

Speaker 1:

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Ishita Verma:

I'm Ishita Verma and I'll be hosting today's episode. I'm a junior studying biology at Stanford and an intern for Stanford Medcast. Dr. Rose Sherman is nationally known for her work in helping current and future nurse leaders develop their leadership skills. Dr. Sherman is an emeritus professor at Christine E. Lynn College of Nursing at Florida Atlantic University and currently serves as a faculty member at the Marian K. Shaughnessy Nursing Leadership Academy at Case Western Reserve University. She received a BA in political science and a BSN in nursing from the University of Florida. Her master's degree in nursing is from the Catholic University of America and she has a doctorate in nursing leadership from Columbia University in New York City. Before teaching, she spent twenty-five years in leadership roles with the Department of Veterans Affairs at five VA Medical Centers. Hello, Dr. Sherman. Thank you so much for joining us today.

Rose O. Sherman, EdD, RN (guest speaker):

It's my pleasure. Thanks for having me.

Ishita Verma:

Could you start our conversation by sharing your personal journey and how you transitioned from clinical practice to a career in nursing leadership and education?

Rose O. Sherman, EdD, RN (guest speaker):

My nursing career actually began in the Department of Veterans Affairs as a new graduate from the University of Florida many years ago. My husband's a career military officer and I worked for the VA in five of the nation's largest VA medical centers, beginning in the clinical arena and then moving into leadership roles. My transition into academia was actually a little more serendipitous. What happened was I returned to school to get my doctorate while I was working for the VA, and when I finished the degree, the VA had this grant program to place career VA nurses into universities and I was lucky enough to be asked to do it at Seattle University in Washington.

Although, I have to say I was somewhat concerned about taking a career pivot to move into academia, but I did learn that I love to teach. I learned that I was a really good researcher. I stayed on as an adjunct faculty member even after that grant was over. And when I retired from the VA after 25 years, I went into academia full-time into a professorship position. I found that my operational leadership experience really helped me to be a better teacher and it really informed my perspective about how complex healthcare leadership really is. It was an interesting way to start an academic career, but it turned out to be very fruitful.

Ishita Verma:

That jump from clinical medicine into academia is definitely a wander into a very different world. But you did make this jump, and it seems that it was something you really ended up loving. It shaped the rest of your career.

Rose O. Sherman, EdD, RN (guest speaker):

It really did.

Ishita Verma:

So with all the perspective you've gained, how do you think effective leadership influences patient care quality and safety within healthcare organizations?

Rose O. Sherman, EdD, RN (guest speaker):

I believe pretty strongly that a focus on quality and safety really only takes place in cultures that really nurture and value it, and leaders are cultural architects. It's really part of what we do, we build culture with value systems that really either promote or don't promote certain behaviors. And we know that, as an example, a critical element to quality and safety is that clinicians really need to feel psychologically safe to speak up and speak out about what they see in their environments. I need to know as a clinician that number one, I matter in my environment, that my contributions matter, but I also need to know that if I see unsafe practice, I should be able to raise the issues without fear of retribution. And this is really critical work that Dr. Amy Edmondson is doing at Harvard University on psychological safety, and she actually started that work in healthcare. So I do believe that leadership is really critical to quality and safety, constructing that culture.

Ishita Verma:

What would you say are key characteristics that these healthcare leaders should embody to navigate these complex healthcare landscapes and really paint this positive leadership experience that you're describing?

Rose O. Sherman, EdD, RN (guest speaker):

I think all of us can acknowledge that we have a healthcare workforce that honestly is exhausted and burned out, and they need leaders who have empathy and, I think, leaders that develop a servant mindset, especially today, very important. It's really interesting, I recently was involved in a research study with the American Organization of Nurse Leaders and we talked to nurse managers about this very question, what leaders need to do in this environment. And what they told us is that in addition to this empathy and servant leadership, which they agreed was critically important, they also believe that today's leaders need to really know how to effectively manage change because there's so much turbulence right now in the environment. And managing change is really both an art and a science. It's not easy to move people to where they need to be today because so much of the workforce really does feel burned out, exhausted, and quite honestly, somewhat negative as well.

Ishita Verma:

Yeah, especially in recent years, constant change and burnout have really come to surface in the healthcare field. You mentioned a servant leadership model. Could you describe that for us?

Rose O. Sherman, EdD, RN (guest speaker):

Servant leadership is really a theoretical framework, but the idea is that you as a leader are there to really serve your clinical staff so that they can serve the patient. In other words, a servant leader would believe that if you moved into leadership and you're a clinician, that your focus changes from caring for

patients to caring for staff. And that means really focusing on what those staff need both emotionally, physically, and from a resource standpoint to most effectively manage the roles that they have.

