

Betty Irene Moore Speaker Series
Angela Barron McBride in conversation with Kathleen A. Dracup
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Start Chapter 1: What is Leadership?

Joan;

Let's go on and talk about a little bit about your evolution as a leader. What your thoughts are about the stages of leadership are in everybody's career development.

Angela;

Why don't I tell you what my definition of what being a leader... what leadership is? There have really been three big movements in the leadership literature. They build on each other. The first idea of leadership is the qualities of the individual. Often you read some if it and it is the strong charismatic, responsive person of integrity who has courage, who has all sorts of positive qualities that you say to yourself, even if I spend a whole lifetime improving myself, I don't know that I will ever be that kind of person. The first notion of the leadership literature is the individual. The second movement in the leadership literature is leadership as goal attainment, being able to accomplish the values and the goals that your institution has. The third part of the leadership literature is leadership as transformative. You don't just want to accomplish existing goals, you want to sort of see where the world is going.

I tell you that brief review of literature because for me, leadership is the ability to catalyze others to achieve the values and goals that you have in common. In a world that is constantly changing. So for me, I put together those three streams. Because I think there are qualities you need to have to catalyze other people. You have to in some ways, be someone that people want to follow with whatever that means, but then that notion that you achieve your values. So leadership is a team sport. I mean it is... you have to work together to achieve goals and values. The notion that the world is constantly changing says that you can't just always think about what you are doing right now based on what are the existing goals. You have to really re-think how things are evolving. I mean take something like geriatric care. The very concept of aging is changing. So what we are going to do by way of health care services by its very nature got to change.

I'd say my definition of leadership also is not one that has the mistake in it that I had growing up. I mean I thought leadership was an administrative position, and frankly I looked at administrative positions and I grew up, came of age, in the 60's. So I didn't want to be an authority or anything because in the 60's we were against authority. The whole idea that I would grow up to be the leader was not a particularly attractive kind of thing. I would say one thing that the Kellogg foundation did for me. They constantly talked about leadership. I came to the opinion that if people talk about it constantly and tell you that you are one, eventually you act like one. I must say that they got to me after awhile. It was during that experience that I really understood that leadership had something to do with stages of career. The world that I came of age in frequently, being a nurse, equaled entry level positions because there were an awful lot of people who took entry level positions and then dropped out when the children were smaller. If you go back to the 50's and 60's a lot of people in my nursing class dropped out altogether and if they went back when the children were grown, they went back to entry level positions. The wonderful thing that we have right now, is the possibility for full career development.

For me there are 5 stages of a career. One is that you get prepared, in the second stage is to make contributions. The second stage after you are prepared is to make contributions and to become competent. I think that is the whole goal of the second stage. But then there is the third stage that is development of the home institution. If you just stop at being a competent nurse, without taking a role in that third stage of mentoring others, newer people come in and helping to help shape the institution... you know, what does it need to do better? What do you need to do to sort of help this institution get better, then I think the fourth stage is the stage of shaping the profession and health care. I think most of us do that through joining professional organizations. Or you might be on a committee to look at what the Bay Area is going to do in terms of health care. But it those kinds of beyond you home institution involvements. There is the fifth stage, which I am in right now, which is the gadfly stage. This is the stage, this is the fun part, this is the stage where you are not working for an institution. I retired from Indiana University. I kid that rock stars and I do gigs. I mean, what I am doing right now is cherry picking the part of nursing the parts of nursing that I like to do.

To put it another way, I have personally decided that I will never clean out my closets and that which I always sort of thought that in retirement I would do and perhaps that I will leave that as a dirty task my kids have to perform sometime.

Chapter 2: A Career as a “Real Nurse”

Angela

The thing is, I talk about career stages, but just look at the field now. I mean I think it is a field of enormous opportunity. You can have a career crisis every decade and still stay in the field. Reshape yourself, redo yourself, think through and I think it is in When you think about different stages you... one of the things that Joannie and I have talked about is how, as you change and do different things, people constantly ask you if you are still a real nurse.

Joan

When did you stop being a real nurse?

