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West Meets East: A Westerner's Reflections on Leadership

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Abstract

This article describes the leadership journey of a nursing leader from the United States. Background information on the culture of the United States where the author was raised and educated is provided as is a discussion about how her leadership skills were influenced by American culture. She reflects on the similarities and differences in leadership journeys between the nurse leaders from five Asian countries who participated in the Women's Leadership Workshop held at Duke University in 2017¹. The article concludes with suggestions for women in leadership, particularly nurses, across the globe.

Keywords: leadership, westerner, nursing

West Meets East: A Westerner's Reflections on Leadership

It always amazes me how I can still learn so much about something I thought I already knew a great deal about. In this case, the topic was women nurses as leaders. Yet, when I became involved in the Asian Women's Leadership Workshop (AWLW) in 2017 and worked with 12 nursing leaders from five different countries to develop an emerging theory of leadership, I realized once more how much I had to learn. I came to the AWLW armed with my knowledge of a variety of leadership frameworks from different disciplines, many of which I have used to make sense of my professional and personal experiences as a woman and a leader in the profession of nursing. I also brought some limited understanding, based on years of experience working with nurse leaders in several different countries, of how one's culture shapes how one interacts with others, how we set expectations of ourselves and others, and how we as women view our responsibilities. What I did not realize, or more importantly, appreciate, is how the culture one grows up in deeply influences so many things about us as women. Our culture influences the professions we choose, how we balance home and work, how we think and communicate, and how we evaluate our own effectiveness and success as a leader.

As a woman raised, educated, and working in the United States, and a nurse for the past 40 years, I

was shaped predominately by other women who came from middle class backgrounds, who were often one of the first college educated women in their families. Most were nurse leaders. These women learned how to be a professional leader from men as well as women. With their help and support, I realized I had to "figure out" the rules of power and persuasion and how to negotiate for resources—both individual and collective—in a man's world.

The purpose of this article is to share my own leadership experience as a White middle-class woman in a woman-dominated discipline in the multi-ethnic United States society. I reflect on similarities and differences between my own leadership experience and that of other women leaders' experiences through the AWLW. As an epilogue for this special issue, I

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hope I can provide a counter/outsider perspective of a Westerner on women's leadership and subsequently contribute to an integrated and balanced perspective on women's leadership across the globe.

The Culture of the United States

Interestingly, the United States has always claimed to value diversity and indeed, compared to most cultures and countries, it has always been more heterogeneous than most (U. S. Census Bureau, 2018). This is a country largely built by immigrants beginning in the 1600s (Spector, 2012). Over the years, other ethnic groups relocated to the United States which has led to a country with many diverse cultures (U. S. Census Bureau, 2018). Currently, over 42.4 million immigrants reside in the United States (Center for Immigration Studies, 2018).

The population of the United States has grown tremendously over the past 250 years. Early immigrants came from Western Europe—England and Ireland, as well as China (Spector, 2012). Many of these individuals were indentured servants—working for years to pay for their passage over. After the two world wars, people from Germany, Poland, and other eastern European countries, along with Asians, immigrated to the United States. For many immigrants, as well as those children of American born working class parents, the United States promised upward mobility if one worked hard and obtained a firm foundation through higher education systems (Gerber & Kraut, 2005).

Despite waves of immigrants who contributed in very substantial ways to building the country during the eighteenth, nineteenth, and twentieth centuries, federal and state laws favored white men of European descent (Lipson, 1999). Since the founding of the United States in the mid-1770s, these men were allowed to own property, paid higher wages for the same jobs, built credit, borrowed funds, and were selected for positions of power across industries, professions, federal government, and the media, while women and men from other ethnic groups were precluded. These laws were strictly enforced for over two hundred years and prevented the overwhelming majority of women and men from other cultures from being independent and building wealth.

