

As the profession moves forward into this new millennium, the need for strong nursing leaders at all levels and in all areas of the profession has been greater. Strong leaders are needed in hospital, professional organizations, in community organizations and in educational. Strong visionary leaders are needed in educational institutions to guide the faculty who will prepare the Nurse of the future. The earlier literature in this century frequently identified leadership as a managerial function. In healthcare, until recently, strong management skills

ership to shape the professional environment of today and the future. According to Ukande (1999) nurse education leader create the environment where "... the teachers enjoy the roles of creative educationalists and the students excel in academic achievements and professional development". Transformational leadership may be the means to achieve this environment.

Transformational leadership occurs "...when one or more persons engage with others in such a way that leaders and followers raise one

another to higher levels of motivation and morality" (Burns, 1978).

Transformational leaders have the ability to articulate clearly a vision of

the future and to engage others in such a way that all work towards the same vision. Transformational leadership is based on an exchange or transaction between the leaders and the follower. Tichy and Devanna (1986) describe transformational leadership as a three-act play. In the first act the leader is able to develop awareness in others of the need for revitalization; the second act involves the leader and others developing a shared vision; and the third is institutionalizing change. Transformational leaders:

- Identify themselves clearly as agents of change who want to make a difference;
- Are courageous, but take prudent risks;
- Believe in people and work toward empowerment of the individual;
- Are able to describe their values and demonstrate them in their behaviors;
- Are life-long learners;
- Have the ability to cope well with

complexity, ambiguity, and uncertainty; and

- Are visionaries who can translate dreams and images to others (Wylie, 1994)

There has been a great deal of research on the effect of transformational leadership behaviors of Nurses. A traditional leadership style was found to significantly influence Nurses' job satisfaction (Morrison, Jones & Fuller, 1997). Nurses with managers who exhibited participative/transformational leadership styles were found to have a higher self-esteem and placed higher value on their service (Does, Kramer, & Hatton, 1992).

The Nurse education leader uses a participative management style, in which faculty are involved in decision of the School. Ukande (1999) refers to the education leader creating a "we" feeling among the staff and students. The education leader must be able to delegate responsibilities, together with authority and accountability. For the faculty to grow, they must be encouraged to freely voice opinions, share in the decision-making and enjoy increased responsibility. An additional component of leadership in mentoring, including the mentoring of students in practice settings, the mentoring of new Nurses and the mentoring of new faculty. The origin of the concept of mentoring is well documented, it is said to originate from Homer's *Odyssey*, in which Mentor, a wise and trusted friend of Odysseus, took on the rearing of his son in his absence. The concept depicts the mentor as an older, wiser person who guides a younger person's learning and development. A mentor listens, encourages, provides information and assists the novice gain confidence and enhance skills. The Nurse education leader also

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have received more emphasis on leadership. Fedoruk and Pin come (2000) state, "If Nurses are to assume leadership positions in the health care system of the 21st century, nurse leaders will have to let go of traditional practices and behaviors". Marquis and Huston (2000), "A job does not make a person a leader. Only a person's behavior determines if he or she occupies a leadership position".

The nurse administrations of educational organizations are the guiding force to create a healthy and vibrant academic environment and Nurse administration of health care agencies are the guiding force in creating a healthy, professional work environment. Together, their combined efforts will provide the lead-

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guides and mentors the faculty to assist them in reaching to their full potential. The mentoring may provide assistance with teaching strategies, with scholarly writing and with initiating research projects. The personal characteristics of an effective mentor are discussed in the literature. These include effective interpersonal skills, approachability, and adopting a positive teaching role (Andrews & Wallis, 1999). Leaders in hospital and educational institutions can identify potential mentors and encourage them to assist the novice student, Nurse or faculty member.

Creating practice environment that supports professional Nursing and provides a high standard of care is not an easy task and requires the efforts of all. Nurse educator, hospital Nurse manager, staff Nurses and students must all work together to create an environment where the patient is the centre of care.

The professional practice environment: Factors contributing to a precarious work environment include an increase in patient acuity, increase in technology, hospital restructuring of nursing leadership positions within the health care system. We need to seek way to enrich the professional practice environment, especially working conditions and attention to adequate staffing. Scott, Sochalski, and Aiken (1999) view the most essential components of a nursing practice environment as; "Nurse autonomy over clinical practice, collaborative Nurse-physician relationships, and status within the organization". Autonomy allows Nurses the freedom to make decisions at the clinical level and assume more of a leadership role in patient care. Positive Nurse-physician relationships, these professionals work together as "partners-in-care, "Striving to provide the best pos-

sible care to patients. Value placed on nursing within the organization. To feel valued, their opinions must be sought and respected and they must be included as a valuable player on the inter professional team.

The Evidence-based practice is achieved by using current best evidence in making decisions about the care of individual patients. Best evidence is up-to-date information from relevant research.

Educational Preparation of Nurse:

Nurses must have the ability to assess, to be able to analyze the data collected, consider alternatives, make sound clinical judgments, and to transfer knowledge from one situation to another. Nursing education programs which use creative teaching techniques and problem-solving methods assist students in developing the necessary problem solving skills. Teaching that moves beyond didactic lecturing to incorporate care studies, the generations of ideas and solutions, and creating an environment where learners are encouraged to question and to think about the information being presented.

Life Long Learners: when students graduate from their programs, they must not think that their education is over- it is only a beginning. What they have achieved, in addition to their Nurse license, is a "license to learn".

Conclusion:

The effective Nurse leader must be able to understand the fast paced change of the health care system, management and leadership, and be able to have a clear vision of the preferred future and Nursing's role in this future. The many changes in the health care system include a shift from hospital care to community and

home care: an increased emphasis on health promotion and prevention of illness; a better-informed and more involved consumer. Who take a more active role in decisions affecting their care; changes in demographics with an increase in the elderly; and increasingly more complex technology.

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