

# Forging New Leadership Roles: *Forming New Perspectives*

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This article describes the necessity of forging new leadership roles that provide unique perspectives about the shared benefits of quality clinical experiences, which ultimately impact the workforce, patient outcomes, and the nursing profession as a whole. Nurse leaders are required to adapt and innovate to meet the constant demands for well-educated nurses who can work within the changing health care environment. Acute care senior leadership knowledge, skill, and experience can serve as a transformative approach to building an academic program that seamlessly traverses service and academia.

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**N**ursing is a dynamic practice- and role-based profession, and as such, not everything a nurse leader needs to know can be taught in the academic setting. Likewise, an outstanding nurse at the bedside does not always excel in leadership. The importance of combining experiences in the right way at the right time while being open to continuous learning is paramount to leading across various settings. There are numerous books on leadership, and descriptions of situational, servant, behavioral, and transformative leadership are useful. However, no single approach works best when one is confronted by constant change, not only in the workplace, but also across various work settings. The most supportive literature in this case comes from concepts of emotional intelligence<sup>1</sup> and appreciative inquiry,<sup>2</sup> where establishing strong relationships are crucial and finding out what works before trying to “fix” things is essential.

A strong academic foundation established from my roles as chair and dean of 2 schools of nursing served as an important perspective when my journey into service began with an unplanned invitation to start up and lead a center for nursing excellence in multihospital medical centers, followed by several years later repeating the same in a different organization. The combined experiences strengthened my belief that service and academia must be closely aligned and that the theory practice connection must be a lived experience. This career move brought about a critical need for knowledge transfer and innovative adaptation between academia and practice. The goal for the centers were to form system-wide oversight for nursing education, practice, research, and Magnet® with the intent to increase scholarly work, advance evidence-based nursing, and engage staff nurses, clinical faculty, and students in patient-centered care. In the midst of starting these centers, leading within academic nursing

programs required seamlessly traversing education and practice in strategic roles across vastly different settings and geographical locations. A current inaugural role, this time back in academia, continues to draw upon myriad experiences and perspectives about forging new roles and designing programs that stay true to the *raison d'être* for the nursing profession: caring for the communities we serve. Working across settings and joining efforts toward nursing excellence helps to remove the line in the sand between academia and practice in the interest of patient outcomes.

Holding true to a holistic view of nursing as a practice-based profession has proven to be critical as an academic-service leader. Whether overseeing research or bedside practice, Magnet or university accreditation, classroom or residency education, the architectural tenets of leadership that benefit patients, staff, students, and faculty requires more personal mastery than leadership training courses alone can provide. Why? Because such characteristics can only advance when we understand the need to design strategies to preserve them, and the know-how to develop these strategies happens when we say “yes” to opportunities we didn’t even know existed. Leadership skills across settings emerge when there is a demonstrated understanding of the differences between educational and patient care functions, and methods to mobilize knowledge within the academic and service sectors are generated.

## CHALLENGES

Saying yes many times leads to obvious challenges, the largest of which is assuming an inaugural role and designing a position with little more than a job description and implied vision of the person who hired you. It is a terrific, and at the same time, formidable opportunity. On the one hand, you were hired for your expertise and

creativity, and on the other hand, you don't know the full extent of the expectations. In essence, history starts on day 1. It is a humbling experience and requires authenticity while learning a new work environment, and carefully steering one's way in terms of learning organizational standards of practice, opportunities, resources, and site-specific goals. In addition, immersing into the culture, observing attitudes and behaviors, learning the rules that comes with moving to a new state, and learning the specific institutional requirements can be daunting, no matter how many transitions one has made.

There is a definite element of risk involved in forging new roles, the main ones being validation of why the position exists, what the impact will be on the organizations involved, and what decision-making authority there is in the role. These are complicated, and one has to leverage doubts about one's abilities with acceptance that new roles require understanding the context and culture of the organization. It requires gaining clarity of the mission and values, identifying key stakeholders, and jump-starting relationships, all at an accelerated learning pace. Adding to the challenge of forging new roles, one has to recognize that imposter syndrome<sup>3</sup> is a very real phenomenon, despite experience and years of service. Starting anew is a big deal. In fact, one of the major milestones to reach for is a sense of true belonging and a lessening of feeling like an imposter. This shift can occur with incremental, relatively minor successes such as mastery of stakeholder names and grasping the major initiatives of the institution. But it turns out, imposter syndrome can be an opportunity in disguise if one recognizes it and uses it to learn and grow. The notion that experts with experience "know it all" is a fallacy. Rather, experts bring the fullness and richness of their knowledge and experience to promote mutual learning experiences. Admitting to the need for a learning period and using the listening tours to your advantage are important and practical ways to strengthen one's confidence while demonstrating one's expertise. Explaining you may need more information before making a decision, asking crucial questions, and seeking out key experts tends to be disarming. In fact, colleagues tend to be very understanding when one simply and authentically behaves like the "new kid on the block" and reaches out for support.

