



Leadership Character

Antidote to Organizational Fatigue

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Despite the tremendous gains nurse leaders have made in shaping the environment of care, an observable, dysfunctional dynamic resulting in organizational fatigue threatens the sustainability of those gains. At its peak, this dynamic cascades through all levels of nursing leadership, causing exhaustion, diminished decision making, and reluctance by nurses to assume formal leadership roles. In the worst case, this dynamic reaches the bedside with the potential to cause harm to patients. The authors offer a prescription for organizational fatigue, based on the cross-cultural research of Dr Angeles Arrien. Following this prescription can lead to healthier leaders, stronger nursing organizations, a richer pipeline of future nurse leaders, and a safer environment for patients.

Leaders of healthcare organizations face unrelenting pressure to achieve high levels of success in the face of extreme challenges such as those associated with increased intensity and complexity of patient care processes and systems as well as heightened interdependence within and across organizations. This pressure comes at a time when the mandate for accountability and transparency is peaking. No task seems simple anymore. Compounding the problem is that there are little excess human resources to help absorb these challenges as both nursing staffs and roles to support them are lean.

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This pressure places nurses in leadership roles in the middle of the healthcare system where patients, nursing practice, clinical effectiveness, workforce issues, and business success intersect. Inherent in every system are politically charged competing priorities and goals, where nurse leaders face extremely difficult choices to support the *greater good*. Patient care, nursing (or another discipline), and the organization often present compelling, competing priorities for more time, space, or resources. For anyone outside these roles, the degree of complexity, uncertainty, and risk associated with these responsibilities is impossible to grasp. Nurse leaders must create a healing culture for patients, families, and staff. They must manage the care environment as well as the business of patient care, drawing on their vast clinical and operational skills. Wherever they are, they are at once healers, the voice of the patient and the staff nurse, as well as strategic partners with physician leaders and administrators.

In our roles as advisors to nurse leaders, we have witnessed heroic efforts to ensure that patients come first and that the profession of nursing continues to advance. We have also observed varying symptoms of organizational fatigue. Despite remarkable, well-intentioned efforts, there is the potential that recurring disruptive pattern behaviors exhibited by nurse leaders will have a rippling negative effect: from chief nursing officer (CNO) to director to nurse manager, then potentially on to staff and patients and their families. When nurse leaders respond ineffectively to the ever-present challenge to ensure that the voice of the patient is in all decisions, to advocate for and acquire resources needed for care, and to achieve

and sustain a place at the executive table, they may inadvertently contribute to a potentially destructive condition we call *organizational fatigue*. Where these disruptive patterns have surfaced, nurse leaders may have been initially motivated by a combination of doing what's best for patients while gaining credibility for nursing in the organization, but certain attitudes and behaviors have gone unchecked and now are out of balance.

"Going the extra mile" intentions can set an unrelenting, exhaustive pace, or "being a good team player" can be misinterpreted as "don't speak the truth," particularly if your opinion is controversial. When leadership behaviors, such as discouraging truth telling, become institutionalized, leaders lose sight of what's possible, believing this is the only way. Resignation across the organization ("this will never change...just deal with it") sets in, charting the course for a potential increase in patient risk, diminishing attraction to nurse leadership positions by the next generation of potential leaders, and culminating in debilitating organizational fatigue.

Cascading Dysfunctional Patterns of Leadership

Chief Nursing Officers: Setting the Exhaustive Pace That Could Silence the Truth

The CNO role has dramatically expanded in recent years as what were once reasonably manageable individual healthcare settings have given way to complex healthcare systems with an unrelenting focus on escalating costs. Regardless of these changes, the core responsibilities of the CNO remain constant: to create the vision for nursing/patient care services, to advocate for patients at the executive table, to create a safe and healthy environment of care where clinical excellence flourishes, to advance the nursing profession, to model and promote effective collaborative relationships, and to be a fully engaged executive providing strategic and operations direction for the organization. As the scope expands and resources get scarcer, the stakes become higher.

Regardless of skill, knowledge, and legitimacy of position, some CNOs lack confidence at the executive table. They may be susceptible to saying yes to everything to avoid appearing weak or to look good in the eyes of their executive peers instead of advocating for what is right. Deep down, some CNOs never feel secure in their job. There is some basis for their concern when you consider a recent American Organization of Nurse Executives

survey of 634 CNOs where 1 in 4 reported that they had been asked to resign, were terminated, or lost their job involuntarily.¹ It follows that this may cause CNOs to inadvertently transmit to their directors a level of uncertainty ("my seat at the executive table could be removed at any time"), tenuousness ("maybe the staffing needs aren't as great as they seem"), and anxiety ("drop everything and deal with this crisis—now").

