

YOU'VE IDENTIFIED LEADERSHIP AS A STRATEGIC PRIORITY — NOW WHAT?

BY MARY BETH BENNER & KAREN NASON, CAE

It began with a plan. In early 2007, the Association of Rehabilitation Nurses was engaged in comprehensive strategic planning. A major goal was to clarify how ARN would invest its resources in what members and others in the rehabilitation nursing profession identified as their wants, preferences and needs. **ARN leaders were committed to the process, and an aggressive plan was developed.**

ARN's vision is to position its members as experts and leaders in integrating rehabilitation nursing concepts into all areas of health care. Leadership and professional development always have been key goals of the organization.

ARN's board of directors recognized the need to identify and develop strong future leaders so it could continue to carry out the strategic plan. An important objective was to increase the number of nurse members who were prepared to assume leadership roles within ARN. This was achieved by defining leadership qualities for both clinical practice and the association, and by identifying, educating and mentoring potential ARN leaders.

DEFINING LEADERSHIP

It's easy to say "we need strong leaders," but without defining what constitutes a strong leader, the meaning often remains vague or vulnerable to change by individuals. To clearly define *leadership qualities*, ARN charged a task force composed of past and current association leaders to develop a list of top leadership traits (seven were chosen) and their associated skill sets. The list was reviewed and approved by the board of directors.

SAMPLE OF THE LEADERSHIP SKILLS ASSESSMENT

This excerpt from the retooled candidate application lists the essential skills needed to demonstrate possession of the leadership trait. Here, candidates assess the skills needed to illustrate political astuteness.

POLITICAL ASTUTENESS

Candidate is able to:

Assess and understand the climate and culture of the organization.

Identify the key influencers in the organization and the broad world of rehabilitation.

Recognize the internal and external politics that impact the work of ARN.

Approach each problem situation with a clear perception of organizational and political reality; recognize the impact of alternative courses of action.

COMPETENCY LEVEL

(Circle one)

NOVICE COMPETENT PROFICIENT

NOVICE COMPETENT PROFICIENT

NOVICE COMPETENT PROFICIENT

NOVICE COMPETENT PROFICIENT



ARN LEADERSHIP TRAITS

Seven traits were identified as essential for ARN leaders. A comprehensive list of skills also was identified that would illustrate possession of each trait:

- Political astuteness
 - Priority setting/results
 - Strategic thinking
 - Ethics and integrity
 - Management of vision and purpose
 - Perspective and flexibility
 - Interpersonal ability
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FINDING LEADERS

In the past, ARN selected board candidates based on their previous involvement in ARN, their professional experience and their views on leadership and the purpose of ARN. Many members, however, found the process confusing. Specifically, what qualified certain members to serve on the board? Was their selection simply based on “paying dues” or was it related to possessing certain abilities to lead the organization?

ARN needed to find a way to integrate the need for leadership traits into the board-candidate application process. To do this, the candidate application was retooled to focus on both experience and leadership skills, as defined by the task force. Moreover, a new “leadership skills assessment” was added to the application. (See example on page 22).

With these changes, candidates are now asked to complete a self-assessment and to rate themselves on leadership traits and skills using three competency levels: novice, competent or proficient. The candidate’s references also are asked to assess the candidate on these traits and abilities. Finally, board candidates are asked to describe how they would use their skills to help ARN achieve its strategic goals and support the core values of the organization.

Feedback on these changes has been positive. Board candidates report that the process helps them better understand what is expected of them as board members. “I was astounded by the depth of the questions and the length of the application,” says Marjory G. Palladino, MSN, BS, RN, CRRN, a newly elected board member. “The application clearly stated expectations for the

two years following the election.” As for the leadership skills assessment, Palladino says, “it required me to look at myself and my capabilities in relation to where I was and what I had to give.” She says the entire process provided her with an opportunity to measure her own abilities against those leadership qualities board members are expected to possess.

DEVELOPING OUR FUTURE LEADERS

ARN’s leaders have a long track record of stepping forward to grow the organization. Although leaders continue to contribute, fewer new nurses are stepping up to serve as volunteer leaders.

To bring new energy to this area, ARN is committed to providing renewed focus on leadership development of members that, in turn, can be used in clinical practice. To accomplish this, ARN now highlights leadership development at its annual conferences. In 2008, for instance, Virginia Beeson, a nurse executive, consultant and educator, spoke to conference attendees on ARN leadership skills and traits as well as on how to implement these skills in the workplace. The workshop, which was extremely well attended, focused on how members can help ensure that ARN and rehabilitation nursing remains compelling and rewarding for new rehabilitation nurses and volunteers.

Beeson says the session was energetic and attendees were “really hungry for the information.” Many attendees who have been practicing for years said they were looking for ways to change their leadership model from crisis management to strategic thinking.

WHAT’S NEXT

ARN will continue to reinforce leadership skills through the nominations process and continuing education. Current organization leaders say a visible commitment to leadership development is critical. To that end, ARN is developing a two-day leadership course for members to learn about leadership traits needed for both ARN and for associations in general.

It is clear that rehabilitation nurses have established clinical excellence. That enthusiasm must now be harnessed to reach for organizational excellence. ARN will continue to work hard to identify those members who are committed to leading the field of rehabilitation nursing — and will support these members by helping them identify their strengths and capacity for leadership. ■

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