Business Education for Nurse Leaders:
A Case Study of Leadership Development in a Vital, Highly Gendered Industry

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Working Paper

Running head: Nurse Leader Development Program

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In the U.S. and globally, the current shortage of nurses could have crippling effects on health care systems, yet within healthcare nurses are the most underserved by developmental opportunities, especially in terms of organizational leadership and business-related education (Bazarko, 2011; Benner, Sutphen, Leonard, & Day, 2009). To address this gap, we developed a program focused on the cultivation of executive mindset and enterprise-level organizational knowledge and skills in nurse leaders, under the auspices of the executive education division in a business school. Since inception, we have delivered the program three times, during 2011, 2012, and 2013. Feedback from participating nurse leaders and their organizations indicates that the program is successful as evidenced by post-program evaluation, demand for future program offerings, and discussions about creating additional versions of the program.

At least one company that sent nurses to the program also created an extensive in-house "wrap-around" to augment the on-campus program. This program extension was created to ensure that nurse leaders received ongoing support, mentoring, and career sponsorship, as well as the additional enrichment necessary to ensure a strong return on investment for the individual, her or his team, and the organization. Early evaluation indicates that nurse participants have made significant impacts in this organization and have accelerated their career progression at a rate greater than other high-potential nurses in the organization.

We believe these results are due to program curricula that addresses developmental needs common to anyone transitioning from technical and manager roles into executive roles, as well as developmental leadership needs unique to this population. The unique needs result in large part from gender and identity dynamics in medicine and health-related business organizations,

which profoundly impact nursing as a profession, healthcare as an industry, and nurses entering organizational leadership in particular (Cummings, 1995).

Below, we explore some of the issues that confront nurses moving into leadership in healthcare, summarize program curricula and delivery, and present evidence that the program results in participants becoming more effective in leading strategic initiatives and organizational change projects at system, organization, and team levels. We offer our experiences in the hope that they inspire similar offerings for nurse leaders, not only because this group is greatly underserved, but also because we strongly believe that nursing represents a vital voice in the search for solutions to the global healthcare crisis, yet this group receives the least attention to gaps that may prevent them from more powerfully and effectively participating in this process.

The Nurse Leader Challenge

The shortage of nurses in the U.S. and globally could be crippling for healthcare systems, particularly at a time when resource demand is on the rise (Bazarko, 2011; Buerhouse, Auerbach, & Staiger, 2009). In order to meet the demands of the Affordable Care Act, it is critical that nurses are prepared to serve in a variety of leadership roles to effectively contribute to delivery of safe, high quality, and affordable patient care; develop new models of care; and be drivers of the organizational changes that lead to healthier and safer work environments and make healthcare as an industry work better for everyone.

Despite the urgency of these challenges and opportunities, nursing is the most underserved group within healthcare in terms of education generally and business-related education specifically (Benner et al., 2009). Few organizations are investing in the development of nurse leaders who possess the skills necessary to lead change at a time when the healthcare landscape is evolving radically. This underinvestment likely reflects broader societal devaluing

of care work and those who perform it, as well as cultural beliefs that nurturing and relational styles and values are mutually exclusive with the strategic and agentic values identified with Western leadership (Eagly & Chin, 2010; Eagly & Karau, 2002). A recent report released by the prestigious Institute of Medicine (2010) put forth an urgent call to action to address these gaps in developing nursing executives and leaders.

Gender dynamics impact many organizations in many industries, however we believe there are also particulars by industry that are important to consider. The institutionalization of divergent norms and values in different professions within an industry is a factor that recent literature reviews suggest are under-emphasized in business leadership research (Gardner, Lowe, Moss, Mahoney, & Cogliser, 2010; Jackson & Parry, 2011). We believed addressing these issues explicitly would be vital with this population, and one benefit we hope for is increased interest in addressing industry-specific gender dynamics with research, especially in healthcare.

