attach them to this form, sign and date it and return it to the researcher. Your suggestions will be considered for inclusion in the research project. The signed and dated form will document to an independent reviewer of the research project that you were provided the opportunity to review and comment on transcripts of your interview(s).

Confirmation (Please check, sign and date. Thank you.)

I was provided the opportunity to review and commend on transcripts of my interview(s).

___   **Comments are attached**

_X_   **I choose not to comment** *OK*

Patricia J. Morin
Participant (Signature)

February 28, 2008
Date

DOCUMENTATION OF CONTACTS

Date	Nature of Interaction	Site/Mode
May 31, 2001	Initial contact. Agreement to participate	Telephone
May 28, 2002	Telephone call to obtain permission to use her name.	Telephone
July 25, 2002	Telephone call. Informed Patricia of IRB approval.	Telephone
September 4, 2002	Telephone arrangements for interview	Telephone
September 23, 2002	Telephone call. Message left with secretary to confirm interview on the 3rd of October.	Telephone
October 3, 2002	Consent signed and taped interview. Informal discussion while attending NE Nurses' Association annual meeting.	New World Inn Kearney, NE
October 4, 2002	Taped interview. Informal discussion while attending NE Nurses' Association annual meeting.	New World Inn Kearney, NE
October 7, 2002	Tour of facilities and taped interview	University Campus
November 4, 2002	Telephone call to confirm interview	Telephone
November 6, 2002	Taped interview	University Campus
December 31, 2002	Telephone call. Interview cancelled.	Telephone
January 23, 2003	Taped interview	University Campus
February 7, 2003	Deans and Directors Meeting. Informal conversation.	Clarkson College Omaha, NE
February 28, 2003	Taped Interview	Lincoln, NE
March 14, 2003	Patricia was on the panel for Central Community College's Health Career Day	Grand Island, NE
April 10, 2003	Deans and Directors Meeting. Informal conversation.	College of St. Mary's Omaha, NE
April 17, 2003	Center for Nursing Meeting in Lincoln. Telephone call.	Telephone
May 28, 2003	NE League for Nursing annual meeting. Informal discussion.	Bryan –LGH West Lincoln, NE
June 6, 2003	NONE and Deans and Directors Meeting Informal discussion.	Country Inn Suites Lincoln, NE
February19, 2008	E-mail to Patricia, plus transcripts resent. Request for updated vitae and signed confirmation of transcripts review form.	E-mail to worksite. Package mailed to her home.
February 20, 2008	Telephone Message from Patricia.	Telephone
February 21 , 2008	Updated vitae received by e-mail.	E-mail.