Educational Leadership in Nursing: Supporting cultural change to develop research capacity in novice nurse academics

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Introduction

The question of leadership in nursing education is one that has been examined extensively in the literature. In this paper, the authors will initially provide a vignette written in the first person aimed at illustrating the ethos of the university in which they work. This vignette will then be followed by an analysis of actions and strategies used in a capacity building project aimed at developing novice nurse academics’ research skills. Theories of transformational leadership, and contingency theory of leadership are discussed in relation to the processes used, thus illustrating the application of theory to the practice of nursing leadership in the academy.

Creating Opportunities for Research: A three-part vignette

The School of Nursing and Midwifery Staff Break Room, one Autumn afternoon

It was a non-teaching week, which meant you could have shot a gun down the corridor of the School of Nursing and Midwifery and not hit anyone other than the skeleton that lurks in the corner. As I sat having a cup of tea downstairs in the dungeon with a fellow researcher, one of our colleagues, a lecturer, came in huffing and puffing. In the general chit chat that followed, we were taken aback to hear how disenfranchised this person felt. She was frustrated by the fact that to get promotion you needed to research, but to research you needed to have research track record - and how was that going to happen with the teaching load she had?!

My Office, One Month Later...

As I sat working away at my desk, the phone rang. It was a project officer from a state government's office of the chief nurse asking if I was interested in being seconded for three months to run a research study for them exploring the role of nurses in remote or isolated areas of the state. In my mind my immediate reaction was, no way! I already had until the end of the year mapped out and there was no time for a project the size of the one they were proposing. We kept talking, however, and I asked the caller to send me some more information with the promise that I would get back to him. Once I had found out that the budget was a respectable $80,000, I thought it was time to speak with the Head of School to see what we could do to make this possible. Together we sat and brainstormed a process for how the study could be undertaken, what the outcomes would be for the school, who could be involved and if whether it was possible to meet the three-month turnaround. While we sat chatting, I remembered the story from the tearoom and relayed this to the Head of School. What did she think? Could we do anything to build research capacity through this project? How could we do this and maintain a high standard of quality? Who had expressed a desire to be more research active during their performance development counseling meetings?

Making It All Happen in Twelve Short Weeks

Together the Head of School and I identified the resources that we would need from a human and financial perspective, "white boarding" the issues as we went along. Once we had put together a project plan and reached agreement with the Office of the Chief Nurse about a revised research design, a call went out to the whole school for expressions of interest to participate as research assistants with the three identified chief investigators. At the same time, we negotiated with the Associate Professor holding the Teaching and Learning portfolio to facilitate workshops on interviewing and data analysis for the beginning researchers that included developing a vision for the project. In the end five academics volunteered to be involved. These staff were deployed to the remotest areas of Queensland to collect the data, a process that involved interviewing nurses about their practice. Interviews were digitally recorded and uploaded onto a secure website from which the chief investigators downloaded the recordings and had them transcribed for analysis. When the interviewing team returned, their initial activity was to undertake a first pass analysis of the transcripts before a large workshop was held where the entire research team worked on the analysis. Once this process was complete the chief investigators produced the final report. The entire research team also divided themselves into writing teams and together drafted a number of manuscripts for publication.

Nursing Leadership in the Academy

In a contemporary university environment that is subject to ongoing change cycles, the idea that there is one type of successful leadership style is outdated. Dynamic workplaces mean that nurse leaders in the academy must be much more politically and financially aware than ever before, with a leadership style reminiscent of a chameleon. Because universities are essentially organic organizations (French & Bell 1973) operating in an environment of flux and change, leadership styles also need to
be adaptive to changing circumstance and new opportunities. Such a milieu has led to a cycle of vulnerability for nurse leaders who live with ongoing uncertainty. Engaging in the cycle of vulnerability entails nurse leaders admitting their susceptibility to failure because of changing circumstance, being willing to take risks to adapt to change, and acquiring new knowledge to meet the challenges implicit in the change process (Porter O'Grady & Malloch cited in Bunkers 2009).

**Transformational Theory: A dominant influence on nursing leadership in the academy**

In the discipline of nursing, transformational leadership is cited as the most influential of the range of leadership theories used to explain and underpin practice (Evans 2007; Marquis & Huston 2006; Yoder-Wise & Kowalski 2006). A transformational leader in nursing can be defined as “someone who can motivate others to perform to their full capacity by influencing a change in perceptions and by providing a sense of direction” (Courtney, Nash, & Thornton 2004, p.13).

The focus of transformational leaders is the individuals with whom they work; this motivates the way that they perceive opportunities and plan for action in an inclusive manner. In the preceding vignette, this process is apparent in the way that both the Head of School and chief investigator approached the possible research consultancy from the perspective of who could be included, and who would benefit from being included. In doing this a new synergy was being created (Yoder-Wise & Kowalski 2006) between experienced researchers and a group of predominantly teaching-intensive academic staff members.