As we assessed this situation, we discussed together and with other stakeholders in the program two sets of questions, among many others:

1. To what extent should we directly address gender issues generally and gender issues manifested in healthcare and nursing? Time is always at a premium in executive education programs. How could we make sure participants were acquiring the knowledge, skills, abilities, qualities, and perspectives any aspiring organization executive needs, while also addressing barriers and opportunities unique to this population, given their identity as *nurse* executives?
2. How could we maximize the "value add" of the program both for participants and their organizations? For nurse leaders, given cultural patterns of the devaluing of care workers, it was especially important to assure outcomes of real and immediate value

to organizations' strategic imperatives in order to facilitate maximal positive impact on participants' careers.

Gender Dynamics in Healthcare

With many clinical and technical professionals, moving into team and organizational leadership is a challenge in part because their education generally lacks leadership content and experience. In nursing these issues are even more complex due to professional values clashes and gendered dynamics that have been institutionalized over a century. In healthcare, leadership frequently consists of three professional groups, each with strong professional identities: nurses, physicians, and organizational or business professionals (for short, if not literally, RNs, MDs, and MBAs). Each identity encompasses deeply institutionalized and strongly held sets of values and norms, and these three sets of values and norms are often in conflict with each other. Each of the three also encompasses linguistically different ways of describing patient care. Identities such as these are critical to how leaders develop (Day, Harrison, & Halpin, 2009).

Relational and caring values are pivotal in feminine identity formation across cultures, and care forms a central value tenet in nurse identity formation. In contrast, physician education and much business education imparts strongly held independence and agentic values (Cummings, 1995; Eagly & Karau, 2002). Given a man and a woman with the same resume, research has shown that men are more likely to be seen as potential leaders, in part because leadership is associated with these values in Western cultures (DeRue & Ashforth, 2010; Koenig, Eagly, Mitchell, & Ristikari, 2011)

As a profession, physicians pride themselves on being scientists and are focused generally on treatments and outcome measures. Similarly, business and management specialists are trained to focus on financial and economic efficiencies. Although things are now changing,

nursing education, in contrast, taught nurses to focus on each patient's experience of care, at times without clear regard for resource consumption or outcomes. In addition, there are other gendered traditions in healthcare, such as nurses being seen as assistants or handmaidens to doctors (Cummings, 1995).

Thus, as nurses move into leadership and work more closely with physicians and non-clinical business leaders, they may face both internal and external threats to their identity, including being affiliated with "self-important" doctors and "uncaring" business people by those they used to work with, and being seen as "overreaching" or as "advocating for a cost center" by those they seek to influence, as represented in Figure 1.

Insert Figure 1 about here

The research we undertook to prepare for the program suggested unique challenges that come together in nurse leader identity formation and competency development, as represented in Figure 2: gender and power in health care, clashes of identity values between clinical nursing and business leadership, and dilemmas posed in transforming from nurturing, caring roles into those involving business acumen. We designed the program curriculum to address these three elements in interrelated ways and in sessions specifically designed to address each individually.

Insert Figure 2 about here

Although evidence from research literatures on gender in business, management, leadership, and nursing all strongly suggested that the dynamics represented in Figures 1 and 2 would have impacted participants in the program, we also confirmed this using participants' perspectives. During a session of the program, we asked participants to respond to a brief open-

ended survey, which included the question, “Do you think gender issues impact your leadership in healthcare?” We informally content-analyzed the responses and present them in Table 1. In addition, we held an interactive session on the existing nurse leader brand identity versus participants’ desired brand identities.

Insert Table 1 about here

Examination of Table 1 reveals three primary challenges that almost every participant mentioned (and it should be noted that approximately 15% of respondents were male), as well as one opportunity. The challenges include struggles with participants’ feminine style effectiveness in masculine-dominated environments; struggling with stereotypes and biases about women as leaders; and effectively articulating the value of their leadership, the contributions of nursing, and their own teams’ impacts. The participants also pointed out that nursing currently had some strong female leadership, which is an opportunity for nursing to leverage. We believed that participants would be better equipped to deal with the identified challenges by a program that addressed them directly through modules on business communication, leadership styles and development, and executive presence, and in addition by facilitating an explicit examination of beliefs participants may hold about their own identities as nurses and executives.

Similar issues were also uncovered in the interactive session on nurse leader brand. Specifically, participants identified that one element holding them back from embracing the healthcare leader identity is the clashes with their “old” notions about nurse identity, as well as the subtle and not-so-subtle ways other members of the three professional groups identified in Figure 1 react and respond to them as leaders.