Behaviorally, the CNOs stuck in this pattern emphasize the following behaviors: they sacrifice critical/strategic thinking and planning for operational reactivity; everything becomes a priority or an emergency due to a lack of prioritization; more energy is invested in communicating new initiatives and imperatives than evaluating effectiveness of critical initiatives/goals, suboptimizing all outcomes; and an unrelenting pace is established with little pause for project closure or celebrating accomplishments.

Over time, CNOs who feel that they are always under a microscope, can never please their boss, or feel insecure at the executive table begin to experience fatigue from striving, proving, and fighting for resources, executive credibility, or power. They are at risk for exhibiting a pattern of behavior with their directors that can have damaging, rippling effects throughout the nursing organization. They may demonstrate a low tolerance for differing viewpoints from their directors because they are worn out from their own battles and worry. They expect directors to say yes, to make life easier, not challenge or create disharmony. In this exhausted mode, the CNO interprets "push-back" as nonsupport. While challenging ideas and positions are the norm at the executive table, compromised CNOs may feel hurt and attacked when the same behavior comes from their own team. They do not want bad news or to hear anything that slows the pace or reflects poorly on nursing.

A fatigued CNO starts to feel that there is scarcity of both time and emotional energy. Everything seems too complex to tackle, critical work goes unaddressed, and there is a tendency to be less inclusive. This can lead to more and more autocratic decision making and, sadly, less compassion toward self and others both at work and at home. Healthy nurse executives demonstrate self-respect by assuming accountability for self-care. This is an essential component for every healer and every leader. When the CNO does not take care of himself or herself, the message to all is loud and clear... "I care more about my reputation and how I am seen politically than I do about my own

physical, mental, and spiritual well-being.” Chief nursing officers who are caught up in a frenzied pace cannot envision another way. They are at risk for seeing their world as a power struggle for resources and control. They can lose their ability to reflect and see clearly and objectively what is occurring. Instead, they feel shackled to this pace and this way of working; unfortunately, this tone is communicated directly to their nurse directors.

Nurse Directors: Trapped in the Middle, But Playing Along

Nurse directors are typically highly perceptive to the politics of their organization because they are in the middle of most operational decisions. Their roles have expanded in many directions: (1) scope expansion (fewer directors due to financial cut-backs), (2) vast role expansion adding clinical program development to practice and operational accountability, and (3) expansion to many specialties and sites, including multiple organizations.²

Directors have a particularly daunting role as they stand in between the CNO pressures, with the accompanying organizational demands and rapid pace, and the nurse managers on the front lines. As primary translators and communicators of both the CNO mission and organizational strategies to nurse managers and other program members, the directors can be intellectually and emotionally challenged to see the truth clearly and balance what they see with the loyalty that is expected of them. In today’s structure, it is common that the directors, not the CNO, are the link to department heads to execute plans, generate initiatives, and solve problems.

Directors typically react to the tone they pick up from a CNO and are themselves susceptible to dysfunctional pattern behaviors. They may collude with the CNO to make sure nursing looks good internally and externally, which potentially distracts them from focusing on their unique work. In their efforts to make the CNO look good, they are at risk for unwittingly sacrificing what is good for the nurse managers, nurses, and patients; they align with unhealthy pride over advocacy. If they want to protect the CNO, a director may be tempted to dilute, minimize, or withhold problems to avoid adding stress to the CNO, thereby painting an inaccurate picture of what is really occurring. Directors may vie for what little time is available with their CNO for direction, mentoring, and support, enhancing the risk for competition, not collaboration, among their peers.

Nurse managers are subsequently exposed to the patterns when a director becomes overly

reactive or demanding (everything is urgent, drop everything, etc) to avoid disappointing the CNO or risk not being seen as a “responsive team player.” Directors can be susceptible to overemphasizing “not making mistakes” or “putting nursing in an unfavorable light” rather than engaging in frank discussions about what is best for the greater good. Not surprisingly, powerful messages are communicated to nurse managers: avoid controversy, make nursing look good, and keep up the pace.