Interestingly, there were pockets of power and success in selected regions of the country in which immigrants succeeded, that is, Germans in Milwaukee, Arabs in Detroit, and Hmong in Wisconsin (Lipson, 1999). Yet even in these immigrant groups, women did not wield power and influence, but rather were held to the gender standards of their home countries for several generations. Thus, while American women are viewed by other women in countries across the world as free,

powerful and influential, it has only been the last 30 years in which any significant progress was made in women's rights.

Women and Leadership in the United States

Women's rights and equal treatment of women were first recognized in the United States only during the first quarter of the twentieth century when women were given the right to vote after the 19th amendment to the Constitution was passed in 1920. Until 1900, in fact, women were not allowed to own property or have the right to their own wages for work performed. The need for women workers to replace the men who went to fight in WWII allowed women into trades and professions that were previously denied to them. This "new freedom and choice" gave them new insights into their own contributions and laid the foundation for the unrest felt by women in the mid twentieth century.

After the war was over, women were expected to return to their homes and raise children. The children born after WWII, commonly referred to as baby boomers, thrived in the unrest of the 1960s and 1970s when the "women's liberation" movement began (Flexner & Fitzpatrick, 1996). It is that generation of women who are viewed as new "leaders" in politics, the professions, banking, etc. Yet, their leadership was usually a result of being mentored and sponsored by men who held positions of power in business, law, medicine, etc.

The lessons from the male model of leadership included a focus on strategies that were logical, political, and negotiation skills based on power. In most instances, women who rose to power in various sectors also had to work closely with men and therefore had to be "bi-lingual" and develop strategies that worked well for both men and women in the organizations they led. As a result, many women in leadership today have had to work hard to develop their "softer" skills needed for strong intrapersonal relationships, mentoring, and nurturing the next generation of women. These "softer skills" are grounded in an awareness of the value of intrapersonal relationships with others in an organization (Bolman & Deal, 2013). These behaviors include taking time to know the aspirations and dreams of others, supporting people during loss and life crises such as death and divorce, and letting others know clearly when they have a "job well done."

My Leadership Journey

I grew up in a family of strong women, but higher education was not an option available to them. However, my mother and paternal grandmother highly

valued education and challenged and encouraged me to think about attending college. I attended the only Catholic high school in Charleston, SC and was an excellent student. My high energy level and interest in many things also led me to be involved in many school-based organizations such as the yearbook staff, German Club, as well as our church youth group. In high school, math and science courses were taught by Sisters of Mercy and Daughters of Charity which provided me with many well-educated women as role models! Yet, I had wanted to be a nurse since I first read the *Sue Barton* (Boylston, 1936–1952) series. I never veered from that even though in the late 1960s some women were pursuing more male-dominated professions, such as medicine and law.

I was a first-generation college student and knew in order to afford college tuition I would enter the Army Nurse Corps college program if they accepted me my junior year in a baccalaureate program. I did well, but clearly was not a spectacular student in my BSN program at the Medical College of Georgia. Even then, my challenge of current practices while in school was not always valued by the faculty. When I entered the Army Nurse Corps in 1973 to pay back my three-year commitment, I was excited and eager to learn about my chosen profession of nursing. I also learned some of my earliest leadership lessons in those three years and was mentored by the best. Lessons included a respect for authority while learning to take responsibility for my own “voice”: how to use respect and logic when arguing for a certain strategic change, and how great leaders take responsibility for the development of those who work with them.

When I finished my commitment to the Army Nurse Corps, with the encouragement of my husband, I returned to school to obtain a master’s degree in Family Nursing at The University of South Carolina and continued my career focusing on pediatric nursing. As my husband and I began our family in the late 1970s, I experienced the emotional conflict as a mother and a working professional—something less than 20% of women did at that time—especially in the southeast region of the United States. However, I found academic nursing to be a wonderful career—very stimulating intellectually, providing an optimal balance of structure and independence I needed flourish! My husband was always very supportive of my career aspirations. Luckily, our son was an exceptionally “easy” child temperamentally. Later, raising a daughter provided me with the opportunity to coach, support, and encourage another woman to be the best she could be.