The Program Curriculum: General and Organization-Specific Extension

Given budgets for nurse leader development, we were limited to two four-day modules. The curriculum is summarized in Table 2. Examination of Table 2 reveals specific sessions addressing identity directly, such as sessions on nurse leader brand and leadership development, including one explicitly tying these to gender, as well as sessions on business acumen. Each session was designed to both deliver content knowledge and perspectives, and to contribute to one or more of the integrative elements of leader development, business acumen, and the strategic project. These three elements provided an opportunity to synthesize material from each session in a holistic way. Each of the three is summarized below. A fourth integrating element was us as the lead faculty team—one of us is an MBA professor with extensive experience in leader development and one is a nurse executive with extensive experience in healthcare; the latter also allowed us to leverage the opportunity identified in Table 1.

Insert Table 2 about here

The first integrative element is leader development, including learning about the leader self-development process (Orvis & Ratwani, 2010; Rothausen, 2011). This portion of the program included specific sessions on leadership and executive presence and applied leadership development categories that were tightly tied to the business acumen and project elements as well. Six categories of leader development activities recommended in the research literature on leader development were explicitly covered and also woven into the program, including developing goals and plans; education and continuous learning; processing of past leadership experiences as well as leadership experiences that occurred between modules 1 and 2; a 360-degree leadership assessment from the participants' current team and leaders and discussion of other assessments; intentional development of relationship such as mentors, sponsors, and peer

coaches both in the program and outside it; and reflection (see Day, 2012; Rothausen, 2011; Yost & Plunkett, 2009).

Although the elements of the leader development portion of the program are too numerous to fully describe here, one feature in the relationship category is peer coaching. For this element of the program, participants were matched in pairs by program staff and reviewed by us. Pairs were matched for similar levels of responsibility and ease of relationship sustainability, with other factors also considered. Before meeting their peer coaches, participants' experiences with peer coaching were discussed, and a model for strong peer coaching presented (based on Parker, Hall, & Kram, 2008). Pairs then engaged in structured sessions with each other in order to get feedback on their development plans and other elements such as the 360-degree assessment feedback report.

The business acumen portion of the program was based on foundational competencies of the MBA with a focus on management and leadership elements as well as ethics, which is a foundational element of the business school hosting the program. As part of program development, we reviewed critical areas of study in current MBA programs, with special attention to gender issues (e.g., Datar, Garvin, & Cullen, 2010; Kelan & Jones, 2010). Many nurse leaders have learned these subjects on-the-job or through company training without a theoretical, strategic foundation. Business acumen elements were woven into both the leader development and applied project as well. After each business acumen session, participants had an opportunity to reflect on their need for further development in that particular aspect of business acumen and brainstorm resources available to them to meet any ongoing development gaps in these areas. In addition, each element was brought in to the development and execution of the applied strategic projects.

The applied strategic change project involved each participant developing a project proposal for strategic change and getting feedback from their manager and a program sponsor before the program started. A minimal project summary was submitted prior to acceptance into the program. Many evening sessions of the program (not listed in Table 2) involved using specific planning tools to develop the project further. In addition, actions taken between module 1 and 2, as well as explicit consideration of leadership learning from these project execution steps, was woven into sessions toward the end of module 2.

In addition to this program, one forward-thinking organization that sent participants also developed an impressive program extension, which leveraged the learning from the program to drive home all three primary integrative elements by building further on the foundation the program established. This organization determined that it was important for their nurse leaders and their organization to augment the existing program in order to cultivate long-term sustainability and garner greater return on nurse leader and organization investment. Leaders in this organization saw that the education and peer networking afforded through the standard program provided strong foundational learning and cross-organization peer benchmarking, feedback, and support. However, without structures in place internally to assess ongoing learning needs; provide strong mentorship, coaching, and sponsorship; and facilitate long-term ownership and accountability for driving organizational changes and improvements through the projects, it was less likely that short-term changes would translate into long-term benefits for the participant and the organization.

This one year program “wrap-around” was managed exclusively by the organization, and added additional elements to the program foundation, as well as putting robust longitudinal

outcome measurement in place. The additional elements added are listed below, and evidence of their effectiveness is reviewed in the next section.

