

“The Right Stuff”

I was once asked in an interview, “When did you first know that you were a leader?” The interviewer wanted to find out whether I had been a leader in my early years, but I found that question difficult to answer, as it seemed improper for me to admit that I grew up thinking of myself as in any way exceptional. Before college, I had been selected to give a speech welcoming the bishop at our confirmation and had been the first girl to be president of a parish youth group, but these experiences didn’t make me think of myself as a leader. My view of leadership, even at the time of that interview, was still shaped by some residual notion of a leader as “the great one,” because while I was growing up I had been encouraged to read the lives of statesmen, scientists, and saints for inspiration (all noticeably lacking in female role models). Since I didn’t see myself becoming president of the country, destined for a Nobel Prize, or ready for martyrdom, I didn’t see myself as prime leader material. I wanted to be a good nurse, but back then I didn’t see nurses as leaders who could inspire movements or headlines.

CHARACTERISTICS OF LEADERS

Historically, leaders have been described in *heroic* terms. Read the literature on the characteristics shared by leaders, and you might conclude that they are some combination of the following traits: intelligent, responsible, persistent, perceptive, self-confident, sociable, articulate, dominant, determined, cooperative, trustworthy, dependable, friendly, tolerant, influential, motivated, outgoing, upright, tall, and masculine (Northouse, 2013, pp. 19–42). Although some of these traits seem to apply equally to women—being responsible, trustworthy, and friendly—others clearly do not. Men are typically regarded as agents of change—assertive, dominant, authoritative, competent—whereas women are viewed as more communal—warm, sympathetic, kind, helpful (Carli & Eagly, 2011). You can imagine women being perceptive more than dominant, and this difference gives women leaders a documented advantage in settings or positions that place a premium on collaboration and a disadvantage in those that value toughness (Eagly, 2007). But on the whole, leader stereotypes remain predominantly masculine (Koenig, Eagly, Mitchell, & Ristikari, 2011), which induces a kind of schizophrenic thinking if you

are a female nurse: You've absorbed all the descriptions of leadership and nursing and may feel fundamentally split between wanting to be a trailblazer and a nurturer, with the two seemingly irreconcilable though they are not in reality. Men in nursing have a problem, too, because even when they are expected to lead, they may feel that they still aren't permitted to do so in nursing because they're not seen as sympathetic enough.

In more recent times, the leadership literature has seriously questioned the longstanding exclusive emphasis on whether the person in charge has the right stuff on the grounds that leaders are substantially influenced by the situations they encounter, including their ability to harness their followers. In this view, a person might be an effective leader in one situation but not in another one. Tagliareni and Brewington (2018) prefer the notion of "roving" leadership whereby everyone is expected to be a leader depending on challenges and circumstances.

However, even those who think that a cataloging of attributes isn't enough to explain leadership tend to put forward their own lists of desired traits (Hackman & Wageman, 2007). And those lists can be off-putting because they usually include more positive attributes than most ordinary people see themselves as either possessing or acquiring in a lifetime devoted to self-improvement. Admitting that you are a leader takes considerable self-assurance, but owning up to having leader-like virtues may be even more difficult, particularly if you have been raised to be modest and self-effacing, as many women have.

In recent years, I heard a Latina physician who was a semi-finalist for a prestigious grant answer the question "We are going to have a hard time selecting next year's awardees from this talented pool, so tell us what makes you special?" with "Oh, the pool is talented and I don't think I'm any more special than anyone else." Needless to say, the final decision didn't go in her favor, because she was judged to lack the pluck required to put herself forward in this competitive situation. But it isn't just women who may have a tendency to be unassuming. A man who comes from a culture that emphasizes collectivism (e.g., Native Americans, Asians) is more likely to have been schooled to act deferentially than someone taught to think more individualistically (Chang et al., 2011).

Nursing has not been untouched by the fascination to break leadership down into certain attributes of personality and character. Like other fields, our profession has studied acknowledged leaders to try to figure out what the accomplished have in common. Intrigued by the subject as a result of their experience in the Robert Wood Johnson Foundation's Executive Nurse Fellows Program, Houser and Player (2004, p. xv) interviewed 12 nurse leaders who were widely recognized for their achievements and concluded that each was visionary, scholarly, resilient, committed, courageous, responsive, creative, innovative, thoughtful, and humble. Although their positive regard for humility runs counter to the preferential weight usually given in the leadership literature to dominance, their selection of that trait does demonstrate a dilemma for many nurse (and female) leaders: They are expected to be the best but simultaneously also expected not to be self-important. All of the other traits Houser and Player saw as characterizing the group they interviewed had much in common with the literature on leadership and were qualities that are useful across a range of situations. You see some of the same competing forces in a more recent study of personal attributes expected of nursing deans. They are expected to have vision, courage, and passion, and simultaneously be facilitating, sharing, and supportive (Wilkes, Cross, Jackson, & Daly, 2015).