Angela

When I was dean, people would say to me... My kids would say to me, “Mom, were you ever a real nurse”? I thought I have failed. My line was always that I am a psychiatric nurse and I practice every day. The reality is I... during this period got much more into perfecting trying to work with people to explain how even being a dean of a school was connected to care. I felt that if could not articulate it, nobody would every believe me. But I was like ready for, you know, just ask me this and I will give you this answer kind of thing. Because one of the things that our field historically did, and I think people even put on us was that the full range of tasks that you do, whether it.... Just think about clinical care, just all the positions in a clinical facility. Think of all the different kinds of clinical facilities. Think of the community physicians rather than acute care physicians. Think about industry, think about military, think about academia, think about research, nursing is involved in all of this and if we don't see all of those people as nurses, we short change what our field is all about. Shirley Chater, was a speaker in this series, she is just a wonderful example of someone who has such a clear notion that she is a nurse. When she was the commissioner for Social Security in the first Clinton administration, she is the one,

because of her nursing sensibility, you know that piece of paper that we now get that says you have contributed to Social Security every year and if you keep on going by the time you can get there, this is how much you are going to make. She decided that was necessary because people... anticipatory guidance... is a nursing principle. She thought people had fantasies about what Social Security would do for them. She thought if you gave people a piece of paper on a regular basis, they would have a more realistic notion of what resource they would get from Social Security. I would argue that, thank God there was a nurse in that position. That really, you know, just to finish up career... I think we no longer have to have jobs like in my day where the every job you have will have the word nurse in it. MDs and JDs have always known that their degrees were good preparation for the United States Congress. We are now at the stage, with full career development, to also think that jobs that don't belong to any one field are ones that nurses can apply for and Shirley is a good example.

Chapter 3: Nursing is the key to Quality and Patient Safety

Joan

There also is just a huge role for nursing in quality and patient safety and you've had a lot of experience with that from a number of different perspectives. One is in your current role as a board member. Could you talk a little bit about, Angela, about the way you have educated board members about quality and patient safety and what the nursing role is in that?

Angela

When I started out, quality and safety was the last thing talked about on the agenda of the board. It was only to pass the medical policies and the credentialing report which is not really... I mean those things are important but they were not the heart of the change and so eventually... at this point in time, quality and safety is number one on the agenda. I did a lot working with the board to take the pieces of information... they got so much information. You know when you get 10 policies to approve; you don't know anything at the end of it? The real key was to simplify, but focus on, the basics of quality and safety. The last thing that we did was in January, is that we devoted the entire retreat of the board to quality and safety. We did a little something like we did here. We had a national leader but we had a whole panel of 5 of the hospitals... a unit that had actually transformed itself so we wanted to have the exemplars for quality and safety work. When you get into that, they were all nurses working on projects. I would say part of what I've helped to do is to get the board more connected to quality and safety so that they don't get so overwhelmed, they actually are focusing on what I think is important. Also, it has been a process of highlighting the importance of nursing to quality and safety.

Joan

Yes, and that is really critical with all of the public reporting at this point of quality measures and in the emphasis on patient safety. It is more and more important.

Angela

I think it is the IOM reports on quality and safety are the most wonderful thing that has happened to the nursing profession in my lifetime. Because when ever a hospital takes it seriously, they have got to be concerned about system change. Who is educated to understand system change? I mean I am not saying that there are not other people in the hospital, but nursing as a profession understands system working because we work collectively all the time. We have not been educated to be the rugged individualist who is the captain of the ship. Our

socialization has been getting people to work together collaboratively for common purpose to achieve certain patient and family community goals. It is a different orientation, and frankly, we have a skill set that makes us valuable and since it's public reporting and any change that we do, I think that it is just that people are seeing nursing as much more important than they have historically have. They may have thought that oh, that is good work that you did, but they almost saw what you did as a private good between you and the patient where now it is an institutional good and its one that the CEOs are.... I don't know about here, but for example, our insurance contracts, Anthem, Anthem builds into the insurance contracts a level of quality. If you want maximum reimbursement, there is a whole thing... so there is a direct connection between your money and in fact, your quality.

Chapter 4: Knowing what to do, and getting it done

Angela

For me it's important that you keep in mind the difference between knowing what to do and getting it done. Because you go to good schools to know what to do, to always thereafter live in an imperfect world that isn't going to jump when you say what should be done. You actually have to be able to do an environmental scan of the environment to figure out now that we know what to do, how are we going to work get things done. Those are two different things. I mean that I ... you know... people talk that "I don't like politics", well you know... politics is really the art of the possible. It is a sense of strategy and frankly, anytime you're working on something where you want to move something in a new direction, by definition, you have to have a sense of strategy about how to go about it. To think ahead of time about what will be the things that people won't like. I have always thought my autobiography, if I ever would write one would be called, "Unintended Consequences". You know there is nothing you do that does not have unintended consequences... I mean we have all had the experience of trying to do something that we absolutely convinced that we had good motives and someone looked at us and were not as convinced that we had good motives and somehow try to think through how will different people see this.

