

Leadership

THE KEY TO THE
PROFESSIONALIZATION OF NURSING



Linda A. Bernhard

Michelle Walsh

Second Edition



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*In memory of our initial educational programs
where we learned to be nurse-leaders.*

**Methodist-Kahler School of Nursing
Rochester, Minnesota
and
College of Saint Teresa
Winona, Minnesota**

Foreword

As the work of nursing increases in complexity, there is critical need for professional nurses to have adequate skills as well as adequate conceptual understanding of the functions of leadership. To this end, Bernhard and Walsh have collaborated in the development of a conceptual approach to the functions of leadership for first line practitioners in nursing. The energy that fuels the work of health care organizations is first and foremost "people energy." The challenge for all participants who work in these systems is to use this energy wisely and well. This book offers helpful ideas for meeting that challenge. As viewed by the authors, leadership is the process used by nurses to foster the synergistic relationships of people in work settings. The reader is first grounded in the environmental perspective for the work of leadership, as the book sets an organizational context for the practice of leadership. The authors then explore the many venues for the exercise of leadership skills. They have wisely included the most typical and most salient areas for leadership in the everyday practice of nursing. The important components are all here: leadership as a teacher, evaluator, decision-maker, change agent, conflict manager, coordinator and organizer. These leadership functions comprise a significant portion of the work of the professional nurse in health care organizations.

Moreover, the nurse in the 1990s must function in an environment that requires more to be done with less resources. Cost containment characterizes the present social milieu for health care in the last decade of the twentieth century. This climate requires accountability from the professional nurse for the wise and careful use of resources. Bernhard and Walsh have provided a conceptual framework for use by professional nurses to meet that social responsibility. However, irrespective of the external situational demands, the professional nurse always has the societal obligation to provide nursing care of the very highest quality. Understanding and use of the ideas in this book will help move that societal obligation from duty to fulfillment. The successful application of the ideas and concepts about leadership presented in this volume will help the nurse on the journey from novice to expert. May the journey do the reader much good!

Grayce M. Sills, PhD, RN, FAAN

Preface

Leadership in nursing is a topic of great concern among nursing educators and nursing service personnel. Nursing must have leaders to become professionalized. Since leadership can be learned, we believe that nurses should be educated to become leaders. The purpose of this book then is to assist in teaching nurses to become leaders and to promote the professionalization of nursing.

In the decade since the first edition of this book was written, many changes in health care have occurred. Health care encompasses both health and illness care—both of which occur in settings in addition to the hospital. Hospitals have become the locus of care during only the most acute aspects of an illness trajectory. Patients have shorter hospital stays, and thus their needs must be met more quickly. As costs of health care escalated, both government and private funding sources limited the resources available for health and illness care. Nurses also have become cost conscious, yet remain concerned about maintaining quality of care with limited resources. These changes in the health care system require a greater number of nurses prepared as nurse-leaders.

Numerous changes have been made for this edition. Chapter 1 was rewritten completely to reflect the changes of the last decade with regard to the professionalization of nursing. The analysis shows the continuing need for nurse-leaders who will work for the professionalization of nursing.

Modular nursing is now accepted as a nursing delivery system and has been included in this edition. Leadership theories that have been added are Theory Z, Fiedler's Cognitive Resource Theory, and the Managerial Grid®. In the strategy chapters (Chapters 6-11) new content has been added where appropriate. Examples have been revised to reflect current nursing practice.

All references have been updated, and new Additional Readings have been included. Classic literature citations have been retained. Chapter Objectives and Learning Activities have been added to assist further development of the self as a nurse-leader.

The book is organized according to concepts essential to the practice of nursing leadership. Each chapter may be considered as a unit which encompasses the theoretical basis of the concept and its application to nursing. Thus, the chapters could be read in any order. However, there was a conscious effort to sequence the chapters in an order which allows the reader to consider first the components of leadership and then the specific strategies used by nurse-leaders.

The organization of the book has not changed. Nursing leadership is a multidimensional process which depends upon the relationship between the nurse-leader and a group, the setting or organization in which the interaction occurs, and the theory of leadership chosen by the nurse-leader. These three components are considered as separate entities in Chapters 2, 3, and 4. Chapter 5 explores the three components as a unified whole that provides direction to the nurse-leader. The strategies used to enhance a nurse-leader's effectiveness—organizing, teaching-learning, decision making, changing, managing conflict, and evaluating—are discussed in Chapters 6 through 11.