The longing to figure out who has "the right stuff" and how it can be taught to others is strong. Even those who resist inventories of qualities concede that some sets of attributes are important. Sternberg (2007) argues that leaders

synthesize *wisdom* (seeking common good, balancing personal aspirations with helping others, attending to short-term and long-term needs), *intelligence* (academic, practical, and emotional), and *creativity* (problem redefinition, problem analysis, risk taking). Yukl (2006) and Zaccaro (2007) emphasize other sets of leader attributes: *cognitive capacities* (creativity, general intelligence, grasp of complexity), *personality qualities* (openness, sociability, risk tolerance), *motives* (drive for power, need for achievement), *social capacities* (emotional and social intelligence), and *problem-solving* (problem statement and solution generation).

What is comforting about the search for what constitutes "the right stuff" is that there is considerable overlap in the list making of various experts. They all emphasize some combination of astuteness, ingenuity, and cordiality. What is also obvious is that one is not born with most of these traits. Although heredity may make you more or less intelligent and extroverted, family life, experience, and education hone the raw material. You can learn how to meet and greet, even if you are naturally shy. Eleanor Roosevelt proved that. You can learn to look at situations in more than one way even though you first learned that there was one correct way of doing things. That is why critical thinking is a staple of professional education. You can learn negotiation skills even if you didn't know much about the give and take of such exchanges when starting out.

I find it useful not to think of leaders as destined to succeed, because thinking of them as born that way keeps them beyond reach. The more that leaders are defined as innately special, the more we can excuse ourselves if we're not like them and rationalize our passive behavior by saying, "I'm not cut out to be a leader." If we think we can grow the dispositions and skills they have over time, then the focus is on what we're going to do to move in that direction, and moving forward occupies our attention. This produces better momentum.

The reality is that nurses as a group have in large measure what leaders are supposed to possess. First and foremost, we are taught to value problem-solving (i.e., the nursing process), systems thinking, and the common good. Even if some of us aren't extroverts, we are all socialized to develop empathy, value interpersonal relationships, and respect cultural differences, all of which are central to emotional and social intelligence. Integrity is a core leadership trait, and Americans have given nurses the highest marks when asked to rate the honesty and ethical standards of various professions for the last 16 years (Brenan, 2017). Given the competitive nature of admissions to nursing schools, today's nurses do not lack academic intelligence, but their test scores may be less critical to their leadership potential than their strong practical intelligence. Practical intelligence, which has been described in military structures as applying knowledge gained from experience to the solution of everyday predicaments, could be a definition of nursing (Hedlund et al., 2003). Effective problem-solving is what is needed for a changing world with complex social problems and that competency is at the heart of our practice profession (Mumford, Zaccaro, Harding, Jacobs, & Fleishman, 2000). It is important to remember that practical thinking is as important, if not more important than IQ, when it comes to ensuring a productive future for society because real wisdom is the use of one's abilities for the common good (Sternberg, 2017), but to do that you first have to take yourself seriously so you can be taken seriously by others.

TAKING YOURSELF SERIOUSLY/BEING TAKEN SERIOUSLY

Nurses as a group may not be as prepared for leadership in some respects. More nurses than physicians and lawyers start out as the first in their families to have

completed postsecondary education, so they may lack the social ease and graces that individuals growing up in more educated and affluent families possess; for example, being comfortable with nonfamily members in a broad array of circumstances or expecting that the influential will pay attention to you if you ask for something. Florence Nightingale, I would argue, was able to exert the leadership that she did because her family travelled in elite social circles; thought leaders and politicians regularly came to her family home for dinner so she was not afraid to talk with them (or to argue with them).