Ishita Verma:

And that leads me into my next question. With this focus of servant leadership, there's also this hierarchy that exists in healthcare. So how can emerging leaders effectively navigate and potentially reshape these structures to drive positive change but still be centered on this idea of servitude?

Rose O. Sherman, EdD, RN (guest speaker):

I spent twenty-five years with the Department of Veterans Affairs, and I would dare to say you probably can't find an organization that's more hierarchical and probably more bureaucratic than the VA. From a very young age, I learned as a leader that you have to really focus on how do you get things to really work within these hierarchical types of organizations? And this means that you've got to understand who the decision makers are in organizations. You've got to know the policies and procedures, both the written ones and the culturally unspoken policies and procedures.

I think staying curious and asking a lot of questions is important. I also think that this is where having a really good mentor really matters because if you go into a meeting and a decision is made and you don't understand how that decision was made within the context of the conversation at that meeting, that mentor can help to explain that. The other thing I really learned that's important in hierarchical and bureaucratic organizations is that you never attend a meeting that has been placed on your calendar when the agenda isn't clear. You don't want to be blindsided. That's really important to be prepared so that you know what you're going to be speaking to. That's some advice I'd have for younger leaders based on my own experience.

Ishita Verma:

You've really done a lot of work in the nursing leadership community. What are some unique challenges and opportunities that nurses in particular face when it comes to roles in healthcare leadership?

Rose O. Sherman, EdD, RN (guest speaker):

I think the first thing would be that our contributions are underestimated and even underrated because the profession is largely female, I would tell you. And yet, nurses are natural problem solvers and decision makers. So there's really an enormous contribution that we can make because we really know how things work, particularly at the front lines. But I think nurse leaders always have to be thinking about, maybe more than other executives, about their own executive presence. And they also need to really look at how they're adding value to the larger organization, not just the nursing piece. So you need to be really very strategic when you're in nursing about how to do this and knowing when to step up and sometimes when to step back.

Ishita Verma:

I imagine it can be intimidating stepping into the world of healthcare leadership. Do you have any advice for those aspiring to take on these leadership roles but might have some doubts about the burdens and responsibilities that come along with them?

Rose O. Sherman, EdD, RN (guest speaker):

There's no doubt that leadership today is very challenging. But the reality is that you can be a fantastic change agent. You can make a contribution that's far broader than you would ever be able to make in a clinical role where you're only interacting with a certain number of patients. And I think the other thing is that the satisfaction of developing others, I believe, is a very strong driver for most leaders to take these roles. Having said that, I think that many leaders burn out because the responsibilities are so significant. And quite honestly, if you look at spans of control, particularly leadership spans of control in healthcare, they're far larger than they are in other industries.

And I think to be effective in leadership, you have to know how to set personal boundaries around your work because nobody else is going to do this for you. And you also have to have the commitment and support of your family. So I always tell younger leaders, "Learn to say no more often, because every time that you say yes to something, it means that you're saying no to something else. You only have so much time." And also I think it's important for younger leaders to really know what life stage you're in and how feasible is it at this point in your life to really take on these additional responsibilities. If you've got two or three kids under the age of five, it might not be feasible to take on an executive role. Just because you know can do something doesn't mean necessarily that you should do it.

Ishita Verma:

To gauge your capacities and capabilities at the moment, this is where talking to mentors who have experience or have done these tasks before can be really insightful. And touching on mentorship, can you talk more about why having a mentor is especially important in the realm of leadership?

Rose O. Sherman, EdD, RN (guest speaker):

I wrote a book called *The Nurse Leader Coach*, and one of the things that I've really seen, particularly with our younger staff, is that they want their leaders to be more coach-like. They don't want them to be like traditional leaders. They don't want the command and control. They don't want to be told what to do. And so I think if in your leadership you can really learn to be a very effective coach in manner, I think you've got the best shot at really retaining your staff. If you want to develop leadership and expert clinical skills in your staff, I think you've got to be a lot more Yoda and a lot less Superman where you're always jumping in and telling people what to do. And as we talked about before, I think that good mentorship is really critical. You can learn an awful lot through the experience of others, and you can also avoid costly career mistakes. You don't have to make all these mistakes yourself; you can listen to other people's stories.

Ishita Verma:

Could you further elucidate for us the difference between a coaching leadership style versus the more traditional one?

Rose O. Sherman, EdD, RN (guest speaker):

A couple of things really jump out at me. When you've got the traditional mindset, you are totally focused on performance in the role. And when you put on that coaching hat, you're not only looking at the individual's performance, which of course you do need to look at, but you're also looking at their professional growth. How can I help this person even be better in their role than they are right now? The other thing, I think, traditional leaders have spent a lot of time focusing on weaknesses of staff, what you don't have, what you're not doing. And I think that when you're more coach-like in a leadership role, you focus more on their strengths. What is going well? How can they use what they have to really

maximize themselves in the role that they're in? So those would be two big areas where there's a big variation.

