The International Journal of
WHOLE PERSON CARE
VOLUME 5 ● NUMBER 2 ● 2018 ● 5–16

MINDFUL LEADERSHIP IN INTERPROFESSIONAL TEAMS

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ABSTRACT

In interprofessional health teams the need for coordinating leadership and the (dynamical) need for appropriate clinical expertise to come to the fore involves a tension between the traditional role of the team leader as authority figure and the collaborative leadership which enables individual team members to emerge as leaders in their area of expertise and to relinquish this leadership as needed. Complexity analysis points to an understanding of leadership as an emergent property of the team. We discuss how a framework of mindful leadership addresses the implications of this emergent leadership model, and how Appreciative Inquiry provides a structured process for examination of team vision, values and behaviour standards.

KEYWORDS: Appreciative Inquiry, Chronic Disease Care, Complex Systems, Emergence, Interprofessional Teams, Mindful Leadership

INTRODUCTION

The management of chronic diseases in a modern health care system requires the expertise of a variety of health care providers working effectively in interprofessional teams[1]. Helping the team members to thrive both individually and collaboratively requires a new style of leadership that builds on shared vision, values and behavior standards. This paper uses complexity theory to explore the structure of teams, recommends mindful leadership as a strategy to encourage emergent leaders and to build healthy teams, and proposes the use of Appreciative Inquiry to uncover those shared elements for team success. The role of the leader is then to create the internal milieu in which the team-specific forms of this vision and these values and behavioural standards can emerge. Part of this role is dissemination of reflective practice throughout the team by the leader, with the intention that all members of the team may adopt a mindful leadership approach and achieve their potential for leadership within the team.

Mindful leadership is a necessity in the context of a complex health care system and complex health care situations, and, in particular, the complexity that arises in interprofessional health care teams working with patients who are dealing with chronic disease. Complex systems require an approach to leadership that acknowledges this complexity and that differs in a significant manner from traditional hierarchical leadership models that are based on assumptions about determinism. Our intent is to analyze how the philosophy of mindful leadership provides guidance for leaders in interprofessional chronic disease care teams on enabling effective emergent leadership for teams.

COMPLEXITY THEORY

The unique structure of interprofessional teams can be analyzed through the lens of complexity theory. An underlying structural support, or domain, of interprofessional care is Patient/Client/Family/Community-Centred Care (hereafter referred to as patient-centred care)[2]. Specifically, the competency statement for this domain calls for learners and practitioners to integrate the input and engagement of the patient/client/family/community in planning and implementing care. Given this, the team, which constitutes the complex system, is taken to include, for example, health care professionals, the patient and family, and other professional and volunteer care-givers. Consequently, health care practitioners may, during a working day, find themselves as members of a number of diverse teams. Characteristics of this dynamical system are diversity and ambiguity[3]. For example, diversity exists as there is variation in the nature and presentation of the health conditions, and in the make-up of the team, since various combinations of health professionals are involved in each patient's care, and as each patient has unique family and social support. Ambiguity exists in the form of different interpretations of wellness among team members, patients and family members. Here, "wellness" is conceptualized as the active pursuit of health and the achievement of potential within the limitations imposed by conditions beyond

the control or influence of the team. As noted by Chadwick[4], in the context of operating room teams, the negotiation of different interpretations within the team creates a constructive conflict or tension.

The essential point is that while general concepts and strategies may be helpful in approaching the work of health care delivery, they must be developed within the team to give a definite form that respects both the internal structure of the team and its external environment. An implication of this for clinicians who may be involved in many teams is the need to recognize the specificity of each team.

From the perspective of complexity analysis, the internal structure of the team consists of both the individual members and the relationships between them. These relationships develop over time through the interactions of the individuals, and the team incorporates its history into the structure of the team. It is this internal structure that determines how the team responds to changing clinical situations. (For a more general discussion of the structure of complex systems see Manson's description of "aggregate complexity".[5]) Further, team structure cannot be considered without acknowledging the complexity of its subsystems. Ultimately each team is made up of individuals and each individual has a distinct internal agenda and is a member of a subset of the team either as a patient, family member, practitioner or other group within the team. Each team also has a specific environment which includes, for example, functioning within a healthcare system, and which also includes the implications of the disease(s). In summary, each team has a unique nested structure which determines its capacity to act in a variety of clinical situations. Nestedness is an essential property of complex systems[6] that creates context dependence.