- Post-program 360-degree assessment with measurement of changes from the initial program 360. Changes in manager, peer, and subordinate feedback were assessed.
- Ongoing peer coaching delivered through a peer participant in the program. This organization worked with program staff from the university to ensure that peer coaches for its nurse leaders were from other units of the same organization.
- Assignment of a career sponsor. In order to increase structure and accountability, career sponsors ensured that each nurse leader had a senior executive in the company looking out for her or his ongoing career advancement. This involved a commitment to creating visibility for the nurse leader through networking opportunities and high profile assignments, and ensuring that the nurse leader was considered, when appropriate, for future assignments and positions in the organization.
- Formal checkpoints for the project after the completion of module 2 that provided ongoing structure and support in order to increase the sustainability of the learning that had occurred during the program foundation. This involved a midpoint and final project review with an audience of company executives that included participants' managers and career sponsors.

Evidence of Effectiveness

Evidence of the effectiveness of this program includes evaluations of each session, open-ended surveys delivered at points throughout the program, anecdotal evidence gathered by

program staff about growth noticed in participates during and after the program by their organizations, and the fact that most organizations involved continue to send nurse leaders to the program. However, here we focus on participants' self-evaluations and self-reports of learning. Self-evaluations of learning are used extensively in management and education literatures and, although not without drawbacks, are valuable. Evidence suggests that self-perceived learning correlates relatively highly with outside evaluations of learning in situations where feedback is provided and for learning interpersonal skills (Sitzmann, Ely, Brown, & Bauer, 2010), and is thus appropriate here.

Toward the end of the program, an open-ended survey was distributed which included the following questions: "What were your biggest 'learnings' over the program about you as a leader?" and "What specific tools or ideas have you learned in this program that will help you be a more effective leader?" We content analyzed these responses into broad categories, and the results are presented in Table 3. Examination of Table 3 reveals that the most frequent participant responses to these questions involved four categories: greater understanding of themselves as leaders with self-awareness of strengths and challenges and how to address them, communication and personal agency in leadership, executive mindset, and leadership identity formation and confidence. Given our intentional efforts to address identity issues, we were especially pleased to see that the program had the desired effect.

Insert Table 3 about here

In the organization that added the program extension, there is more and more robust evidence of effectiveness. Since the launch, this organization has sent 22 nurses to the program. Early indications show that program participants are experiencing significantly higher promotion

rates, assuming greater levels of responsibility, and being retained at higher levels than their peer group, which includes other high performing nurses in the same company. In addition, the peer coaching element of the program has resulted in long-term cross-unit partnerships. Participants report that these are powerful connections did not exist prior to the program, and most have continued to the present day. In addition to the same categories of outcomes in Table 3, participants in the extension of the program report significantly expanded networks both internally and externally, more awareness of best practices, and an increase in their levels of company perspective in that they are more aware and appreciative of challenges outside their own areas and now take an enterprise point of view. Participants' managers also report these same improvements in participants.

Conclusion

Our experiences with this executive education program for nurse leaders in health care suggests that closing leadership gaps in skill, identity, and confidence is an achievable goal, even in a highly gendered industry and organizational context, without losing feminine gendered identities. We believe that this is possible when gender and professional identity are explicitly addressed alongside other strong program elements. Participants are more aware of gender and professional norms and are therefore able to choose which values and norms to retain and which to let go. They and their managers report that they are more effective leaders after going through the program. Given high turnover rates among nurses, the shortage of nurses, and research findings that show that managers have a major impact on engagement and retention of their team members (Rothausen, 2013), improving leadership skills in nurse leaders, from nurse managers up to CEOs of organizations, is vital to the retention of the best nurses as well as to developing the leadership strength organizations need to contribute to the health of healthcare. We hope our

work inspires similar business leadership programs for nurse leaders. It is vital that we fill the gap in educational opportunities for many reasons, including that it is critical that nursing voices are empowered in order to facilitate our collective ability to address the current healthcare crisis.

