



The Strength of Weak Ties

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It happens every time I travel—whether for work or pleasure. If I am attending a professional conference, to meet a new client, begin a new project, conduct a workshop or presentation, mentor at Chicago’s healthcare technology incubator or even at a sporting event, I either run into someone I know, someone I met briefly on a prior occasion, or I meet someone new, but we share common connections with at least 1 (and sometimes more) colleagues. When traveling with my husband, he always mentions he cannot take me anywhere without running into someone! What also happens, especially at professional conferences or meetings, is I find myself constantly introducing new colleagues to one another for the purpose of networking, which inevitably leads to colleagues asking me how I know so many people. The answer is I work diligently at building, maintaining, and using my network.

The reason that networking is such a powerful career tool is that networks are used to share and spread information and provide support. In 1973, Granovetter¹ defined social networks as composed of structures (systems of relationships), social actors (usually in dyads), and social interactions (exchange of interpersonal resources) between those actors in which weak ties enable one to reach audiences that are not as accessible as when using strong ties. My network contains both strong and weak ties (more on this later), which over the years enabled me to improve my work performance, manage my career, search for jobs, and find support. I have also learned which strategies are most effective to maintain a network. This article reviews best practices and practical examples on building and maintaining your professional network (please note, social media networks are not the focus of this article).

WHO SHOULD NETWORK

In short, every nurse leader at every phase of their career should network. Building the structure of your network begins in nursing school and continues through “preferment” into retirement. My network contains colleagues I met as a new graduate staff nurse, graduate school classmates, and social actors from each and every career transition. What has resulted is that my network contains advertising executives, faculty members, executive recruiters, mentors, board members, mentees, policy makers, members of the media, subject matter

experts, donors, spiritual leaders, C-suite executives, and many others. As time passes, the breadth and reach of my network structure expands. Any nurse leader who needs to exchange information, access diverse knowledge, receive feedback, learn about job opportunities, or generate new ideas should network.

WHAT IS A NETWORK

As a noun, network is a “usually informally interconnected group or association of persons.” As a verb, networking is concerned with the practice of building and maintaining professional relationships used to exchange interpersonal resources.² Two characteristics of any network are structure and content.

To understand the first characteristic of structure, the nurse leader should ask how diverse or dense (i.e., strong) are the social ties that comprise my network, and is my network composed primarily of people who know each other or is it diverse with actors from many types of roles? For me, the answer is no and yes, which is ideal. I absolutely have a dense social network with strong ties among nurse leaders. Dense networks typically have strong social ties because more frequent contact of longer duration allows trust to build over time, thereby providing a feeling of closeness and support. But one drawback of networks that are too dense results in social exchanges that may provide only redundant information.^{2,3}

On the other hand, diverse or less dense networks, those with weaker social ties, are typified by their greater breadth and reach, with the actors generally operating in different social circles, resulting in a network that provides more non-redundant information. The “strength of weak ties” can result in the connection of seemingly unconnected information or individuals, resulting in the nurse leader being opened up to new knowledge, ideas, constructive feedback, and suggestions, with greater cognitive flexibility to make associations between distant ideas. My weak ties extend to those working in advertising, healthcare technology incubators and accelerators, higher education administration, law firms, venture capital and private equity investors, and others. Weaker ties tend to facilitate creativity.³ Having both strong and weak ties in a nurse leader’s network will span structural network “holes,” thereby facilitating access to novel information.⁴

WHY NURSE LEADERS NETWORK

The second characteristic of a network is content and in many respects provides insights into why nurse leaders network. The content of a network has been defined as the type of support provided, which broadly falls into 2 types: career and psychosocial.⁵ Career support such as new skill acquisition, advancement, promotion, sponsorship, exposure, protection, alternative employment opportunities, leads, and job offers are career-related outcomes of networking. Psychosocial support outcomes are greater self-esteem, well-being, self-awareness, and work satisfaction, more professional identity clarity, and with a desire for more connections. When taken together, the career and psychosocial support gained by networking often results in one having a sense of autonomy, career security, and marketability.³

WHEN SHOULD NURSE LEADERS NETWORK

Be sure to network inside your organization. Accessing unknown professional colleagues to facilitate task performance or tap into resources can be easier for those reluctant or new to networking. Volunteering to serve on an organization-wide committee, task force, a state-wide professional association board or committee, or partnering with graduate school classmates to submit a poster abstract or manuscript for publication are less daunting ways to build your network.

The time and place to network outside your organization arises in a myriad of situations: a breakout session at a professional conference, a meeting of a civic organization committee, an advisory, governing, school, or editorial board meeting, a social occasion, after reading an article, or at a think tank during a lecture presented by a subject matter expert are just a few situations. For example, when I mentor at the healthcare technology incubator in Chicago, the chief executive officers (CEOs) I meet will seek my advice or assistance with a challenge they face. This trigger activates a specific subset from my entire network,³ a subset of colleagues that possess the right expertise, information, and/or contacts that I consider connecting with the CEO.

HOW TO NETWORK

In its simplest form, a network is built by 2 actors (colleagues) in a dyad. New dyad partners, as in the example above, are constantly deciding how motivated each will be to exchange information and maintain the relationship, determining the level of access to provide, wondering how instrumental is the networking partner, whether or not the partner will reciprocate (and in a timely fashion), and how often the partner can be accessed.³ If all goes well, the dyad re-

lationship engenders good will and building trust between the partners, resulting in the mutual exchange of interpersonal resources.

PRACTICAL NETWORKING TIPS

Successful networkers promptly following through, are mutually invested and motivated to network, are trustworthy, act with integrity and benevolence, and take the initiative to stay connected. We assume that gender plays a role in networking effectiveness (e.g., “the old boys network”), but in fact, gender, age, personality (such as introvert or extrovert), attitudes, and race/ethnicity are not yet clearly understood by researchers. Some find pure joy in networking because it fulfills affiliation needs, whereas others use networking to “get ahead,” for achievement and power.

Be proactive when attending a scheduled event. Review registration and attendance lists to schedule a MOC (meal of convenience—the more familiar definition of MOC follows next!). Meals of convenience are a great way to meet face-to-face for breakfast, lunch, coffee, or cocktails with colleagues you see infrequently. The other MOC—meeting of convenience—enables a subset of colleagues who serve on a board or committee not related to the conference to meet. For example, at AONE’s annual conference, I attend the MOC for members of Council on Graduate Education for Administrative Nursing.

Other strategies include sending both handwritten and e-mail thank you notes, sharing recent research articles with a colleague interested in a certain topic, or acknowledging professional accomplishments with either a note or small gift (e.g., flowers). Consider joining an organization, committee, or board outside your area of expertise. Recently, I joined the Private Directors Association (for private company board members), serve on the membership committee, and serve as a governance coach. Publish, present, or send a quick “thinking of you” message to a colleague you do not see frequently. Finally, I have built my media network by sending notes of praise or clarification to various reporters, bloggers, and writers.

CONCLUSION

Networking can be easier than you think. Social networks as composed of structures (systems of relationships), social actors (usually in dyads), and social interactions (exchange of interpersonal resources) that provide both career and psychosocial support. Take time to nurture strong network ties, while focusing on establishing more weak ties. Nurse leaders with strong and weak network ties will realize the greatest benefits from networking.

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