Ishita Verma:

You bring up a very important point about how leadership needs to continue to evolve and how we shouldn't limit our perceptions to the traditional models of leadership. The style that you're describing is truly collaborative and team-oriented. Can you share some tips and techniques to foster this interdisciplinary and collaborative culture?

Rose O. Sherman, EdD, RN (guest speaker):

I think that first of all, as a leader, we really need to foster the importance of believing in the value of teamwork. Healthcare is a team sport. Nobody is an island. No one cares for patients in a silo or a vacuum. There are always other people involved and it does take a team. And I often talk about mental models in interdisciplinary teams because I think every profession has its own mental models, not only about what they do, but also their mental models about what others on the team can do or can't do. And I think that if we're going to break down some of these mental models, which I believe we need to do in healthcare, because the ideal thing would be to have everybody work at the top of their scope of practice. That's really what you want. You want people working at their scope.

We know, as an example, right now in nursing, about 50% of what nurses do in clinical environments does not need to be done by a nurse, it could be done by other team members. And we have these shortages, so we can't continue doing this. The other thing I think is also crucial for leaders to realize is that they should not assume that teamwork is excellent on their teams, especially in this post-COVID environment where so many people are focused right now on their individual needs. To build teamwork, you need a team-first mindset and great teamwork needs to be recognized.

For the past, I'd say, 18 months, I've been doing these workshops nationwide on rebuilding nursing teams. And one of the things that's been really surprising to me in doing these workshops is how few organizations even evaluate teamwork as part of their performance evaluation. They don't ask any questions on interview about how that person might contribute to teamwork. And most of our recognition programs don't recognize teamwork. So there seems to be this assumption in healthcare that it's going to be present and valuable rather than something that needs to be built. And I think healthcare leaders need to realize that it has to be built. Can't assume that it's there.

Ishita Verma:

A really interesting point. And it makes me curious, what are some teamwork red flags that really send the message that this team isn't working and something urgently needs to be changed?

Rose O. Sherman, EdD, RN (guest speaker):

I like the work of Patrick Lencioni who talks about why the teams fail, what happens on teams that leads to dysfunction. And I think the first big thing that we see in dysfunctional teams is where people don't trust each other. They don't maybe even know each other that well enough to trust each other. So that's something that can be very dysfunctional and a red flag. The second red flag would be if the team can't deal with conflict within the team, if they don't have a way, in a healthy way, manage conflict among team members, that can be very destructive. Another red flag would be when people don't feel accountable to one another for the roles that they take, they'll go ahead and say they'll do something

and then they don't do it. And that is very destructive to teamwork as well. So those would be three biggies I would say that I'd look at as red flags on a team.

Ishita Verma:

Playing into this a little bit, let's say that I'm an employee on a team and I notice these red flags. Taking that first step and fostering this awareness and saying that this is a problem that we need to solve can be really intimidating. Do you have any advice on how to approach this? And once, as a team, this awareness is raised, how do you go about trying to resolve it?

Rose O. Sherman, EdD, RN (guest speaker):

This is a really tricky question because so much of it is really context dependent. Are you a new team member or are you an experienced team member? Has this team been working together for a long time? Has this team just formed? You have to look at all of that as you make a decision about how do I step up and step out and say, "I think maybe on this team we don't have the level of teamwork with a level of trust that we need to have"?

But one thing I like to recommend is Google, Google has done a lot of work around effective teamwork, and it's on the internet, it's called re:Work, and they did a project called Project Aristotle. And when they did that project, they brought in researchers from Harvard to really look at the teams at Google because at one point the leadership at Google believed that all you needed to do was put the best software engineers on a team and they'd produce great results, and that wasn't what was happening. So one of the tools that's available on the internet from Google is a tool where you can measure the psychological safety on a team, where you could give this research-based questionnaire. If you gave this out to everyone and you had some pretty concrete results that people on this team didn't feel safe, didn't trust, didn't believe the conflict was being resolved, then I think you've got some data to show that something needs to be done. That would be my recommendation.

Ishita Verma:

Shifting topics a little bit to transformational leadership, which is something that's almost become a buzzword in the media, could you talk about what it is and its role in shaping the future of healthcare delivery and patient experiences?

Rose O. Sherman, EdD, RN (guest speaker):

Transformational leadership... and some of your audience might have read the work of James Burns because he's really probably the best known person that has written about transformational leadership. The idea with transformational leadership, which was really popularized in the 1970s, is that as leaders you can both inspire positive change and bring out the best in others by really focusing on helping everyone on the team not only see your vision, which is important if you're a transformationalist to have a vision, but the second piece is to find a way so that everyone can succeed together.