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FIGURE 1

Examples of Identity Threat in Health Care Leadership

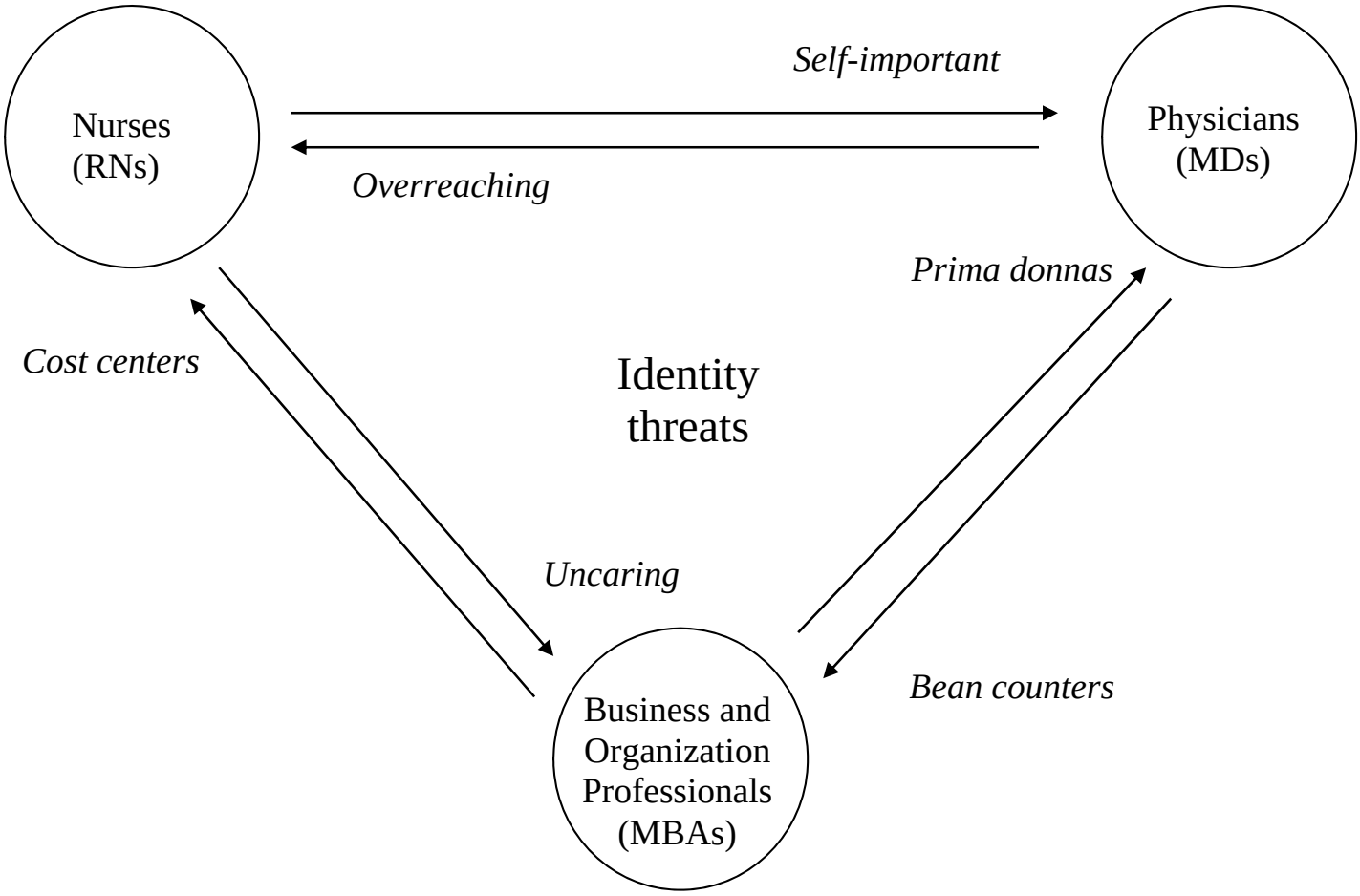

FIGURE 2