The book was designed, and continues to be primarily for use as a textbook in baccalaureate programs, for both generic and RN students. It may be used effectively by students in an RN to MS program. Educators and students in some associate degree, hospital diploma, and master's degree programs in nursing have used the book. Staff development personnel can use the book for orienting new graduates to leadership roles within their institutions. Finally, the book can be used as a resource by all staff nurses who wish to function more effectively in their roles as nurse-leaders.

We would like to acknowledge our families, friends, and colleagues who supported us in this endeavor. We wish to mention especially the good will and humor of Carol Bining, and to thank Grayce Sills for her encouragement and for writing the Foreword. Tricia Vagnier's typing assistance is greatly appreciated.

*Linda Anne Bernbard
Michelle Walsb*

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Chapter 1

The Professionalization of Nursing

CHAPTER OBJECTIVES

After reading this chapter, the reader should be able to:

Differentiate the concepts of profession and professionalization.

Identify criteria used to determine a work group's status as a profession.

Discuss the status of nursing with regard to professionalization.

The debate over whether nursing is a profession is one that seems not to be resolved. Both nurses and non-nurses have engaged in the debate. Before this issue can be resolved conclusively, an acceptable definition of "profession" must first be found.

Flexner's classic definition of profession, initiated with medicine, is often used. Flexner identified six criteria that a work group must possess to acquire professional status. These are: (1) the activities of the work group must be intellectual; (2) the activities, because they are based on knowledge, can be learned; (3) the work activities must be practical, as opposed to academic or theoretical; (4) the profession must have teachable techniques, which are the work of professional education; (5) there must be a strong internal organization of members of the work group; and (6) altruism, a desire to provide for the good of society, must be the workers' motivating force (Flexner, 1915).

Since Flexner composed the criteria, numerous authors have attempted to rewrite, add to, or subtract from them. A composite list of criteria for today would include the existence of a body of knowledge unique to that work group that was established through research and scientific analysis. In addition, an individual must be able to acquire that body of knowledge—usually through a long period of study—and he or she should be taught by existing members of the work group. Another criterion would be the presence of a committed group of members who have and enforce a code of ethics.

The criteria established to define a profession have been termed idealistic, and even unrealistic. Since it is virtually impossible for every member of a profession to fulfill every criterion exactly, no work group could ever truly be a

“profession” (Becker, 1962; Vollmer & Mills, 1966). However, most work groups, including nursing, strive to reach that ideal, largely because of the prestige and status brought to such groups as medicine and law, and the desire to share in that status.

Consequently, the idea of professionalization has developed. *Professionalization* is a dynamic process through which occupations change certain crucial characteristics in the direction of a profession (Vollmer & Mills, 1966).

A specific sequence of steps in the professionalization process has been identified by Caplow (1954). First, a professional association with explicit membership criteria is formed. Next, the name of the work group is changed to reduce identification with the old occupation and to monopolize a new title and domain. Then a code of ethics is established. Finally political agitation takes place to establish legal codes for licensing and practice. Concurrently with these activities, educational facilities are developed, under the direct or indirect control of the professional association (Caplow, 1954).

The Occupation-Profession Continuum Model

It is helpful to conceptualize the progress of nursing toward professionalization as a continuum on which the left end is occupation, or nonprofession, and the right end is profession.

Occupation (O)—————(P) Profession

Pavalko (1971), a sociologist, has established a continuum model of professionalization that can be used by any prospective profession to determine its level of professionalization. Pavalko includes eight categories, or criteria, and the work group is measured against each of them. He states that any other criteria that an individual may consider more representative of professional status can be subsumed within the eight. Pavalko's criteria will be presented below and applied to the present situation of nursing.

THEORY

The first category is the presence of theory, or intellectual technique; the work group is judged on the extent to which its work is based on a systematic body of theory and abstract knowledge. The greater the body of knowledge, the more professional the group.

Systematic theory develops through research. Research in nursing is still young, although it is definitely growing. Most initial “nursing research” centered around *nurses* and was conducted by social scientists as early as the 1930s. Today most nursing research is conducted by nurse researchers, appropriately prepared at the doctoral level, in nursing as well as in other disciplines. Most nursing research now focuses on the clinical practice of *nursing*; thus, scientific bases for nursing practice are being established.

Since 1970 the American Nurses' Association (ANA) has been very involved in research through the Commission on Nursing Research, which was established

to address the research concerns of the profession, and through the Council of Nurse Researchers, which was formed to address the special concerns of nurse researchers. The Council of Nurse Researchers now has nearly a thousand members, most of whom have doctoral degrees. To join the Council, one must be engaged in and/or teach research.

Furthermore, in 1985 Congress passed legislation (P.L. 99-158) that created the National Center for Nursing Research within the National Institutes of Health. Theoretically this announced to the country that nursing has a critical mass of researchers who conduct serious research and should be respected for doing it.