Nurse Managers: Keeping Their Heads Down and Paying the Price

Nurse managers are at the critical nexus where patients and families and their care providers meet; the patient’s and family’s experience is in their hands. Their role has shifted toward accountability for managing a clinical business unit, in addition to focusing on practice and quality outcomes. They typically manage both clinical and nonclinical staff and multiple clinical sites and may supervise a range of 10 to 200 direct reports. They are on the front lines, confronting the nursing shortage and simultaneously managing the pressure to fill all beds while recruiting and retaining competent nurses in a very competitive environment.

Nurse managers, when responding to a frenetic pace, will do whatever it takes to protect patients, regardless of personal price. They slip into a “bunker mentality” where they keep their heads down and just keep moving. They may feel competitive with other nurse managers for scarce resources or for their director’s time and attention. On the one hand, they want to be seen as someone who can handle the pressure, no matter how heavy the workload; on the other hand, a nurse manager may feel stuck in an “operations” job, without the joys of patient contact or time to mentor nurses. As a result, they may have less and less available compassion for their staff and their colleagues. They might not admit it, but eventually, they stop raising important issues to their nursing director (“they are too busy,” “it won’t make a difference,” and “I don’t want to be seen as weak or a complainer”). Finally, nurse managers caught in this pattern are less likely to collaborate; they feel there is not enough time and are even more compelled to stay in control of every outcome. Given that the nurse manager is at the nexus of patients and their families and providers and assumes accountability for the environment of care, there is a serious cause for concern. If, in the midst of these dynamics, staff nurses adopt a “just do it” attitude and cease raising questions and concerns (“not enough time,” “need to look good,” “no one wants to hear what’s not

working”), there is significant potential for harmful consequences for patients.³

Patient and Organizational Risks

When abnormal patterns are deeply entrenched, negative consequences emerge. Communication becomes rushed, lack of honesty prevails (just say what other people want to hear), and reactivity trumps critical thinking. When nurse leaders are more concerned about looking good politically and keeping the peace, problems are not seriously addressed and thus become chronic. Nurse leaders work themselves to exhaustion (although they are reluctant to admit it), and eventually, poor decisions are made. If the patterns make their way to the bedside, patients may lose the protection and advocacy of their nurses. It is a sad reality that fewer staff nurses aspire to formal leadership positions when they observe the toll exacted by the job on nurse managers and directors.

Insights From Cross-Cultural Leadership Research

One source for understanding the dynamics of cascading dysfunctional leadership patterns and the actions required to address them is the cross-cultural research of Dr Angeles Arrien. Dr Arrien’s research and teaching focus on values and beliefs shared by humanity cross-culturally and on the integration and application of multicultural wisdom in contemporary settings. In particular, she emphasizes the universal components of leadership, character, communication, and organizational best practices to create sustainable relationships and organizations. Her work reveals how indigenous wisdoms are relevant in our families, professional lives, organizations, communities, and our collective relationship with the Earth.⁴

According to Dr Arrien, when certain individual or organizational characteristics are found in 90% of communities around the world, that attribute can be considered universal. Her research identifies 5 universal criteria for sustainable communities or organizations. When these criteria are valued, communicated, and actively pursued on a daily basis, then an organization thrives and is not susceptible to organization fatigue. The 5 universal criteria for a sustainable organization are (1) to provide each individual an opportunity to use his or her unique skills, knowledge, and talent; (2) to make a difference by serving the broader good; (3) to apply creativity to challenging situations and

solving problems; (4) to develop satisfactory relationships; and (5) to continually learn and grow capability, both as individuals and an organization.

The Prescription: An Alternative Leadership Model for Nurses

When the universal criteria are applied to health-care organizations, a vision of sustainability emerges: a thriving, successful organization whose purpose is for the greater good and where leaders exhibit both deep character and broad competence. Employees do great work, are happy, and enjoy memorable relationships with others. Excellent patient care and organizational results are sustained over the long term without exhausting people or resources. Organizational fatigue is absent. *For that vision of sustainability to become reality, nurse leaders need to develop a select group of leadership capabilities and attitudes. In this model, a premium is placed on self-responsibility, deep character, and the ability to see clearly.*

The First Leadership Requirement: Self-responsibility

A critical assumption in a sustainable organization is that each person understands the value of, and is willing to be held accountable for, their individual behavior, actions, and impact on others. When nurse leaders are performing at their best, they have a keen awareness of their unshakable strengths and recognize the areas where they are challenged. They view their leadership as a journey with an infinite array of learning opportunities over their career. With a balanced, nonjudgmental view of where they are on the learning path, they avoid self-critical harshness and damaging comparisons to others. Anchored by their strengths and driven toward excellence, they are able to objectively see themselves, others, and situations clearly, regardless of the circumstances. This requires leaders to make a commitment to honesty, to see things as they really are, not as they would like them to be.