Conflicting Identities and Knowledge Gaps for Effective Nurse Leadership

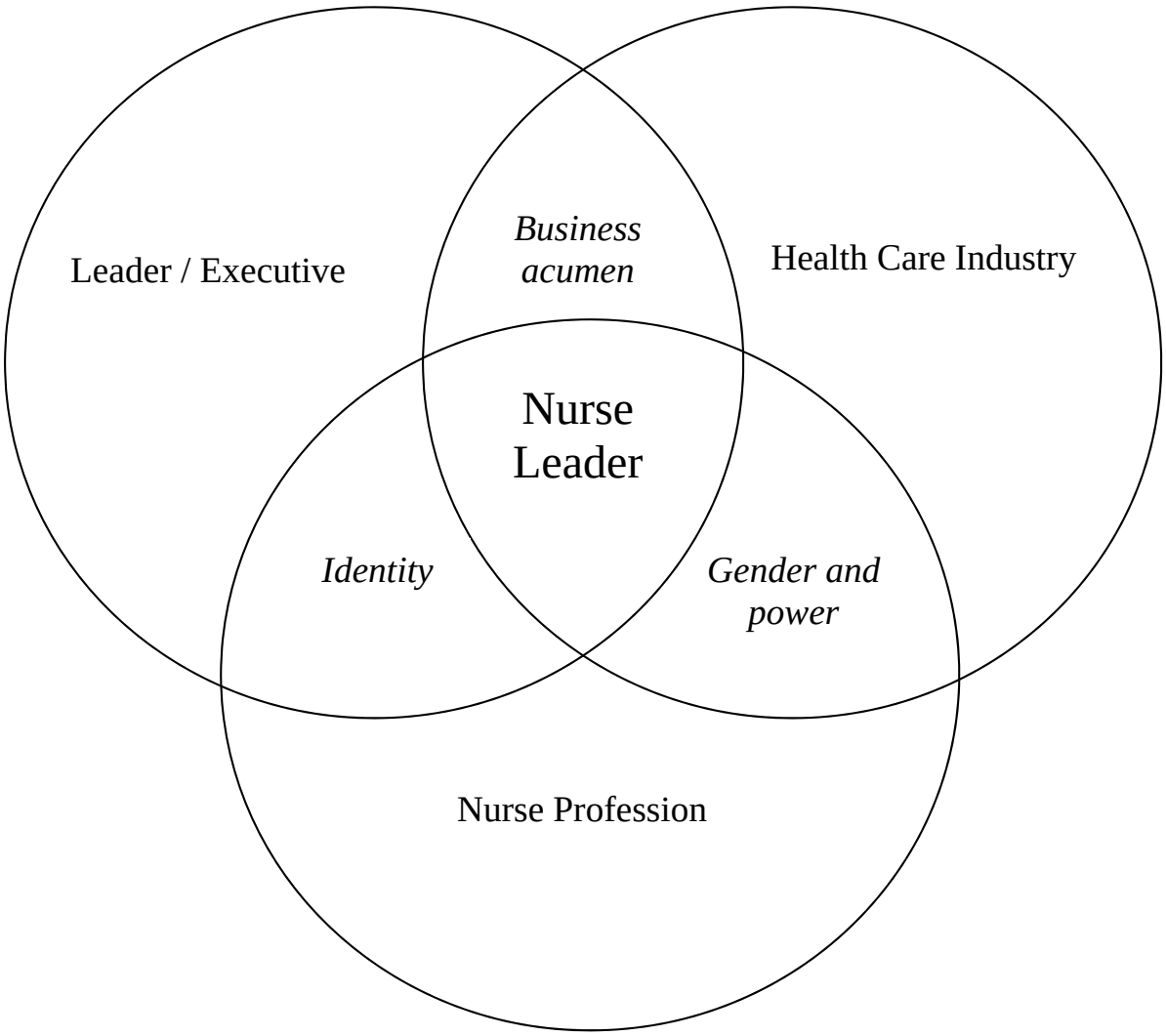

TABLE 1

Gender Issues Identified by Program Participants [a]