## STRATEGIES

There is no single model for forging new leadership roles either in academia or in practice to uphold quality experiences for both students and licensed nurses. However, the leader who traverses both settings aligns with the call to action of the 2016 Manatt Report<sup>4</sup> to create practice and educational opportunities to engage schools, health systems, and individual practitioners to be partners in collaborative excellent care to promote optimal patient outcomes.

An intimate knowledge of structures and processes within hospital systems provides credibility, as does a history of leading nursing programs in academia.

However, in my experience, switching back and forth is both stimulating and unsettling, each switch requiring an element of time to readjust and get back in the groove. Although a 90-day listening tour is an ideal, it is too long for the practice setting and rarely works before one is thrust into the everyday business at hand. A successful listening tour for me was designed to engage key interprofessional stakeholders, including nursing leadership and staff, physicians, education and professional development teams, and quality and safety teams. It involves visiting and meeting with them in *their* workspace, asking 3 questions and developing a plan:

1. What's good?
2. What's not so good?
3. How can I help?

The subsequent plan establishes how often we should meet and any tasks that have emerged from the conversation, as well as determining whether there are others they suggest should also be met.

This process has been invaluable to establishing relationships. It provides a humble introduction, demonstrates interest without promises of solutions, and ensures follow-up to combine efforts. A team is formed. Strategies to straddle academia and practice, and unify student preparation with patient outcomes can be broken down into key concepts. Examples of these concepts are presented in [Table 1](#), using principles from Tye and Dent's<sup>5</sup> culture of ownership. The primary goal is to create a nimble supportive approach to shared goals across settings to maintain beneficial and relational experiences. From this, other strategies emerge such as knowing who to interact with in order to embed faculty in the acute care setting, enlisting others in a common vision and demonstrating understanding and leadership across organizations.

The most valuable tactic, even prior to starting any of the positions, was to turn up with a brief message about the new role, and to voice a vision without implying past failures. In each case, the following message, adapted from the Arnold P. Gold Foundation,<sup>6</sup> was delivered: "I am here to support connections between academia and practice, and to encourage our nurses to be as humanistic and compassionate as they are technologically and scientifically sophisticated." The importance of communicating a brief and meaningful message is that it works across all settings and ties in perfectly with the practice-based tenets of the profession.

Having an entry message provided direction and became simultaneous with conducting active listening tours, giving the "newbie" time to acclimate and be fiercely curious, carefully honoring the past while treading into the future. Nursing teaches us the importance of assessment, which proved to be vital for the new leader to proactively onboard the new role. The listening tour is not to be confused with orientation; it requires an additional investment of time to assess the new situation while balancing the temptation to become

**Table 1.** Unifying Student Preparation and Optimal Patient Outcomes

Academic Setting	Practice Setting	Strategies for Shared Purpose
<i>Establish key relationships across the health care setting, especially with chief nurses, directors of education, professional practice and research, as well as contracts and compliance officers</i> <i>Keep apprised of health care changes</i>	Establish key relationships across the academic setting, especially with deans and directors of clinical practice and research, as well as staff who manage contracts and compliance requirements Keep apprised of health care changes	Reach out, invite each other often (formally and informally), attend each other's meetings as appropriate and discuss mutual goals— <i>shared awareness and perseverance</i> Information sharing, mutual attendance at relevant meetings— <i>shared vision, purpose, and service</i>
<i>Keep apprised and involved in workforce projections and development</i>	Keep apprised and involved in workforce projections and development	Information sharing, mutual attendance at relevant meetings— <i>shared vision, purpose, and service</i>
<i>Keep apprised of changes in nursing education</i>	Keep apprised of changes in nursing education	Information sharing, mutual attendance at relevant meetings— <i>shared vision, purpose, and service</i>
<i>Introduce students to professional practice models to promote understanding of the practice environment and goals</i>	Encourage nursing staff to involve students in the professional practice model and current initiatives	Distribute models, strategic plans, goals and outcome measurements— <i>shared vision, purpose, and service</i>
<i>Instill the importance of communication across settings, making sure faculty and students are comfortable speaking up when necessary: zero tolerance for incivility</i>	Instill the importance of communication across settings, making sure nursing staff and students are comfortable speaking up when necessary: zero tolerance for incivility	Continuous relationship building, high visibility across all settings, provide workshops and manage unwelcome situations promptly— <i>model integrity, authenticity, and enthusiasm</i>
Be familiar with accreditation for clinical excellence, such as Magnet®	Be familiar with accreditation requirements for schools of nursing, such as CCNE	Information events and involvement at each other's accreditation planning and visits— <i>shared awareness</i>
<i>Provide relevant, high quality clinical experiences</i>	Provide preceptors who are committed to teaching and best practice guidelines	Preceptor appreciation events (at least 2 times a year), preceptor training, and continued faculty support for nursing staff— <i>shared integrity, service, and enthusiasm</i>