LEADERSHIP WITHIN A COMPLEX SYSTEM

An essential aspect of complex systems is that successful strategies and outcomes are context dependent[7]. Nonetheless, the change in the nature of leadership implied by the acknowledgement of complexity has been studied in a variety of contexts from which certain general attributes of leadership for complex systems can be identified. For example, in considering how organizations cope with complexity, Seijts et al. note that while organizations may attempt to deal with complex environments by the addition of multiple layers of specialization and hierarchy, this approach is ill-suited for dynamic and potentially ambiguous complex environments[8]. Seijts et al. observe that successful functioning in a complex landscape requires an organizational environment that promotes adaptability, learning and creative problem solving, and leadership that enables the "distributed intelligence of the organization to flourish".

Similarly, the complex nature of chronic disease care requires that the health care team has multiple forms of professional expertise of health care providers as well as that of patients and their family[1]. The expertise of patients and their family provide the specific context that might be characterized as living with the disease. However, the simple addition of layers of perspectives while maintaining traditional, hierarchy-based models of

leadership are inadequate to produce effective interprofessional teams[3,4,9]. In discussing mindful leadership in healthcare, Johns has noted an aspect of the interaction between a leader and the organizational system that may confront a leader in healthcare; that is, while acknowledging a need for new approaches to leadership, the organization may not be structured to support the transformative process that these new forms of leadership will generate[10].

The need for adaptive leadership arises from the dynamical nature of the situation the team is dealing with, including dynamics of the internal structure of the team and change in the environment within which the team functions. In the context of chronic disease, the dynamical nature of the health situation may refer not only to changes in an individual's health circumstances, but also should be understood to include the variation that occurs from individual to individual in the management of a given disease. The need for adaptive leadership may, of itself, lead to tensions for individuals and between individuals. Particularly, while professionalism may be supported by the familiarity with knowledge acquired through experience, practice which has become reliant on routine may lead to a lack of innovation[11], and to depersonalization.

Acknowledging the nested and complex nature of interprofessional teams forces us to consider the nature of leadership that supports the emergence of team structures in which all team members are empowered. Collaborative health care teams need effective leaders who can maintain team agility so that individuals are able to deal with complexity while under pressure of limited time and finite resources. All team members should be empowered to monitor for signs of an impending change in the patient condition and/or family dynamic, and communication processes within the team should be such that information is quickly shared and evaluated as necessary. Moreover, the embedded internal structure should facilitate an appropriate response including innovative problem-solving.

The point here is not to disregard standardized procedures in order to allow innovation free range, nor to maintain routine at the expense of appropriate innovation. Rather it is necessary to find the appropriate balance, in a given situation, between the former (clockware or machine like) approach and the latter (swarm like or exploratory) approaches[12]. (See also the discussion of coordination and cooperation by Kinnaman and Bleich.[13]) This appropriate balance is not achieved by a static, analytically arrived at combination of information exchange, diversity, connectivity, power differentials and anxiety. Rather, it requires adaptive behaviour by the team to dynamically maintain the correct balance. Consequently, reflection is a crucial skill for all members of the team[12]. That is, a form of leadership is required that is itself based in reflection, but also enables others to use a reflective approach to the work of the team.

Complexity theory points toward a model of leadership as a shared attribute of a team rather than as the attribute of an individual (or small number of individuals). In particular, Lichtenstein et al.[14], discussed leadership as transcending the abilities of individuals, and as being the product of interactions, tension and rules governing

changes in perceptions and understandings. This conceptualizes leadership as an emergent property of the team. In times when change occurs and requires a cooperative team response, emergent leadership is characterized by the stepping forward of individuals with the necessary qualities to offer leadership, and subsequently relinquishing leadership to others within the team as the situation changes and requires other knowledge or qualities. The distinction between leadership as an emergent property and the role of individuals as leaders[14], highlights the need to identify a framework of leadership and leadership training for collaborative teams, relevant to the needs of modern health care. Further, while leaders may have management roles (see, for example, the discussion of formal and informal leadership roles by Chatalasingh and Reeves[9]), leadership and management must be distinguished[10,14]. The tension that results from this distinction calls for a constructive, mindful approach to leadership.