The less educated and poorer you are, the more you tend to be fatalistic, the exact opposite of thinking that you can make a difference. And even when you go to great lengths to obtain higher education, your family may “tease” you about getting “too big for your britches” because they fear that you will leave them behind and start thinking that you are too good for them. This is a theme beautifully articulated by the mother in the 2016 movie “Queen of Katwe.” She is proud of her daughter becoming an international chess champion, but is afraid she will lose her child to the enticements of the larger world where she, the mother, doesn’t belong. Feeling ambivalent about success can stoke the kind of indecisiveness that can prevent you from deciding to take advantage of opportunity.

I have thought a great deal about the difference it makes if you grow up with role models and in family circumstances where you are used to holding your own. I happened to be in the same high school class as Nancy Pelosi (2008), the first woman to be Speaker of the House and then re-elected in 2019. Her family of origin was not wealthy, but her father was Mayor of Baltimore for 12 years after serving five terms in Congress. She was also the only daughter after six sons (one died young), which made her more comfortable from the start, I think, in dealing with men than I was growing up in a decidedly matriarchal family. Before she had finished high school, she had met many famous people, including Jack Kennedy.

I remember talking with her over the phone one time before she was elected to Congress. She was then head of the Democratic Party in California and recommended that I get in touch with a very famous physician to get some help from him in an area that we had discussed. I thanked her for the recommendation, but got off the phone knowing that I was not going to follow up and call him as she had suggested. I didn’t think he would care to be bothered by someone like me even if I told him Nancy Pelosi told me to call. I recount this story because I have thought about the situation many times since her rise to power. The 21st century me would now make the phone call. Since then I have learned that people pay attention to you if you act as if they should, but it was to take me more years and more experience before I really began to think that someone like him would pay attention to me.

I contrast my own experience with that of Afaf Meleis, formerly dean at the University of Pennsylvania School of Nursing, who grew up in Egypt watching her mother become the first Egyptian nurse to obtain a doctoral degree. She learned early on to be fearless, persuading the Chancellor of the University of Alexandria to let her matriculate there at age 15; 16 years was the minimum age, but she argued successfully that 15 years was 16 years in the Arabic calendar. After coming to the United States for a master’s degree, she wanted to stay on to get her doctorate. However, she didn’t want to be away from her nuclear-engineer fiancé any longer, and Egypt wasn’t letting young scientists like him leave the country. Anguished about the matter, she decided to write to the Egyptian President Gamal Abdel Nasser. She didn’t tell her fiancé what she had done, so imagine his surprise when he was called into his boss’s office and was handed a

note written by Nasser that read, "Could you please take care of this and let him out of the country?" (Tiger, 2008). That much success early on in getting institutions to bend to your will would reinforce that you are the kind of person to whom people pay attention.

I don't want to leave the impression that one or two successes in getting what you have lobbied for will transform anyone into a confident person who will never again settle for either the status quo or an initial negative response. You have to learn to keep trying, noticing along the way that the proverb "ask and you shall receive" requires you to ask in the first place. The more you push what is important to you, some measure of what you ask for will come to pass, and each success builds confidence that you can effect change. Over time, residual hesitancy dissipates, in part because you soon realize that no one is successful all the time.

Nurses are taught to make good judgments, but we are not expected to be decisive in the "ordering" way that physicians learn, so our resolve may even look different. Our tendency to insinuate information—implying a course of action without giving a definite opinion—may seem indecisive just because our speech is more indirect (Stein, 1967; Stein, Watts, & Howell, 1990). Because our practice is structured by professional standards and institutional policies/protocols, what we do is likely to look more programmed than it is, with the consequence that our creativity in applying standards is sometimes underappreciated and unrecognized even by us. Take, for example, the ingenuity behind workarounds. Nurses are famous for workarounds, being challenged by poorly performing work systems—missing supports, broken equipment, omitted information—yet coming up with nonstandard methods for accomplishing their goals (Tucker, 2009). This is practical knowledge in action and a resourcefulness leaders need (though workarounds can also be a safety issue because they introduce additional variation into the situation).

The overall tendency in nurses to be indirect in their speech has itself been shaped by the larger issue of how women's and men's conversational styles affect their language choices, who gets heard in our society, and who gets credit (Tannen, 1994). The conversational differences between women and men—women are more tentative and men are more definite—have consequences within nursing. I have seen men in nursing use simple-declarative sentences, and their female counterparts mistakenly (and angrily) hear them as ordering them around. I have seen women in nursing use complex compound sentences, and their male counterparts do not hear them as providing direction. The string of "would you" and "could you" phrases in the request obscured the underlying message that the woman thought she was sending.