When nurse leaders face challenges with a focus on (1) what talents and skills they bring to the situation, (2) where they are challenged, and (3) what actions they can take, they are in the circle of self-responsibility. This circle protects them from the disruptive habit of endlessly describing the challenge and/or looking first to who can be blamed. Nurse leaders demonstrate self-respect when they take responsibility for their own health and well-being. Self-care is a prerequisite for effective leadership. Nurse leaders who model self-respect are

more likely to inspire others to consider the leadership path as a way to have a powerful impact on patient care and the nursing profession without losing oneself in the process. Figure 1 provides an example of nurse leader self-responsibility.

The Second Leadership Requirement: Deep Character

When nurse leaders are asked to reflect on leaders they admire or leaders who inspired them, it is the character traits of the leader that are most often described, not the particular skills or even accomplishments that are recalled. Character is defined as the sum of a person's mental, emotional, moral, and ethical traits that form integrity and allow a leader to be effective in any given situation. The best leaders recognize that character is not assumed; it needs to be continually developed during one's career. Wise leaders consciously seek opportunities to deepen their character.⁵

According to Dr Arrien, there are 5 universal character traits of leadership.

- **Honesty:** the ability both to see the truth and speak the truth without blame or judgment, to get to the heart of the matter
- **Respect:** the willingness to look again, the ability to convey honor and high regard, and to find common ground
- **Courage:** the ability to take bold action to support the common good, to stay in the

course in the face of adversity without arrogance or bravado

- **Patience:** the capacity to honor the right timing of events rather than unilaterally pursue your own agenda; the ability to appreciate another method or process
- **Compassion:** the willingness to see the humanity in another person, to care deeply and express support without over-caretaking

When organizational or performance issues chronically recur, it is often a function of the absence of leadership character. In meetings where there is a controversial issue (the "elephant on the table"), the character traits of honesty and courage are essential for resolution rather than avoidance of the topic. In collegial interactions where the character traits of respect and compassion are present, rigorous debate and creativity can thrive, without being diminished by criticism and fear of embarrassment. The character trait of patience wards off the harm created by intolerance for others while setting a pace that allows for resiliency.

Leaders who have taken the time to develop these 5 essential traits of character are unfazed by any seemingly insurmountable challenge or controversy. They are highly respected in the organization and make a difference without participating in pattern-based behavior. Deep character within its leaders anchors the organization in the unshakable belief that there is no problem that cannot be solved, that individuals can thrive and make a

A nurse manager is committed to working hard without depleting herself mentally, physically, or spiritually. She knows that true healers *conserve* their energy to stay resilient and have a positive impact on others. She is determined to avoid fatigue and exhaustion. When she is approached by staff with their overwhelming life problems, she responds with compassion, courage, and honesty. They have learned over the years that she cares deeply about them but will not solve their problems for them or inappropriately engage in their life details. As an advisor, she holds them accountable for taking the necessary step in their challenging situation. Likewise, this manager understands that it is possible to listen too much or be excessively polite, so she courageously confronts chronic complaining by her staff. This level of leadership discernment, rooted in self-respect and self-responsibility, is essential for a nurse leader to sustain a high level of personal energy.

Figure 1. Example: nurse leaders' self-responsibility.

difference, and that the common good can be achieved with respect and dignity. Figure 2 provides an example of nurse leader character.

The Third Leadership Requirement: The Capacity to See Clearly

To make good decisions and take the right action, it is essential that leaders are able to see themselves, others, and the situation clearly. Seeing clearly emerges from a systematic diagnostic process and serves as a compass for choosing the best course of action. It demands an open-minded curiosity rather than collusion with the expectation that a leader should have an instant and perfect analysis of any situation in his or her purview.