I think networking is one of your best resources over a career. You talked before, Joannie, about when you are beginning and you feel like you have to be perfect in everything... one of the best things about a long career is you give up any notion that you know everything because... or that you are perfect... and in fact what happens is like at this point in time, I actually believe I can answer any question in nursing. Now what I actually know is this big, but I either know who knows the answer, because I have actually been a lot of places, know a lot of people, or I know who to call up to find out who knows the answer. So it's not 6 degrees of separation, I believe its two phone calls and I can handle most things. Actually that is wonderful and there is nothing like... it took me a long time to get this stage, but you know when somebody calls you up and asks you to do something and you say, I'm not good at it, you actually think you are being humble and you think... I've had arguments with people. I am not being humble, I don't know how to do this, let me tell you who knows how to do it kind of thing.

And then my last tip is don't hesitate to be a leader, to pretend to be a leader. I know that it may sound funny, but I had a very good friend who got a doctorate in psychology and then took a job at Harvard to work with a very distinguished researcher on a national Institute of Mental Health grant. And within nine months of being there, the person she was working with died suddenly and they had a big issue of would they keep the grant

going. They had already got into data collecting and in this new PhD took over the grant. About 15 years later, when a book about the research came out, which was highly praised, I said, Debbie, “How did you handle this? Marsha died, you were new, you did not even know the area that well”. She said to me something I never forgot, she said I would always ask myself what would Marsha do? She said I did not know what I was going to do, but I would think about what would Marsha do in this and I always knew what Marsha would do. I have always used this strategy myself. When I was a new dean, I would... I did not know what I was going to do, but I would think, “what would a good dean do” or what would a board member do, and I know that sounds funny, but when you are not in the role, I say pretend and if you ask yourself, what a good whatever do, a good manager do, you will see that way, you will never hesitate for an answer of what you think a good person would do. Eventually the distance between what a good person would do and what you’re doing become lined up. So don’t hesitate to pretend to be a leader.

Chapter 5: Passion for the Profession

I have a just a comment. Two things that aren’t on your leadership tips that you both embody in your behavior and your words and your career, both of them I think, and that’s passion and advocacy and certainly you have touched very specifically on advocacy by advocating for yourself and advocating for your colleagues and advocating throughout your career, but also the passion that you have. Where does that come from? I am involved in helping to prepare future nurses and that’s one of things that has struck me in my short stay in academia, is how do we get people to that point where they have that passion about their profession that is what I know has driven you and driven many of us.

Joan

Well I’ll start and I’m sure you are going to have a lot to add but, you know somehow I think passion it’s you know, it has to tap into who you are, it has to be from who you are and you know I think for me at least, in various stages of my career, sometimes you can recognize maybe you have lost a little of it, okay, and then you have to start going back to what did I come into this for in the first place you know. What was it that excited me about being in nursing in the first place? What did I want to accomplish and is that still possible or is there a different way to do it? You know, at this point in my career, and you know, I think, when we talked about stages we talked about so many things and there are so many parallels but, you know, I think... at each stage there is a different thing, probably that comes to the forefront about what you become the most passionate about and when you get to this stage of your career that I’m in, part of what I really care about now is making sure that the nurses who are coming up.... I love nursing, I love nurses and I want, you know, I want for all the stuff that we have been working on and doing on to go forward, we all get to some point in our career where we want to leave a legacy. And what we do is just so important. I don’t know how you make that happen in somebody, I think everybody has to have really started to understand what is inside them, what motivates them, and then find a way just to do what you love, because if you love what you are doing, the passion is there. And if you don’t, I don’t think there is a way to put that into somebody.

Angela,

Building on what you said, I’d say for me, there really is a great deal of overlap between my personal values and what my profession’s values are and because there is that overlap... you know if I became.... Every now

and then there is a big lottery, I don't play the lottery but every now and then there is, if you commute a lot and you listen to the radio and they will have like what would you do if you had 500million dollars. It is sort of like... whatever some magical number is... that you never had a worry about money for you or your family. You know, I think I'd become Betty Irene Moore, you know, number two. And the point that I'm making is the passion behind the foundation. And the ability to have resources when you didn't have to work at actually get money to redo your bathroom, you know, sort of like what you're working on, or to take your family on a vacation kind of thing. When you get beyond all of that, there would still be wanting to do something with the personal and the professional that would move forward nursing and you know it seems to me that Betty Moore epitomizes that even though she.... Whoever she is, I've never met her, but she is something that I know, she may not be a nurse but overlap between the personal and the nursing profession with her must be very tight for her to wind up doing something like that.