Although there are big differences between what is true of nursing as a profession and what is true of nurses as individuals, it can be helpful to consider where our professional values dovetail with expectations of leaders and where they do not as you calculate your personal strengths and challenges. In circumstances where you do not feel like a leader, it may be helpful to remember that you are part of a profession with many desirable attributes. It may also help to remember that feelings may not be the most accurate indicator of your abilities. You can be very effective and still feel subpar because of lack of sleep and exercise. What matters more is that you understand the overlap between what you have been taught to do as a nurse and what leaders are expected to do.

In my opinion, the whole issue of energy is often left unaddressed in the leadership literature, yet we all vary in how healthy we are—stamina changes with age and/or chronic illness—and how much time we can put into work. I have worked every configuration of part time, full time, and double time, and

my schedule in any year was determined by a host of factors; for example, family responsibilities, length of commute, life stage, and drive. Simply put, motivating others to accomplish a mission and then figuring out how to get there requires an assortment of behaviors, and that goes well beyond what it takes to maintain what is already in place. When I was a new graduate, it took all of my concentration to do what I had learned to do in school. When I was a new mother, I was creative but limited my work investment, so I could juggle family, job, and ailing parents. When I was an empty nester, I was able to take on all sorts of new challenges, because by this time I was experienced and not weighed down by as many home responsibilities. Although energy and time are not the same, you may be less likely to take on new challenges during those periods when juggling work and family seems all consuming.

Leadership is associated with drive, and investment in guiding others will depend on the time available. The former means that you must take care of yourself—attending to nutrition, exercise, sleep, relaxation, and frame of mind—so as to have the energy to concentrate on other matters. The latter means that you are likely to embrace the demands of leadership differently at different stages. One study of mothers in academia found that they spent 23% more time on household tasks and 75% more time on caregiving than fathers in academia, so it is not surprising that they wound up devoting 8% less time per week to their professional responsibilities than their male counterparts (Mason & Goulden, 2002). In a more recent, broader sample of working parents, the gap had closed, but working mothers still put more time into caregiving and household tasks. And twice as many mothers (40%) as fathers (20%) believed that being a parent had interfered with their career advancement (Pew Research Center, 2015).

In some circumstances, working women may devote somewhat less time to job-related responsibilities than their male counterparts, but that doesn't mean that they aren't enriched by the seesawing back and forth between the pulls of work and family. Juggling roles can be enriching or depleting depending on whether the combination is energizing or overwhelming, with both men and women experiencing more enrichment in the shift from their traditional sphere of influence to the nontraditional domain—work to family for men and family to work for women (Rothbard, 2001).

If anything, I found renewed pleasure in employment when I became a mother because that pursuit got me away from being swallowed up by the home front, but my investment in family also gave me some sense of perspective when I was bothered by job-related anxieties. When my teenage children sometimes treated me as if I didn't know the ways of the world, having a regular pay check was a comfort; when I had to deal with a convoluted personnel matter at work, I took an added measure of pleasure in how straightforward the delight of a daughter's hand-drawn card saying "I love you" can be. This notion that you are enhanced when you "don't put all your eggs in one basket" is in keeping with the longitudinal findings of Maas and Kuypers (1974) who studied adult development from ages 30 to 70 and found that those who aged best were not one sided (and this was an unexpected finding at the time).

When you are in the early years of a career, it may also take some time for you to recognize the extent of your own ambition. It was only after I had accomplished what society (and my parents/in-laws) expected of me—that is, getting married and having the requisite two children—that I began to come to terms fully with my own ambitions. I was fortunate enough to have a husband who regularly asked "What do you want to do next?" even when I wasn't raising the question myself. What surprised me was the fact that I always had an answer when he posed that question, often one that took me aback because I didn't see it

coming. My answers surprised me and forced me to give more thought to what I wanted to make of the rest of my life.

I didn't set out to be a leader, but I also began to see over time that I had some abilities in that direction. The first time you think "Even I could do better than that," you mean that more as an insult to the person you're criticizing than you mean it as a compliment to your own abilities. However, if you find yourself regularly thinking some version of "I could do better than what is now in place," then you should, in my opinion, redirect your energies away from the disapproving part of that stance and seriously contemplate your leadership potential. You may just be right—you could do better! Said or implied often enough, "Even I could do better" is likely to get you invited to assume more leadership, and refusing to accept this challenge will look more unseemly over time. You (and others) reach a point of "put up or shut up."