Words in italics are based on core action values for leaders identified in 2017 by Tye and Dent.<sup>5</sup>

CCNE, Commission on Collegiate Nursing Education; PPM, professional practice model; SON, School of Nursing.

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an indefatigable leader. The slowly, slowly approach evolves over time into a synthesis of wisdom and trust.

Whether joining an established academic-service partnership or not, putting together the right information at the right time with the right people empowers the leader to be well-versed in both perspectives, to think critically about complex situations and to consider important choices wisely. In every case, allotting time to establishing excellent relationships between administrators, faculty, clinicians, students, staff, and community members has been crucial to understand the scope of the position and to gain some form of consensus about the role. On a personal level,

transcending the inevitable difficulties of forging new directions is not easy, but best handled by becoming as visible as possible, getting out of the office and creating as many shared opportunities as possible. Credibility seems to arise more from actions where what you know is delivered in a respectful manner. It is not the degrees and experience, it is how you use the knowledge learned during our academic preparation. In my experience, from both the health system and the academic perspective, the single greatest enhancer of collaboration is the leader's presence.

Useful strategies to achieve presence and enhance relationships include active “walk-about” sessions,

**Table 1.** Unifying Student Preparation and Optimal Patient Outcomes (Continued)

Academic Setting	Practice Setting	Strategies for Shared Purpose
<i>Embed faculty in clinical settings</i>	Embed nursing staff in academic settings	Joint positions and/or invitations for representation at key meetings— <i>shared service and focus</i>
<i>Involve students in quality and professional practice guidelines at the hospital level</i>	Involve nursing staff in clinical curriculum setting	Invite nursing staff to SON to teach the value of a PPM, and encourage students to attend quality and professional practice working groups in the hospital settings— <i>shared enthusiasm and vision</i>
<i>Use technology to simulate real-life experience toward gaining confidence and competence</i>	Provide students with a safe practice environment toward gaining confidence and competence	Clinical faculty and clinical preceptors co-teach simulation and electronic health record trainings— <i>shared service and focus</i>
<i>Support transition to practice programs for newly graduated RNs as well as advanced practice nurses, including nurse practitioners</i>	Support residency programs for newly graduated RNs as well as advanced practice nurses, including nurse practitioners	Create nursing advisory board roles for residency programs that are shared among faculty and staff— <i>shared service, vision, and focus</i>
<i>Encourage faculty to facilitate relationships in practice settings</i>	Encourage practice settings to facilitate faculty relationships and involvement	Joint positions, research fellowship programs, doctoral projects— <i>shared service, vision, and focus</i>

Words in italics are based on core action values for leaders identified in 2017 by Tye and Dent.<sup>5</sup>

CCNE, Commission on Collegiate Nursing Education; PPM, professional practice model; SON, School of Nursing.

authentically demonstrating interest and creating opportunities to join forces among chief nurses, directors, managers, staff, and students. This is generally well received, as is showing up on an acute care unit, not as an administrator, but as a collaborative partner. It provides an opportunity to model leadership, for example, by sitting and engaging with patients, enlisting nurses to participate in unit or system governance, or supporting them with advanced projects, including their own scholarly work. Involving staff to design their own shared governance processes has been key to enabling nurses to challenge processes and enact innovative improvement methods. The resources provided by the Center for Nursing Excellence largely mirror the resources faculty share with students and often results in presentations, publications, and life-long mentorship.