Dr Arrien identifies 3 patterns of dysfunctional thinking and behavior that interfere with the ability to see clearly, resulting in chronic problems in organizations: patterns of fear, unhealthy pride, and control. Each of the patterns and their different variations distort the objective understanding of the truth and keep leaders from being at their best. For instance, if I have a fear of conflict, I may be inclined to be in denial about the underlying truth of a situation and therefore justify not taking action to address a controversial issue. If I have a need to look good in the eyes of others, I may exaggerate the significance of my opinion or get caught up in organizational politics. If I have a need to control others or the situation, I may be distrustful of someone else's approach to a project, placing an unnecessary premium on my way of doing things. Over time, disruptive patterns exhibited by individuals may evolve into organizational habits ("that's

just the way we do things around here"); ineffective decisions and suboptimized performance result.

Dysfunctional patterns obscure the leader's ability to see a situation clearly and create blind spots of leadership judgment. Chronic, recurring problems in organizations are often the result of leadership blind spots or lack of leadership character to take bold action. The best leaders systematically expand their self-awareness of their blind spots and neutralize their susceptibility to patterns. When distortion is removed from the reality of the situation, it is easier for a leader to see what is at the heart of the matter and choose the right action. Figure 3 provides an example of nurse leaders seeing clearly.

Self-responsibility, Character, and Seeing Clearly: How to Break the Harmful Patterns

To break the harmful patterns, the nurse leaders may consider the following actions:

- Ask the following question 3 times to increase the accuracy of seeing the truth: "What is truly at the heart of this issue?" Each nurse leader at all levels has an opportunity to see any given situation with great clarity. If neither the past nor the present is exaggerated or diminished in importance, then the truth remains. It is what it is.
- Break the silence about the patterns. Start the conversation, in an honest and respectful way, to begin to reveal the truth. "In spite of best intentions, does fear, unhealthy pride, or control influence the choice of words or action?"
- Accept responsibility for being part of the reality and the solution. When nurse leaders

A CNO, challenged daily by competing priorities, believes he and his team can handle anything that comes their way. During the strategic planning process, he learns that one of their priorities will not be funded. The CNO reflects that at an earlier point in his career, he would have personalized the loss and tried to save face by withholding the news from his team. The project would likely limp along with inadequate focus and resources and become a source of disenchantment for all. Instead, he trusts his team and engages the team members in a transparent way. Despite their shared disappointment, no one takes it personally or feels like a failure. There is no pretending or stalling, blindly hoping that the original funding will magically materialize, and no embarrassment that their strategic request did not prevail. The issue is fully addressed, and a revised action plan formulated in one meeting.

Figure 2. Example: nurse leaders' character.

The nurse leadership team places a premium on dealing with the tough issues. It methodically limits its meeting agenda to no more than 3 topics; the most controversial issue is at the top. A common frame of reference is to continually explore “what is really at the heart of this issue?” That question is frequently posed by everyone at the table. Because of the explicit value placed on getting to the truth, team members may, for very contentious issues, anonymously write down controversial opinions and hand them to a meeting spokesperson. Over time, this practice becomes obsolete because the leadership team develops confidence that it can address any issue honestly, no matter how controversial or politically sensitive. It is inspired by its history that it always finds creative, collaborative solutions. The team is free of any “elephants on the table.”

Figure 3. Example: nurse leaders seeing clearly.

shift from seeing themselves as a victim of the organizational problems to being a potential resource for creative solution, then the patterns begin to diminish.

- Put doubt aside. Nurse leaders have an enormous capacity for dealing with adversity with compassion, courage, and patience. When actions are based on character, there is no conversation, regardless of how controversial, that nurse leaders cannot handle. “To what degree are the character traits of honesty, courage, respect, compassion, and patience fully developed in nurse leaders?”
- Challenge the nurse leader “peacemaker” role. It has been exaggerated and rewarded and inhibits getting to the truth of a situation. Nurse leaders do not have to be conflict averse, even if this has been a well-entrenched pattern over decades.
- Place a premium on taking self-responsibility (and not blaming others or feeling resignation) and respectfully speaking the truth, so that respect for and admiration of nurse leaders increase. Staff nurses rally behind leaders who make wise choices and are viewed as coura-

geous advocates for what is right. These qualities are necessary to inspire younger nurses to choose the path of leadership.

Summary

Our healthcare system needs its nurse leaders to be at their best. Now is the time for nurse leaders to take courageous action to address organizational fatigue and break the patterns that fuel the problem. The antidote is found in nurse leaders taking self-responsibility, deepening their character, and choosing to see the truth in every situation. The future of nursing will be more secure if a model of sustainability is integrated into nursing leadership practice to ensure that management decisions are sound. Bold action is required so that a pipeline of inspired nurse leaders continues and, most importantly, that patients are safe.

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