I once heard France Córdova, formerly president of Purdue University, talk about her career trajectory. The oldest of 12 children, she found her studies to be a respite from all the babysitting that occupied her early years. An English major in college, she eventually followed her Apollo 11–inspired passion with the stars and became an astrophysicist. She did not set out to become an administrator but pursued opportunities when offered. She described herself as fearless, a quality she came to value in herself as she saw how many people were riddled with fears. Whether owing to her firstborn status in a large family or other experiences, she came to appreciate the "take charge" aspects of her own personality. As I listened to her speak, I was impressed with how so many of the "take charge" experiences that she had had were comparable to those most nurses have in dealing with people riddled with fears. We know how to allay worries, mobilize resources, and put together a reasonable plan of action, and this is leadership. But even if you are able to function well in situations that distress others, you may still shy away from accepting leadership challenges.

It is so much easier to criticize others than to assume the responsibilities of leadership. I can do a really thorough analysis of a situation, and take pride in that ability, but that's not the same thing as figuring out how to improve matters and then moving forward in that new direction. Going on to next steps is scary because criticizing allows you to cling to your moral superiority indefinitely (I know what "better" looks like); doing something about the situation leaves you open to criticism from others if things don't go as expected. In addition, assuming the challenges of leadership can expose any residual ambivalence you may have about exerting power.

POWER ISN'T A DIRTY WORD

It took me a long time to get comfortable with the word "power." I wanted to exercise influence, but going after power struck me as incompatible with being caring. Exerting power did not seem as unladylike after I read French and Raven's (1959) classic description of different kinds of power. The first three—reward power, coercive power, and legitimate power—are typically conferred by the organization in which you work. You may have a title that legitimates your sphere of influence in that institution, and that position may carry with it the ability to reward some (recommending for special opportunities) and penalize others (disapproving merit pay increases). There is also the power that comes from the person. Expert power is wielded by virtue of education and experience; if you are knowledgeable, then the information you possess is a form of power. Finally,

there's referent power, meaning the influence you have when others want to be like you or admire you. A good example of the latter is society's aforementioned high regard for the integrity of nurses, a trust that can be converted into power in certain situations.

Many nurses are not comfortable admitting they have power because the word seems more associated with dominance than tending to others (Rafael, 1996), and I was no exception. Only gradually did I understand that without power, what I wanted to do would not be accomplished. And if nurses didn't move forward nursing's long-treasured values, who would? The mistake I made originally was thinking that power equaled telling others what to do, and that tactic didn't strike me as likely to be successful in most circumstances. And it isn't! Once I realized that the exercise of power could take many forms other than swagger and bluster, then I became more comfortable in exerting my authority. I even came to enjoy exercising authority that didn't look on the face of it like old-fashioned autocratic power. Many times I have said something strong or difficult prefaced by the words, "It would be remiss of me as _____ [use any title you have] if I didn't point out that _____." In these instances, I have deliberately referred to my position to legitimate my opinion, moving the issue out of the personal domain and framing my strongly expressed opinion as part of just doing my job.

Nurses exercise an enormous amount of power by doing their jobs. If you think about power not as coercion but as influence, then it is clear that nurses of every stripe shape countless matters every day. They determine whether mistakes are caught, problems are noticed before they do damage, families know what to do when a member goes home, and hospitals get accredited. They do triage in the emergency department, explain what the physician meant when patients are puzzled by jargon, and help provide meaning at the end of life. The issue isn't whether nurses have influence but whether they act as if they make a difference and don't hesitate to point out when they do (nicely, of course).

There are some that say "Power causes brain damage" (Useem, 2017) because the powerful over time tend to stop seeing other people's points of view. They get so used to telling others what to do and being center stage that they lose perspective. Owen and Davidson (2009) wondered if one danger for the powerful is hubris syndrome where you begin to use the royal "we" in conversations, exhibit contempt of others, lose contact with reality, and allow moral rectitude to override considerations of practicality. I mention this extreme because I find this to be a good reason for nurses not to be shy of power. As a group, we tend to remain very grounded in the realities of daily life, no matter what positions we eventually hold, and as such our profession is less likely to fall prey to such an extreme loss of empathy.