Characteristics of transformational leaders centre on the way in which they connect with the individuals with whom they work. Personal characteristics such as charisma and the ability to inspire are particularly influential in motivating others to follow their vision. Bondas (2006) identified four distinct paths to positions of leadership in nursing: path of ideals, path of chance, path of career and the temporary path. Nursing leaders that followed a path of ideals into leadership roles were enthusiastic, listened well, placed importance on honesty and strived to be worthy of others' trust. In order to establish relationships based on these principles, transformational leaders rely on their personal charisma and ability to inspire. As well, they place a high level of importance on transparency (Milton 2009) in their activities to promote trust and high levels of engagement between themselves and others.

Five key practices of transformational leaders have been identified (Evans 2007), that provide a framework for analysis in the discussion that follows. These are:

1. Challenging the process
2. Inspiring shared vision and bringing everyone together to move forward
3. Enabling others to act
4. Modeling the way, and
5. Encouraging the heart

**Challenging the Process**

Key to meeting the changing and competing demands of the contemporary university sector identified as underpinning a fruitless search for one stable leadership style is challenging existing processes. In many ways this contradicts the second of the leadership theories addressed in this discussion: contingency theory. Contingency theory argues that leaders need to be able to fit their response to a given situation on the structure that they exist within (Yoder-Wise & Kowalski 2006). Instead of transformational leaderships that focus on individuals, contingency leadership begins with the structure of the organization and melds processes to fit this to create an outcome congruent with the organization (Zinn, Brannon, Mor, & Barry 2003). The focus of this leadership style therefore is organisationally dominant, rather than individually dominant, with priority given to organisational outcomes, some of which can be tied to key performance indicators.

In the vignette provided, existing processes were challenged; instead of a small team of experienced researchers undertaking a piece of commissioned research, a large group of mostly inexperienced researchers were employed under the supervision of mentors. The focus in this situation was on individuals and their identified needs and this is what drove the project.

**Inspiring Shared Vision**

Thompson in his writing about leading research, states that this requires "thinking big and in new ways" (2004, p.199). Thinking big is intrinsically tied to sharing a vision for change that includes challenging current practices. Inspiring a vision that an entire team can aspire to must also clearly include the high expectations required of everyone in the group to meet goals along the way (Yoder-Wise & Kowalski 2006).

In the initial stages of the research project described, time and effort were invested in working with the entire team to create a shared vision for the project, that being to create a medium for the voices of nurses working in remote or isolated areas of Queensland to be heard. The research team was committed to this vision, which in turn was tied to the principles of social justice for a group that they conceptualized as being marginalized and silent.

**Enabling Others to Act**

In the brainstorming of the research project, it was identified from the recount of the lecturer's story about feeling disenfranchised that there was a need to include capacity building prior to the novice researchers going out into the field. The need to enable others to act was met through facilitating workshops on basic skills such as interviewing and data analysis. Such a pragmatic strategy was based in addressing the reality of these lecturers' lives, where even though there is an expectation that they are familiar with basic research processes, the application of these is a different story. Leadership in research needs to be realistic about being connected with others' reality...
Thompson (2004) which includes a scarcity of time, knowledge and skills. The provision of highly structured workshops was influenced by contingency theory which emphasizes the importance of task structure in order to increase efficiency and effectiveness (Watkins 1986).

**Modeling the Way**

Transformational leaders as role models is a dominant theme in the literature (Evans 2007; Yoder-Wise 2007; Yoder-Wise & Kowalski 2006). The importance of role modeling in developing nurse academics’ capacity to research is clear (Records & Emerson 2003). Like interviewing and data analysis, writing research manuscripts for publication is another new skill that needs to be developed through doing with, rather than doing for. Because of time constraints in the case of the research project described earlier, the chief investigators drafted the final report for submission to funding body. A key goal of the entire research team, however was to publish the findings in peer reviewed journals, and to this end, writing teams of experienced and novice researchers were formed. In this process, appropriate journals were identified, sections of manuscripts allocated and an iterative process of writing began. By role modeling through doing with, building the research capacity of the entire team was a continuous process. Skills in writing for publication and ethical reporting of data from large research projects were enhanced through the opportunities provided to the team during the writing up of data from this study.

**Encouraging the Heart**

Consideration of individuals and positive affirmation are key planks of transformational leadership theory and action (Yoder-Wise & Kowalski 2006). Listening carefully is part of valuing individuals and our vignette describes the launch pad for an exciting study that included many new researchers other than the one who ‘sounded off’ in the break room many months ago.

Listening and affirming individuals’ frustrations and problems exemplify encouraging the heart in this exercise. As the team moves through to completion, acceptance of manuscripts for publication has been a powerful incentive to build on their newfound knowledge and skills by enrolling in higher degrees, and participating in future research projects. This process was reciprocal, however, as the chief investigators were also to learn much from the process of working with novice researchers and witnessing their development as part of the team.

**Conclusion**

Developing novice nurse academic’s potential as researchers is an ongoing challenge in the majority of schools of nursing and midwifery around the world. The demands of teaching are such that little time is left to invest in beginning a research career without assistance. This paper described the experience of capacity building novice nurse academics at the beginning of their research careers through the application of strategies aligned with theories of transformational leadership. Undoubtedly the most dominant theory of leadership in nursing is transformational leadership. There is little to suggest that contingency theory is used other than very occasionally. Rather, the reality of our situations is always taken into consideration in the way we challenge traditional processes and work with others to create a shared vision for the future.

**References**


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