Of course, during those years, I encountered my fair share of gender-based discrimination. For instance, I applied for a loan in 1980 to repair my father’s home after he passed away, and the bank required my husband as a co-signer—despite my working history and his protests about that being an unfair banking practice! Furthermore, when I applied to a university sociology department for a Ph.D. program in 1980, I was told “We don’t really take women – there are better majors for them”, which was quickly followed by “Why would a nurse need a PhD?” (I have to admit I also fielded that last question many times since and not just from men!).

Up until this time, I found myself most motivated by the women’s liberation movement, others’ expectations of me, and powerful role models in the nursing profession. In my Ph.D. program, I learned to find my persuasive voice, set expectations for myself, and think based less on emotion and more on logic and evidence. These skills, in addition to the research and theory methods I studied, enabled me to successfully pursue a funded program of research in pediatric pain and provide leadership in nursing science for many years. However, when I became dean at Indiana University in 2004, I also realized that those analytic skills were not enough. Based on feedback, my own and others’ assessments, and some exceptional coaching, I was able to develop additional leadership skills that enabled me to be more effective as a leader across sectors in nursing and as a member of inter-professional executive teams in health systems. Once again, I realized the importance of focusing on others’—their perspectives and needs while also focusing what and how the organization needed to evolve successfully. This required me to communicate with others clearly and often, build diverse teams, praise good work done by others and give others well deserved credit.

Similarities and Differences in My Leadership Journey and Asian Women Leaders’

The journeys of women nurse leaders from both Eastern and Western cultures described in this special issue reveal several similarities across our leadership experiences. In both cultures, women are expected to continue as the major source of caregiving for family members who are young, aging, or chronically ill. They are also “the keeper” of the emotional tone in the family across generations and often feel the stress of these multiple caregiving roles. Women continue to be responsible for the organizational

aspects of family life for the most part. Yet, they continue to strive for excellence in their professional roles and take on the mantle of responsibility.

This strong sense of responsibility is evident in both cultures but seems to be rooted in two different motivations. One is based on the expectations of others for leadership (Eastern culture) and the other views organizational leadership as a personal goal (Western cultures). In Western countries, deans and chief nursing officers serve as long as they are willing, their followers and superiors are satisfied, and their organizational outcomes are satisfactory. Appointments of individuals to deanships in Asian countries, however, are based on a rotational system (i.e., term limits) of 3–4 years. Of course, the rotational system in Asian countries applies to male as well as female leaders. Future research should examine if, and how, a rotational system may influence the leadership styles and behaviors of deans, and whether there are any gender-based differences in these styles or behaviors.

As the only white Western leader who participated in the AWLW, I could also identify several differences between my leadership experiences and others'. In the articles included in this special issue, Asian leaders from five countries clearly described the core value of harmony and other-centeredness in their leadership development and implementation. Although neither of these (harmony and other-centeredness) are totally absent from leadership styles of most American nurse leaders, they certainly are not as strong, or in the U.S. culture, even an expectation.

The expectations of nurse leaders in the United States is to lead through their vision for the future state of nursing, and they must have an ability to challenge processes that do not support forward movement and strong outcomes for the organization. Nurse leaders in the United States are leading other nurses (and in some cases non-nurses) who are strong personalities and have clear opinions about the "right way" to do things. Obedience to authority figures is not necessarily valued or practiced unless someone can be persuaded by the leader that it is in their and their patients' or students' best interest to focus on the organization's new direction. In addition, in certain sectors, such as universities and magnet hospitals, strong governance structures require the leader to work with the members of the organization to achieve dually defined outcomes.

These different perspectives and values based on culture have the potential to lead to miscommunication and even frustration between individuals of different cultures such as Asian women and men and American nurse leaders in the United States. Communication styles are very culturally bound. We learn from a very

early age how and when to seek help, how to accept critique, to provide feedback, to share expectations, and to ask for what we want and need. Communication about these various aspects is where I believe the biggest challenge is for some women raised in Asian cultures and those in the United States. Communication is all about perception of the other—the respect for oneself, willingness to help or hinder one's career, their desire to work together to achieve common goals, their honesty in sharing their needs and wants, and their comfort with others' decisions and style.

