Voices of Women in the Field: What I Learned about Leadership

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The most important thing I have learned about leadership development is that it is a continuous process. I recognize that my family, peers, education, job changes, supervisors, and mentors have all influenced how I approach life and how I lead. As a woman of the baby boomer generation, I can celebrate that my peers are some of the first women to win top leadership positions in industry and academia. We have brought forth our own leadership styles and are still learning how to balance work, family, and relaxation.

As I reminisced about my career, I recognized that as a new graduate nurse, the informal leaders influenced me more than my supervisors. Working evenings, I had the opportunity to work with and be mentored informally by nurses with a wealth of knowledge. They were seasoned nurses who had the knowledge base, communication skills and political expertise to know how to make sure patients received the care they deserved. I learned that when working the off-shifts, you had the autonomy to make a difference.

These nurses also taught me that the most valuable asset members of the healthcare team (including physicians) had was their time. Therefore, I made sure I was organized and succinct in communicating and requesting their assistance when needed. I was able to establish a trusting relationship because of my judiciousness in communicating with other members of the healthcare team. If I called, they knew it was important.

I have had the opportunity to teach in practical, associate degree, diploma and baccalaureate nursing programs. I held various leadership roles and taught leadership/management classes. I took my role very seriously, recognizing that I not only shared knowledge, I was also a role model, mentor and a coach. Although early in my career, I would not have chosen these terms, in retrospect, that is what I did. I recognized that I was very serious about my work and had to learn to balance time with work and family.

Having a bachelor’s degree in education, a bachelor’s and master’s in nursing, and experience as a staff nurse gave me the theoretical and practical experiences necessary to establish credibility as a nursing faculty member.

Although I had a basic understanding of management and leadership, I formulated my leadership style by observing and interacting with peers, supervisors, and other institutional leaders at work. With both positive and
negative role models, I had the flexibility to discern who and what I wanted to emulate.

Just as I have adapted my communication approach to the person with whom I was interacting, I found that I was adapting my leadership and management skills to individual situations. I also recognized that the labels used for various leadership and management styles changed over the years—with transformation and transactional leadership styles appropriately describing many of the leadership styles of nursing leaders. As an associate dean in a nursing program, I recognized that communication, honesty, delegation, accountability, lifelong learning, professional dress and demeanor, and a positive attitude were important to my staff. I learned that when I put my faculty’s health and families first, they did whatever they could to work around teaching assignments.

As a staff nurse working evening shifts, I was sheltered from the politics of the hospital setting. In my non-administrative teaching positions, I also was unaware of the political issues of the respective educational institutions. However, after moving to a smaller community and accepting a day position as an occupational health nurse, I learned about the barriers women experienced.

Within a year, I became the interim and then personnel director for a company with 500 employees. I experienced a tremendous learning curve, but also had first hand experience with negotiating for a “seat at the table.” I had the “expert” power of being a nurse, a member of the fire brigade, safety committee chair, and wrote the first company affirmative action plan, which enabled the company to obtain government contracts. I was heavily involved in several acquisitions following a management buy-out, so I had first hand knowledge of the benefit plans, retirement plan, and the salary systems.

Shipments and finances ruled the management team meetings, yet personnel issues had to be discussed. I quickly recognized that my ideas were often overlooked, later to be brought up by someone else (I was the only female on the team) and accepted enthusiastically.

I learned from these experiences. I formed alliances with key members, summarized key issues in meeting handouts, and selectively discussed the
most important issues. What I did not learn is how to receive recognition for my ideas.

Although I very much enjoyed the position, I regretted that I was not using my education. I accepted the position of director of the Associate Degree Nursing Program for a community college, later became Associate Dean of Nursing, and started working on my doctorate. I had autonomy, adequate resources, engaged faculty, network support from other nursing directors, membership in various nursing organizations, great peer support from the other associate deans, and high student NCLEX pass rates. However, leadership was one focus in my doctoral program. I suggested that as a campus we should be developing a strategic plan, exploring growth opportunities, sharing our vision, and creating a culture where the faculty were engaged. Being an idealist, I thought I could manage up and assist my Dean and the campus President with their communication, strategic planning, and leadership skills. Finally recognizing that I was not going to influence change and that I was commuting four days a week, I accepted a vice-president of nursing position at a hospital that was less than a year old and two miles from my home.

This last career move has opened up another set of learning experiences and challenges. I found both self-confident, engaged nurses and nurses who were apologizing to physicians for calling for orders when their patients were deteriorating. I discovered that nurses often were excluded from communication, did not feel they had a voice, and had staffing and compensation concerns. Most importantly, I found that focusing on the facts was not enough to have my concerns heard. I recognized that I had to use various techniques of passion, assertiveness and political lobbying to get the support I needed to implement changes.

The board and the administrative team are finally recognizing that nurses are key players for improving hospital quality standards, which ultimately influences the hospital’s financial bottom line. The nursing, quality and finance departments must now work collaboratively toward the goal of offering profitable, top-quality care. As a hospital leader, I have communicated this strategic direction and the hospital’s vision. I also have involved my directors in succession planning, resource allocation, budgeting, marketing, mentoring, and networking.

I have found that I use both transformational and transactional leadership interventions. With the advent of quality reporting, outcomes evaluation, and “dashboard” reporting of statistics, transactional leadership skills are necessary for organizing these data to report to the staff and the board. As a transformational leader, I feel my directors are engaged, but recognize I need to work toward the goal of reaching deeper into the organization. I recognize that if employees feel included in the strategic planning and the vision, they will feel safe in taking risks and piloting programs that will enhance patient outcomes. They will feel empowered, valued and engaged.

As a nursing leader, I must step up to the plate and continue to implement the changes necessary to give nurses a voice, minimize the learning curve
for future nursing leaders, and eliminate barriers. Nurses are in short supply and the demand and respect for nurses are gradually increasing. As a nursing leader, I have selectively chosen my battles, recognizing that I need to help nurses convey the complexity of the care they give and the clinical knowledge and judgments they use in providing quality patient care.