The other word typically associated with discussions of power in nursing is "empowerment," meaning the development, within the situation in which you operate, of a climate that encourages you to do what you believe needs to be done professionally (Manojlovich, 2007). Does the environment in which you work value nurses who give voice to their viewpoints? You are considered to be empowered if you can achieve some measure of control over the content, context, and competence expected of nursing.

I have mixed feelings about this construct. On the one hand, I truly believe that you need to have that kind of control to get the job done and settings do vary in how supportive they are. However, on the other hand, there remains about that word "empowerment" the suggestion that some external force will shape whether you feel emboldened to act on your existing authority, and that's too passive for my taste. I have seen nurses argue that the environment did not empower them as

a justification for what they weren't able to accomplish, and I've never been sure whether they could have accomplished more if they hadn't believed that they first had to be empowered. Like leadership itself, should the focus be on having "the right stuff," in this case being empowered by the organization, or on moving to act in terms of the authority you already professionally have?

Complex person–environment interactions shape one's perceptions of empowerment. Take the example of self-esteem, which waxes and wanes over the life span—growing in childhood when views of self may be unrealistically positive, dropping (particularly for girls) during adolescence with social comparisons and external feedback, then growing during the adult years as power and status build, and declining with age as retirement and loss take hold (Robins & Trzesniewski, 2005). Self-esteem does not necessarily predict achievements, but self-views do matter because they play a major role in organizing our perceptions of reality, which then influence our subsequent behaviors (Swann, Chang-Schneider, & McClarty, 2007).

Simply put, if you think that you have authority in a situation and can make a difference, then you are more prepared to act accordingly, even in the face of difficulties. If you feel unsure of yourself, you are all the more likely to handle perceived rebuffs ineffectually (Sommer & Baumeister, 2002). What is particularly fascinating is that there is some evidence that people keep putting themselves in circumstances that reinforce how they already see themselves, so those with positive self-views prefer to interact with those who see them positively and those with negative self-views too often continue to associate with those who see them negatively (Robinson & Smith-Lovin, 1992).

This tendency of the depressed to associate with the depressed and the optimistic to associate with the optimistic has profound consequences in how empowered each of us might feel by our environments. I had a running dispute with someone who used to report to me. She would regularly argue that our university was not properly supportive to some people, and I would respond by reminding her that it was, like all institutions, just a bureaucracy, and what varied the most was not the university but how faculty and staff responded to opportunities. Some of my colleagues seemed to apply for every opportunity that was posted, whereas some others always said that they hadn't received the email message that went out to one and all describing the opportunity. Obviously, I am being glib in de-emphasizing the role that supportive environments can play in encouraging risk taking and acting authoritatively, but it is to make the larger point that it is "seeing the opportunity" that may be as important as supports in place. More about the importance of optimism in Chapter 4, *Sustaining Optimism*.

PRETENDING CAN BE A LEADERSHIP STRATEGY

Maybe you think I have come dangerously close to maintaining that there isn't such a thing as objective truth and it's all in your head. I assure you that I don't believe that. I do believe, however, that what story you tell about your reality—"they never listen to nursing" versus "nursing is appreciated by most"—will shape what you can make of your reality. In my own life, I've gone so far as to say to myself, "They may all be organized against me, but I choose *not* to think that's true, because if I do then I don't know where to go from there." In my view, it is better to overestimate support than to feel paralyzed by indifference, and "pretending" there is support may sometimes even get nonsupporters to act that way in the long run.

I have many times had the experience of being asked to join a group where I wound up being either the only nurse or the only woman, and hardly anyone spoke to me at the beginning. Instead of assuming that they did not value my input, I kept coming back and sitting with different people at different times. Over the months, more people talked to me; over the years, I even became an important member of the group and no one remembered that they had initially invited me to join the group with reluctance. The self-consciousness at the onset was difficult to handle, but my behavior changed the behavior of others. If I had assumed at the start that they simply didn't care, then the transformation simply wouldn't have happened.

I take "pretending" very seriously because I once knew a new PhD who was hired at Harvard to work on a major research project supported by the National Institute of Mental Health. She was thrilled by the position because it would give her an opportunity to work with a very famous psychologist; let's call her Marcia. A few months after she arrived, however, Marcia died suddenly and my friend became, with much trepidation, the principal investigator. Years later when the book resulting from the project was being universally praised, I asked her how she managed to accomplish what she did straight out of graduate school. She said that she often didn't know what to do, being so new to such responsibility, so she would regularly ask herself what Marcia would do. She always had a sense of what Marcia would do in a difficult situation, even when she didn't know how to provide leadership herself in that situation.