In my professional relationships as a dean, I stress honesty, transparency, fairness, equity, evidence, and logic in communications about how I reach and implement decisions. I also find myself to be very goal directed for my organization as well as myself. Over time, this could be expected to lead to some conflicts or at best misunderstanding about how I make choices on behalf of the organization, which sometimes affects others. Some individuals do not always agree with those decisions. Given the absence of harmony as an American core value as a leader, I try to gain as much input as is realistic and necessary (as input always makes for better decisions on my part). Yet, for input to be obtained from large groups, it is incumbent upon each individual to speak up and voice their opinion. Voicing their opinion may be difficult for Asian born faculty who may not agree with others' viewpoints. They may believe voicing their opinion could create discord and a lack of harmony. Yet, their American colleagues may see the lack of voice as agreement.

Another significant difference in Asian women leaders and American women leaders is the emphasis in Asian cultures on the importance of followership and how the respect and support of followers is crucial to the success of the leader. Indeed, many Asian leaders highlighted the importance of being recognized as an insider; that is, when a leader is perceived to be an insider, the members will strongly support the leader. The concept of followership is becoming much more important in the U.S. based literature as well—although not often in nursing. Crossman and Crossman (2011) described the importance of engaged followers to the effectiveness of a chief executive leader in any organization.

Finally, a difference is related to the expectation that the nurse leader is responsible for the happiness of those who work in the organization. Happiness, in the western view, is assumed to be a personal responsibility that while influenced by many external factors, work would just be one. Other internal and intrinsic factors are also believed to be major influences. Instead, the nurse leader in the United States is expected to shape a culture that supports the

individual's professional development and job satisfaction that is known to produce stronger outcomes for patients and students (Broome & Marshall, 2017).

Epilogue: Leading through Diversity

The concept of transformational leadership is very common in most of the leadership literature. Transformational leaders are highly influential with those who work with/for them and see themselves accountable for positive outcomes in their organizations (Broome, 2013). In contemporary nursing, it is essential that women leaders value diversity of thought, approaches, and behavioral styles. A diverse workplace has been shown to result in better organizational outcomes (Roberge & van Dick, 2010). Yet, leading through diversity is a challenge for many women. Individuals with diverse backgrounds inherently lead to a diversity of perspectives, opinions, and behaviors, which in turn has the potential to lead to conflict—both covert and overt. Women in general do not embrace conflict, often making diverse organizations a challenge for them to lead.

In this article, I shared my leadership journey throughout my nursing career, and highlighted the similarities and differences in my experience with other Asian leaders. There certainly exist differences in our leadership experience due to multiple complex factors that were differently mingled in our unique cultural and societal contexts. However, I can also see similarities in our goals, challenges, and leadership strategies. Also, I can see that all of us have worked very hard on our leadership development as women leaders in this patriarchal world.

As more and more partnerships—between academic organizations and practice organizations—develop between countries in Western and Eastern cultures, it will be critical for the nurse leaders in both settings to understand, appreciate and celebrate the differences and similarities of women leaders. These partnerships can lead to strong bonds based on understanding and reciprocity of talent and contributions from both sides. One contemporary “partnership” that holds much promise for the future in many countries is that of DNP and Ph.D. prepared nurses. These nurses, both doctorally prepared, will be our leaders who will use their combined knowledge and skills in generating and translating knowledge into practice to improve the experiences of patients. The purposes of these two degrees are different, but in combination can be a powerful team-based approach to leading health system changes to improve health (Broome, 2012).

Together, the nursing profession and discipline across the globe will ultimately benefit health for citizens of all countries touched by these amazing women leaders. I want to conclude this special issue as well as this article with the following famous quote on leadership by Vince Lombardi. “Contrary to the opinion of many people, leaders are not born. Leaders are made, and they are made by effort and hard work.” Yes, we became leaders through our hard work and continuous efforts with trials and errors.

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