Shared academic-service initiatives can provide a perfect opportunity to enhance the comfort level of nurses and nursing students across the continuum. In this instance, comfort can be described as a feeling of being given strength (from the Latin, *con-forte*) to ensure positive experiences of being in partnerships as respected participant. Examples include holding joint professional practice workshops, and research fellowship programs whereby university faculty mentors are paired with nurses in practice settings for a 1-year period to design and follow through a project from inception to

publication. In addition, regularly scheduled academic-service gatherings, such as a breakfasts or wine and cheese celebrations at school and practice settings are opportunities for sharing vision and support. The more embedded the faculty become in the acute care setting and the more interactions that occur, the more collaborative relationships emerge until there may be little distinction between who belongs in academia or practice. Patients benefit across the continuum of care when nurse leaders share knowledge and engage in achieving incremental long-term goals together. Staff and students who are aware of the close collaboration appreciate the support from academia to practice, and vice versa. The end result is a shared mature strategic vision for optimal patient outcomes.

A council format in a hospital system for shared governance is another way to have practice and academia inform each other. If faculty are entrenched in the acute care setting, in so much as they are known around the hospital and participate in shared governance councils, the bidirectional pathways for information sharing is greatly increased. Faculty members hear for themselves, for example, that patient falls are an issue and can emphasize the real-life situation in their classrooms. Such feedback and subsequent awareness by everyone at the bedside, including students and newly graduated nurses, leads to congruency and joint efforts to address problems, a win-

win for patients who typically cite engagement of the staff and continuity of care as one of their greatest needs.<sup>7</sup>

Despite ever changing projections and figures, the aging population and retiring nurses, or those leaving the profession, far outweigh the demand. Not only is the demand high, but the complexity of care calls for well-educated, highly prepared professionals who are ready to hit the ground running in their new positions. This puts immense pressure on hospitals and nursing schools to sustain the quality and preparedness (beyond traditional education) of nurses, either new to practice or new to a role. Again, this is a prime area for the academic-practice leader to be involved. The health care sector wants nurses to emerge from school with competence, and often question why it is so hard to ensure nurses are ready for practice. Equally, academic programs have only so many practice hours in every program of study, and both entities recognize that in these rapidly changing times, the need to identify opportunities for nursing students and professional nurses to participate in health care through a variety of joint ventures is essential. Neither defines the other; it is important, therefore, to stop thinking purely about performance and start thinking about strategies to improve care. In response to the need for training programs, several organizations have introduced “transition to practice programs” to help bridge this gap, including formal “residency” programs. Sharing initiatives and goals means there is a higher likelihood of isolating trouble areas and finding opportunities for potential solutions, such as examining reduction of health disparities, enhancing quality in care delivery, and facilitating research initiatives.

The mutually beneficial goal to unify student preparation with optimal patient outcomes requires an acute awareness of health care policy and practice changes, risks and challenges of various populations, and a continuous analysis of care that is functioning effectively and competently. Exploration can take place at the curricular and clinical levels, inspiring students and nurses to develop leadership skills to influence positive changes. This is where leadership is crucial in creating curriculum-to-career opportunities. At the academic end, the leader must be acutely aware of the dynamic and constant changes in strategies for excellent delivery of care to involve faculty to incorporate emerging innovations and trends into the curriculum. Similarly, doctor of nursing practice and other graduate students need to engage in practice improvement projects and can have an enormous impact in the service setting. However, unless the service arena is well informed about nursing education’s needs critical gaps occur in the vital clinical instruction of future nurses. The role of the academic-service leader is grounded in constantly forging and seamlessly interacting between the 2 arenas.

A large part of the academic-practice leader’s role is cocreating residency programs for new graduates, graduate nurse education, integrating nurse

practitioners where there are none, and investigating innovative pay per use models. This involves seeking funding opportunities, building alliances, working with other leaders to support such residencies, and ultimately, measuring outcomes. Preliminary anecdotal data from patient satisfaction measures in hospital settings shows patients and their families<sup>8</sup> benefit from the holistic approach of nurses in acute care settings, and studies are underway to follow graduate nurse residency program outcomes for nurse practitioners and their patients.<sup>9</sup>

## SUMMARY

While traversing academia and practice is neither a typical or easily planned pathway to leadership, this article shows how holding unique, high level positions across sectors provides opportunities for collaboration with forward-thinking leaders and practitioners, supporting the principles of professional clinical practice throughout the curriculum, the community, and beyond. Preparing students and nurses to be nimble and open to continuous learning and development is consistent with professional development and strengthens their ability to transcend the inevitable difficulties. Ultimately this promotes a robust work environment and optimal patient outcomes.

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