A MINDFUL LEADERSHIP FRAMEWORK

A key role of leaders working in complex situations is to maintain a level of tension within the team to enable the emergence of leadership. The reflective practice of mindful leadership enables this emergence, and mindful leadership empowers team members to reach their potential in pursuing the team's goals. This maintenance of tension is achieved through the building of team (system) identity consistent with the complexity theory approach briefly outlined above. (For a more detailed discussion of the role of system identity in the context of complexity theory see Lichtenstein et al. and references therein.[14]) Particularly, vision-driven, value-based leadership provides a framework for the development of teams which have embedded in their relational structure a team identity that enables complex adaptive behaviour in situations that are dynamic and diverse, and often ambiguous.

A fundamental concept for mindful leadership is that of vision. Indeed, we argue that values and the related behavioural standards for an individual should be founded on that individual's personal vision, and that shared values and behavioural standards of a team should be founded on the team's shared vision. A detailed description of the role of personal vision and organizational vision, and how the former affects the later has been given by Bunting[15]. In the case of a chronic care team, the team vision must go beyond a written statement and be a mutually understood and owned goal. Further, to ensure mutual adoption and commitment to the vision, it is necessary that the team vision aligns with and is supported by the personal visions of the team members. Finally, it is necessary that the vision should have a sufficiently concrete form that the team can be sure of mutual understanding and ownership, can test the team's achievements against the vision, and can modify the specific form of the vision when necessary.

Bunting gives a detailed discussion of the role of value-based leadership for individuals and the role of shared values for organizations.[15] To ensure adherence to the team's values it is necessary to establish shared behavioural standards for each value, and for the team to develop shared stories as described by Bunting. The

shared stories are not, in general, written down, but, rather, reflect experiences of the team that give form to the values and behavioural standards of the group. That is, the development of mutually understood and owned values and the related behavioural standards provides the internal milieu in which the structure of the team develops; however, that development of internal structure itself involves the development of mutual understanding and adoption of values and standards. Thus, structure and adoption of values are not independent. Rather, they are co-evolving aspects of a single system. This feedback-mediated evolution is a characteristic of complex systems and closely related to nestedness and the property often referred to as non-linearity.

"Wellness", conceptualized as the active pursuit of health and the achievement of potential within the limitations imposed by conditions beyond the control or influence of the team, may serve as the starting point for discussion of vision in a chronic care team. However, as a vision statement this remains abstract. Further realization of the specific form may depend on discussing the dimensions of wellness such as physical, mental, social and spiritual dimensions[16-18]. Attempts to construct a specific form of this wellness vision for a given team may result in different and, perhaps, conflicting interpretations by team members resulting in constructive conflict[4]. Mindful structuring of the negotiation process to be consistent with the shared values, facilitates the emergence of a shared vision of wellness for the team. Consequently, this mindful structuring of the negotiation process should empower all members of the team to contribute to this shared vision and validate emergent leadership as a valued characteristic of the team.

An example of the importance of mutual understanding of concepts within the team and as it relates to patient care is described by Quill et al.[19] In the context of severe illness, Quill et al. discussed how the actual meaning of a request for "everything" by a patient or patient's family can have widely different meanings from patient to patient. These authors describe a structured approach, based on four domains ("Affective", "Cognitive", "Spiritual" and "Family"), which includes negotiation of disagreements. This approach is designed to determine what lies behind the patient's request for "everything", and thereby to identify what "doing everything" means for the specific patient. This then enables the practitioner to propose a philosophy of treatment that reflects the patient's preferences and values.

APPRECIATIVE INQUIRY

To achieve a team-specific form of vision, values and behavior standards using an abstract initial statement and answering a question such as "What does this look like for this team?" can be expected to help develop mutual ownership of the team-specific form of the vision. It is important that health care team members take time to reflect on the concepts that form the foundation for their practice. More generally, a structured approach such as that described by Quill et al.[19], provides a framework within which the team may identify a shared vision, and a corresponding set of values and behavioural standards.