Her strategy made sense to me. When you are new in a leadership role, you may not feel comfortable at the start, acting from your own authority, yet you know enough to have a sense of what that mythical creature "the good leader" would do in that situation. I have used that ruse in my own life. When I was a brand-new dean and didn't know how to handle something, I would regularly ask myself, "What would a good dean do in this situation?" and that ploy helped me brainstorm ideas. Over time, you need to do this less as the distance between who you are in relation to some idealized leader narrows.

In many ways, this chapter may seem a bit perverse. Instead of elaborating on "the right stuff" leaders should have, I have spent more time admitting that the assumption of leadership can be scary and that you might start off just pretending to be a leader. Admittedly my approach has been shaped by the disenchantment many nurses have expressed about assuming leadership positions: "Don't know if I can do it;" "Not sure the effort is worth it." I have heard doctorally prepared nurses say that they would rather write a grant proposal than attend a leadership conference, because they don't intend to become leaders. In most instances, they're equating leadership with some administrative position that they would prefer not to occupy. My own view though is that you can either be an ineffective leader or an effective leader, but nurses do not have a choice about becoming a leader because **inspiring and catalyzing others to work together to achieve a shared mission and shared goals in a complex world that is constantly changing** is a requirement of being professional. My intention in this chapter has been to make it seem less daunting—attributes can be cultivated; ambition can develop; and power need not be exercised in an uncaring way.

There is, however, one attribute I do value more than any other, and that is *perseverance*, meaning that you are prepared to persist in trying to realize your core values no matter what the obstacles. Perseverance isn't a stylish, elegant quality, but it is the one that matters in the long run. The "Teach for America" Program has found that a history of perseverance is the best predictor that someone will make a great teacher (Ripley, 2010). If you are not the smartest or bravest or most eloquent person you know, you can still become a great leader if you

persevere. I think the August 2009 period of mourning for Senator Ted Kennedy brought that lesson home. He was by his own admission deeply flawed, but he persisted after public humiliations that would have stopped others in their tracks, and his legislative determination in service to core values made a huge difference to the country. I like him as a role model because he personifies a view of greatness to which we can all aspire, one that is shaped by thousands of steps all directed toward public benefit.

Let me end this chapter with what might be either the ultimate perversity or the ultimate comfort—a reminder about the wisdom of crowds. Large groups that meet certain conditions—diverse, independent, decentralized, and capable of being canvassed—have a collective wisdom that is smarter than their leaders, meaning that no matter how brilliant the leader is, the group as a whole is better at problem-solving, innovation, and predicting the future (Surowiecki, 2004). Because nurses are used to working with others (patients, their families and communities, and other professionals) in order to obtain what is best for the patient, they have many opportunities to draw the best out of the collective wisdom.

If you can draw the best out of others, you don’t have to worry about whether you are smart enough, forceful enough, or self-confident enough to be a leader. Leadership ceases to be having the right stuff and becomes more a matter of getting the right stuff out of others, a task for which nurses are generally well prepared. If you ask key stakeholders what they think should be done, chances are that you will get some very good ideas about how to proceed, and what is more, those you canvassed are likely to think highly of you because you had the sense to ask them for their opinions. Meanwhile, you have also bought yourself some time to weigh the issues thoughtfully, and that in itself is likely to make the resulting plan better.

KEY TAKEAWAY POINTS

- Leaders develop over time rather than being born with “the right stuff.”
- Nurses as a group possess many of the abilities that leaders are expected to have; for example, integrity, practical intelligence, and systems thinking.
- Thinking “Even I could do better than what’s in place” may be an indicator of readiness for new leadership challenges.
- Nurses see themselves as caring so they may be uncomfortable with exercising power, but if they do not take control of their practice they will not be able to achieve what is important to them and their patients.
- Beware of the dangers of waiting to feel empowered before acting on the authority you already have professionally.
- Self-views matter because they organize how we see reality, which, in turn, influences the next round of what we do.
- Never hesitate to “pretend” to be a leader.
- Leadership is less a matter of brilliance and more a matter of persistence and being able to access and use the collective wisdom of others.

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