Nursing Research journal was established in 1952 for the purpose of informing members of the nursing profession and other professions about the results of scientific studies in nursing and for stimulating research in nursing. This publication was successful in encouraging nurses to conduct and publish research. Research findings are now published also in clinical nursing journals, and several new research journals in nursing have been established. These include *Research in Nursing and Health*, *Western Journal of Nursing Research*, *Scholarly Inquiry for Nursing Practice*, and *Applied Nursing Research*. Further, in 1982 the *Annual Review of Nursing Research* commenced, to review critically extant nursing research. By doing so, it fosters the continuing development of a theoretical base for nursing. In addition, two directories of nurse researchers exist: The *Directory of Nurses with Doctoral Degrees* (ANA, 1984) and the *Sigma Theta Tau Directory of Nurse Researchers* (Barnard, Kiener, & Fawcett, 1987).

Sigma Theta Tau, International, the honor society of nursing, has worked diligently on a campaign for excellence in nursing. Sigma Theta Tau's Center for Nursing Scholarship in Indianapolis is dedicated to scholarship and the development, dissemination, and utilization of knowledge. A major part of the building is the International Library, a state-of-the-art facility.

Even with the increase in nursing research, there has been little effort to build research within broad areas, so that a systematic body of knowledge develops. Nurse researchers conduct research that interests them individually; therefore, there is a breadth of research but it has little depth. Many practices that are generally accepted as basic nursing care are not research-based.

There is still a lack of theory in nursing. Nursing has several individuals who have written about nursing, and who have become recognized as nursing theorists. These include Dorothea Orem, Sister Callista Roy, Martha Rogers, Imogene King, Betty Neuman, and others. However, the "theory" that each of these women has developed is more likely to be considered a conceptual model. Nursing practice will be better served by more mid-range theories that are more closely linked to practice.

Thus the scientific basis of nursing and the theory underlying the practice of nursing continues to develop. Progress has been made through research and theorizing by those who have created models of nursing and by other nurse scholars. With regard to theory, progress has been made, and nursing is moving toward the right end of the occupation-profession continuum.

RELEVANCE TO BASIC SOCIAL VALUES

The second category is the relevance of the work performed to basic social values. This suggests that professions tend to justify their existence by identifying themselves with abstract values on which there is general societal consensus, for example, life, liberty, and the pursuit of happiness. Occupations do not need such a justification to exist, and they may or may not be relevant to social values. This category could also be called "application to crucial problems of society" or "matters of great urgency and significance" (McGlothlin, 1964).

Nursing, like medicine, fulfills this criterion because of its concern for the individual's well-being. Nursing deals with people at all levels of health, from conception through death. Nursing is defined as the diagnosis and treatment of human responses to actual and potential health problems (ANA, 1980).

However, a major problem for nursing is that society does not seem to recognize that nursing, in fact, performs a necessary and unique service. Much of society holds nurses in high esteem, but it is for their caring and nurturance, rather than for any acknowledged service. Society values *cure*, and this is provided by physicians. Since nurses emphasize *care*, society does not acknowledge nursing's unique value (Gunning, 1983). Nurses must convince the public that nursing offers a vital and beneficial service to society (Sleicher, 1981).

In our view, nursing fully meets this criterion because of its obvious relationship to many social values and concerns and may be placed at the right end of the continuum. However, we recognize that members of society may not share the same view.

Criterion 2: O ————— P

TRAINING OR EDUCATIONAL PERIOD

The training (or educational) period, Pavalko's third category, has four subdimensions. The amount or length of education, the degree of specialization involved, the use of symbolic and ideational processes, and the actual content are all important elements in education.

In general the professional end of the continuum is characterized by a long period of education, with a high degree of specialization and a strong emphasis on the ability to manipulate ideas and symbols as well as things. In addition to the knowledge and skills necessary for the profession, the content of professional education includes a specific set of values, norms, and roles that each member of the profession is expected to develop. These values, norms, and roles characterize the "professional subculture" of unique qualities that distinguish that group of workers from all other groups.

For each subdimension the position on the occupational end of the continuum may vary. For example, occupational education usually takes a short time — from a few weeks to a few months — in the case of a unit clerk. It may, however, take 2 or more years, as in the case of a respiratory technician, or there may be no educational requirement, as in the case of a dietary assistant.

Florence Nightingale, the founder of modern nursing, envisioned an education for nurses that would include both theory and practice (Nutting & Dock, 1907). Unfortunately, because nursing schools developed in hospitals in the United States, and because the need for nurses was so great, nursing education became limited to the teaching of specific techniques with little theory presented.