The methodology of Appreciative Inquiry (AI), described in the context of organizational change by Cooperrider and Srivastva[20], provides a further approach for the development of shared vision and values while incorporating within that methodology a respectful inquiry to prompt new ideas and stories that generate new possibilities for action[21]. AI focuses on the positive and on what has already been successful rather than getting caught up on negative discussion of on-going problems. It has been used in a wide variety of contexts including the exploration of patient knowledge on the management of chronic disease[22].

Any structured approach to negotiated understanding must be consistent with the concepts of complexity analysis and vision-driven, value-based mindful leadership outlined above, in both its structure and its application. For example, the structural consistency between AI and the requirements of complexity analysis and mindful leadership can be seen by comparing these requirements with the five principles of Appreciative Inquiry[21,23]. This comparison is outlined in Table 1.

Complexity	Mindful Leadership	AI Principles
Teams consist of individuals and the relationships between them	Mindful leadership recognizes that we are all in this together and avoids the delusion of separation (p.73)	**Constructionist:** Thought and action emerge out of relationships
Adaptation requires negotiation and "constructive conflict"	Mindful leadership involves asking questions and connecting with others to understand their aspirations (Introduction)	**Simultaneity:** Questions have the power to create change and are never neutral.
A team incorporates its history into its structure as the relationships between individuals evolve	Shared stories relate to values and behavioural standards. The story lives in the words and actions of the leadership. (p.58-59)	**Poetic:** Organizational life is expressed in stories and the story of the organization is repeatedly coauthored.
The specific form of the shared vision is context dependent.	Effective leaders have a personal vision and inspire a shared vision. (Chapter 4)	**Anticipatory:** How we act is guided by our image of the future. Positive imagery refashions anticipatory reality.
An individual leader enables empowerment of individuals and the emergent leadership	Mindful leadership involves fostering collaboration by building trust and relationship, and increasing competence and self-determination in others (p.110-111)	**Positive:** Positive affect and social bonding are necessary to produce momentum and social change.

Table 1 An outline of the comparison between the requirements of complexity analysis and mindful leadership and the principles of AI. Citations in the "Mindful Leadership'' column refer to Bunting[15]. The summaries of the AI principles are adapted from Busche[21].

ROLES OF THE MINDFUL LEADER

The role of the mindful leader is then to create the internal milieu in which the team-specific forms of the vision, values, behavioural standards and stories can emerge. The properties are viewed as emergent properties which, through an iterative process, develop in forms that are specific for the team and, therefore, speak to its context. In this regard, the previous section focused on the development of the team vision; however, similar considerations apply to values and standard behaviours. For example, the Domains of the National Interprofessional Competencies Framework[2], and the descriptors for each domain may be considered values and standards of behaviour respectively for interprofessional team members. However, developing and enacting the specific forms as reflected by the shared stories remains a context-dependent process for each team.

A further role of mindful leaders is the dissemination of reflective practice throughout the team, so that all members of the team may adopt a mindful leadership approach and achieve their potential for leadership within the team. The considerations of the previous section point to a model of leadership in complex interprofessional teams in which leadership is conceptualized as an emergent characteristic of the team[14], which leaders within the team enable. Vision-driven, value-based, mindful leadership[15], provides a mechanism for this enabling of team leadership. Specifically, it removes the contradiction between leadership by individuals and the concept of emergent leadership. That is, the reflective practices of individuals are the tools that establish the internal structure of the team that capacitates this emergence.

How then is the co-evolution of internal structure, vision and values and emergent leadership enabled by the mindful leader? The previous section points to the mindful consideration of structured approaches to discussion as a key element for leaders seeking to create the necessary milieu for emergent characteristics (leadership) and properties (mutually owned vision, values, standards and stories). Using approaches that are based in formal methods may provide useful guidance for discussion and the negotiation of interpretations. Structured approaches based in Appreciative Inquiry are aligned with both the implications of complexity theory and with vision-driven, value-based mindful leadership.