Issue	Sample verbatim quotes
Challenges	
Leadership style development and networks	"I use a more rapport-based than power-based communication style, and have (therefore) not been effective in self-promotion. Two positions I applied for and was qualified for were filled by men (due to this)." "Men have better networks and are better at self-promotion." "I am learning how to have a stronger, well-prepared voice when in a meeting with a large percentage of male physicians." "(I have) reluctance to be self-promoting." "(Many male leaders) use the 'I've been in this business a long time' approach—good ol' boys." "I need to be more present at large meetings."
Stereotyping and battling automatic bias	"(Gender) can definitely lead to stereotyping and passing judgment or jumping to the wrong conclusion." "It's challenging to move forward and advance and to be seen as an equal." "Women have to continuously prove and validate worth and expertise. Men often (are able to) rest on their prior and old achievements." "Males (are) the majority of senior leadership—thus leading is from a 'male' point of view." "As a woman, I think there is a glass ceiling to how far a 'nurse woman' can get."
Effectively articulating value	"I am still surrounded by men in business (and fail to effectively) translate the intangible value of investing in nursing. Most of the senior leaders at my hospital are men who…(see) physicians alone…as the…important role." "(Women can be) more passive and willing to let others or the team take credit for work." "I (need to) ensure that our senior VP who is male is aware of all that we are doing and its impact across the organization." "I was taught it was impolite to 'toot your own horn' as a female, and that has carried over as a leader."
Existing opportunity	
Role modeling	"My leaders are all female, which has been very inspirational for me." "I think we are fortunate in nursing—it might be harder for males to get leadership roles for once." "My VP and President are both women and nurses."

[a] Participants were responding to the question, "How do you think gender issues impact your leadership in healthcare?"

TABLE 2

Curriculum at a Glance

Module	Session Title	Integrative Elements		
1	Program Introduction	Leader Development Process, including Presentation on Personal Leader Brand	Business Acumen	Applied Strategic Change Project Planning, Execution, and Presentation
1	Leadership and Executive Presence			
1	Health Care Economy and Systems			
1	Executive Decision Making: Keeping Values and Ethics Central			
1	Leader Development: 360 Feedback and Peer Coaching			
1	Strategic Business Development and Marketing			
1	Executive Communication and Presentations			
1	Leader Development Planning			
1	Nurse Leader Brand and Gender			
2	Nurse Leader Brand and You			
2	Financial Analysis: Using Your Financial Statements			
2	Change Management			
2	Operations Process Improvement and Quality in Healthcare			
2	Leading Diversity			
2	Strategic Human Resource Management			
2	Leader Brand Presentations			
2	Project Presentations			
2	Conclusion and Wrap-up			

TABLE 3

Program Outcomes Reported by Participants [a]

Personal leadership self-development and awareness	"I learned about areas in which I need to focus to grow as a leader and move into (higher level) leadership (as well as) actions *I* need to take to get there." "I am now aware of my weaknesses and strengths and need to take intentional steps to build on them further." "I already have some strengths I could begin to capitalize on." "There are proven tools that exist, I don't have to reinvent the wheel every time." "Strategic development for myself is required, not just strategic business development." "The benefit of taking time to develop a plan for leadership development." "I need to use my strengths more."
Communication and personal agency	"Style, word choices, directness will let me be more effective." "I have to be an advocate for myself." "I need to take more time with self-promotion, instead of focusing only on work delivery." "Ask for what you need… Put yourself out there and take risks." "Develop my brand, and don't be afraid to share it with my leaders." "Making the next move when (the opportunity) comes up, or looking for (the next opportunity) actively." "Communicate what I am involved in and promote/inform what my leaders are involved in so it is known (across the organization). "Express my passion (for my work)."
Executive mindset	"Higher level thinking, self-awareness and strategies to do my best thinking." "I can display my self-confidence without appearing boastful." "Owning my competence and showcasing my expertise is not only valuable for me, but to my company, and ultimately to those we serve." "How to demonstrate authentic behaviors and mindfulness." "What my leadership brings to a group and the impact of that."
Leadership identity formation and leadership confidence	"I learned that I am well on my way to being a leader—I (hadn't) often don't think of myself in those terms." "I belong (as a leader)." "I really am an executive!!" "I don't even know where to begin! I have learned an incredible amount over the past few weeks. I feel like I've been given some great tools to move forward and to grow into a confident leader." "Overall raised my leadership competency."

[a] Participants were responding to two questions: "What were your biggest learnings over the program about you as a leader?" and "What specific tools or ideas have you learned in this program that will help you lead more effectively given gender dynamics?" These are representative comments, not comprehensive. Answers that only one to three participants gave are not reported.