Over the years, some nurses have worked to make nursing education conform more closely to Florence Nightingale's ideal; that is, to include both theory and practice. Although progress has been slow, nursing education is moving out of service institutions (hospitals) and into educational institutions (colleges and universities).

In 1965 the ANA published a position paper. It stated that nursing education should take place in institutions of higher education and that the baccalaureate degree should be the minimum preparation for professional nursing. Not until 1987 did the National League for Nursing adopt that position.

"Entry into professional practice" is still an emotional issue for many nurses; it is probably the area of the greatest internal conflict within nursing. In 1975, the New York State Nurses' Association was the first state nurses' association to vote to recommend legislation requiring the baccalaureate degree for licensure as a professional nurse. They sought to make the recommendation law by 1985, 20 years after the ANA position paper, but they received a negative response and have not yet succeeded. Many states have debated the issue, but in 1986 North Dakota was the first state to pass legislation that incorporated the 1965 ANA position into their state licensing requirements.

The most accurate statement about nursing education is that no consensus exists among nurses about what nursing education should be. The length of education for the registered nurse varies greatly, from 2 years for the associate degree to 4 or 5 years for the baccalaureate degree. In the past, initial degrees in nursing were also awarded at the master's level. The few such programs in existence today (e.g., Yale University) are known as "generic master's." These programs award a master's degree in nursing, usually after 2 years of study, to persons who enter with a baccalaureate degree in another field.

The nursing doctorate (ND) is also a first degree in nursing. This degree was initiated at the Francis Payne Bolton School of Nursing, Case Western Reserve University in 1979. A student enters this program with a baccalaureate degree in another field, and after 3 years is awarded the ND. Although the program was started to "advance the professionalism and effectiveness of nursing" (Fitzpatrick, Boyle, & Anderson, 1986), there is little evidence to support that claim.

In a published evaluation of the nursing doctorate program, the authors suggest that ND graduates differed from BSN graduates from their school. Nursing doctorate graduates seemed to be promoted more rapidly than BSNs, and they aspired to more nontraditional roles and higher education than did BSNs (Fitzpatrick et al., 1986).

A recent study about the ND was conducted (Edens & Labadie, 1987). Deans and directors of nursing were surveyed concerning their opinions of the program.

About one half supported the concept and one fourth did not support it; however, there was not support for the ND to be required for entry into professional practice. The deans and directors expressed concern about the impact of the ND on the present doctoral structure in nursing. Furthermore they indicated that there was not clarity in the program's concept, characteristics, or purposes.

Graduate education in nursing also varies greatly. Master's degree programs vary from 1 to 2 years and may result in master of science (MS), master of arts (MA), master of science in nursing (MSN), or master of nursing (MN) degrees. Another new version of graduate education began at the University of California, San Francisco, and is being implemented elsewhere; that is, the "RN to MS." In this program, registered nurses who do not have baccalaureate degrees are admitted into a program that leads them directly to a master's degree, without first obtaining a baccalaureate degree.

Doctoral programs lead to doctor of nursing science (DNS or DNSc), doctor of science in nursing (DSN), and doctor of philosophy (PhD) degrees. Although the PhD is still regarded universally as the highest and most valued academic degree, the debate in nursing continues (Fields, 1988). In addition, the number of doctoral programs in nursing has rapidly increased, but there is not yet a standardized evaluation of these programs, thus quality may vary substantially.

Nursing is becoming more and more specialized, and nurses are taught many specialized skills. Yet undergraduate education is said to produce generalists, and graduate education is for specialists (ANA, 1980). Few new graduate nurses can expect to be employed on a "general" unit; more likely they will work in a specialty, such as orthopedics, gynecology, or neurology, or a subspecialty, such as neonatal or cardiac intensive care, bone marrow transplant, high-risk antepartum, or gero-psychiatry.

Collegiate education for nursing has changed the focus of nursing education from simple techniques of care to an emphasis on scientific rationale. No longer are students taught that there is only *one* way to do things. Collegiate education also stresses a broad general education for nurses so that a better understanding of human beings and society is developed. Still, a heavy emphasis has always been placed on the *professional socialization* (development of the identity and culture of the profession) (Pavalko, 1971) of nursing students, and this must continue.

Nursing falls far short of being a profession with regard to the educational criterion because of the great variability in the length and type of nursing education programs. Nursing does teach more theory and specialized content and does have a professional subculture, but with regard to this criterion, nursing in the last decade appears to have moved away from, rather than toward, the goal of professionalization and now is about midway on the occupation-profession continuum.