Rather than specifying the values and standards of the team, the mindful leader enacts the values and standards of the team by consistent and deliberate adherence to these values and standards. Positioning leadership and conceptions of wellness (or more generally the team vision) as emergent team attributes and acknowledging the evolutionary nature of the vision, values and standards, replaces the concept of the traditional leader as an individual that defines these terms, and identifies the role of the mindful leader as providing a process that enables the emergence of these team characteristics. Complexity theory recognizes that relationships between team members are formed by the history of the team and that this history becomes embedded in the structure of the team. In order that the team's values and behavioural standards become

embedded in its structure, these shared values and behaviours must be repeatedly validated by the actions and attitude of the mindful leader. Consequently, the traditional role of the leader is reversed.

This enactment strategy applies equally to the vision. The practice of mindful leadership with its emphasis on the leader's presence, focus, self-knowledge of her/his values and integrity, activates the leader's ability to achieve his/her potential in the given circumstances (environment); i.e., the achievement of wellness by the leader through the practice of mindful leadership both supports and enables the achievement of wellness for individual team members and, hence, the achievement of wellness for the team. For example, it is through an appreciative awareness of the strengths of the team members that the leader is able to empower leadership in the other members of the team. The team is then able to focus on the wellness of the patient and the patient's family.

The discussion in this paper has been framed in terms of in-practice interprofessional teams for chronic care; however, interprofessional education (IPE) is an essential element in building a safer and more patient-oriented health care system[1]. Complexity theory has previously been used to analyze the process of IPE curriculum development[6]. However, we note here that an implication of the discussion above is the need for training in and the modeling of mindful leadership in interprofessional education programs. In health professional education programs both formal (administrative) and informal leadership roles exist. Moreover, the move into an initial leadership role is not always premeditated[24], and every faculty member is a leader within their own classroom. Horton-Deutsch et al.[25], have noted the importance of self-reflection for educators, and Pearsall et al.[26], have discussed the importance of reflection (doing homework) on risks in educational leadership. Therefore, in order to prepare students for their role in the complex system which is modern health care, as well as their potential future role as educators, faculty members need to both model mindful leadership and to encourage emergent leadership. This leads us to suggest that complexity analysis and mindful leadership should not be confined to particular curricula units, but rather should be integrated into the approach to interprofessional education.

CONCLUSION

Complexity analysis calls for and informs an approach to leadership that differs from the rigid hierarchical approach of traditional top-down leadership models. While not nullifying the need for effective management ("clockware"), complexity analysis calls for an appropriate blending of this effective management with exploratory and innovative approaches ("swarmware")[12], and the facilitation of emergent leadership[14], in situations of low certainty and low agreement to allow for adaptive behaviour. For interprofessional care teams, which include various health care professionals, the patient, family and, possibly, other community supports, this emergent leadership is characterized by the stepping forward of team members with the necessary expertise to lead in a given situation and subsequent relinquishing of that leadership when the situation changes.

Vision-driven, value-based, mindful leadership removes the apparent contradiction between the individual as leader and the need for leadership as an emergent property of the team. This reverses the role of the leader from the traditional role of the individual who specifies a (context independent) vision and values, to that of an individual who enables the emergence of shared vision and values, and who enacts those values. This emergence is facilitated by respectful negotiation based in structured methods such as Appreciative Inquiry (AI). This mindful approach to leadership, including helping all members of the team to reach their potential within the context of the team, transforms focus from the achievement of predetermined standards (or the application of predetermined procedures) to the achievement of wellness for the team as a whole. As such, the integration of mindful leadership practices in interprofessional care and in interprofessional education may be seen as some part of the response to the need to focus "intently on the condition termed good health". This call to focus intently on good health was made in 1959 by Dunn[16], in the context of Public Health. However, in the context of deliberative, transformative processes to move to a safer more patient-centered health-care system these words of Dunn's 1959 paper might be seen in a wider context. (For a further commentary on health in health policy see the discussion by Hunter.[27])

In conclusion, due to the complexity inherent in interprofessional patient-centered care focused on chronic illness, a new kind of leadership is essential for building effective, adaptive, and healthy teams. Mindful leaders provide supports for developing strong teams with shared vision, values, behavior standards and stories, and flexible emergent leaders among team members. Appreciative Inquiry is proposed as a structured methodology for uncovering and strengthening these team properties and characteristics in both practice and education.

COMPETING INTERESTS

The authors have read and understood the International Journal of Whole Person Care policy on declaration of interests and declare that they have no competing interests.■

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