I would agree with you, I think many healthcare leaders want to be transformational and talk about themselves as being transformational. But just calling yourself transformational doesn't mean you are transformational. It's really what others say about your leadership that's much more important. And I would tell you this is hard right now in healthcare, transformational leadership, because you have to have followers if you're going to be a transformational leader. There have to be people behind you that are following you.

And so trust in healthcare leaders right now is really low. We just had a study that was done by Deloitte that was published in December, and it really showed that a very small percentage of healthcare staff really believe that the leaders will do the right thing for them. And less than half believe that their leaders will do the right thing for patients. So you can see that we are not in a place where people are positioned to be transformational because they don't necessarily have people following them at this point, and that trust needs to be rebuilt, I would tell you.

Ishita Verma:

That's awful to hear. Why do you think that this trust is so low? Is it because of the pandemic?

Rose O. Sherman, EdD, RN (guest speaker):

It's so complex. There's so many factors that enter into it. But when you've had this much turbulence in the environment, the Gallup researchers just wrote a book called Culture Shock and they talked about COVID being like an asteroid that hit the planet, and that so many things are so different and leaders have to realize that the environment that they're leading in today is not the environment they were leading in 2019. There's been a remarkable level of change and people don't view work in the same way. They don't view their lives in the same way. It's not surprising to me that trust is where it is because of the level of change. And I think what leaders are wanting to do right now, and I think in the larger society, the issue around remote work is a really good example. Leaders just expect sometimes that people that work for them are just going to line up behind them and do whatever it is they want them to do. And that's not where we are in the world today. People are making different choices and they're looking at leaders in different ways. So as we try to implement change and be transformational, I think we have to realize that we have to bring people along and it might be a lot slower than you might want it to be.

Ishita Verma:

I feel like this brings us back to the idea of how the world around us is changing, and that it's really important that we continue to evolve our definitions and the way that we view leadership. I also wanted to touch on ethical leadership. How do you think leaders can maintain high ethical standards while they are in this place of influence and power?

Rose O. Sherman, EdD, RN (guest speaker):

I think that ethical leadership is very critical, and sadly, we're seeing an erosion in ethics pretty much across the board in decision-making, in society at large. To have high ethics in leadership, you must be reflective in the way that you make decisions. Why are you making the decision that you're making and how is it going to impact staff? How is it going to impact patients? The first piece is reflection, really thinking about these decisions that you're making in a very different way. And the second piece about being ethical is a willingness to accept feedback about the decisions that you're making from other people that will tell you what you need to start doing, what you need to stop doing, or what you need to continue doing as a leader. Staff will question your ethics, there's no doubt about it, and sometimes they will be right in their questioning about a decision that you've made. But how would you know that if you don't willingly seek and value the feedback that you get? So you need to ask yourself what truth is there to what's being said, and that requires a lot of leadership reflection.

Ishita Verma:

This really reminds me of the saying, "There's no I in teamwork." And I feel like being a leader who incorporates feedback and is receptive to hearing what your team members are saying, it sends such a powerful message and really creates such a positive dynamic of the team. As we end our conversation, what are your thoughts on future healthcare leadership and what skills or competencies will be the most valuable for leaders in the coming years?

Rose O. Sherman, EdD, RN (guest speaker):

I'm always the eternal optimist. I always believe we can and will figure out how to really address these challenges. And yet still, I agree with what Gallup research has said about COVID being the equivalent of an asteroid really hitting the planet. It's been a game changer for society. And I think that we must be willing as leaders to realize that. We can't move back to a simpler time because that's not where we are. And when circumstances change, leaders need to change. And Marshall Goldsmith, who wrote a book in the 1980s called *What Got Us Here Won't Get Us There*, it's such a great book, and he's so right. We have to realize that when the world changes, we as leaders have to change.

So I would say that I think leadership is both an art and a science, and so the soft skills such as emotional intelligence, communication, navigating conflict, quite honestly, I have found are harder to teach than some skills like budgeting or project management. So I think leaders have to have a positive mindset as they approach the challenges. They also have to become better listeners. Listening is really key, it's vital to communication. And I think we have to be a lot more transparent in our communication and acknowledge what we're going through right now is extremely difficult and show that level of empathy. So I think leaders will need to stay really future focused and solutions oriented because I believe ultimately if we can do the right thing for our healthcare workforce, then ultimately we're going to do the right thing for patients.

Ishita Verma:

Thank you so much for chatting with us today.

Rose O. Sherman, EdD, RN (guest speaker):

Thank you for having me.

Speaker 1:

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