A Model for Transformational Nurse Leadership and Intrapreneurism:
The Nursing Leadership Cycle of Integrity

By
S. Margie Olson RN, BSN

A Manuscript Submitted in Partial Fulfillment of the Requirements for the Degree of

MASTER OF NURSING

WASHINGTON STATE UNIVERSITY COLLEGE OF NURSING
Intercollegiate College of Nursing
Vancouver Campus

December 2006
To the faculty of Washington State University:

The members of the committee appointed to examine the project of S. Margie Olson find it satisfactory and recommend that it be accepted.

Chair: Dawn Doutrich, Ph.D., RN, CNS

Linda Eddy, Ph.D., RN, CPNP, FNP

Renee Hoeksel, Ph.D., RN, CCRN
ACKNOWLEDGEMENT

Exploring the concepts of transformational nurse leadership and of intrapreneurism has led me on a journey of self exploration. While I am a seasoned nurse with years of patient care experience, I am new to nurse leadership. I now know what is important for effective leadership today. I would like to thank Dr. Dawn Doutrich, who has been my mentor; always an affirming and positive influence. I also wish to express my appreciation to Dr. Linda Eddy and to Dr. Renee Hoeksel for their insights throughout my writing miasma.

Thanks to my parents, who taught me at an early age to value education. And I am indebted to my husband of 25 years who has seen me through a thousand life lessons and shown me unconditional love through every moment. Glenn, I also thank you for your patience with me as we’ve discussed this paper a hundred times and for your help with editing. To my three wonderful children, Dale, Amy, and Sarah, thank you for tolerating an empty refrigerator and a distracted mother.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title Page</td>
<td>i</td>
</tr>
<tr>
<td>Signature Page</td>
<td>ii</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>iii</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>iv</td>
</tr>
<tr>
<td>Abstract</td>
<td>v</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Review of the Literature</td>
<td>3</td>
</tr>
<tr>
<td>The Nursing Leadership Cycle of Integrity</td>
<td>12</td>
</tr>
<tr>
<td>Using the Cycle of Integrity</td>
<td>16</td>
</tr>
<tr>
<td>The Importance of Integrity</td>
<td>18</td>
</tr>
<tr>
<td>Conclusion</td>
<td>22</td>
</tr>
<tr>
<td>References</td>
<td>24</td>
</tr>
<tr>
<td>Footnote</td>
<td>30</td>
</tr>
<tr>
<td>Figure 1. Model for Nursing Leadership: Cycle of Integrity</td>
<td>31</td>
</tr>
</tbody>
</table>
Abstract

The current healthcare environment in America is one of constant and accelerating change, challenge and unpredictability. Within this setting, the nurse leader needs to be highly informed and to excel, despite growing workloads and shrinking resources. Transformational nursing leadership has become imperative as a way of creating a work setting based upon aligned values and mutual goals. In addition, the nurse leader must motivate and direct staff toward implementing innovative ideas and in evaluating outcomes (Manion, 2001; Zwingman-Bagley, 1999). This kind of nurse leader supports intrapreneurism, which is transformation in action within organizations, and demonstrates and directs staff towards realizing value-added contributions within their work environments. This approach results in the overall expansion of tools for strategic adaptation which can only enhance the possibility of success in anticipating ongoing change (Roggenkamp & White, 1998). The purpose of this article is to introduce an expanded model of nursing leadership that bridges the concept of transformational leadership with the concept of intrapreneurism in an environment of limited resources. This model is called the Nurse Leadership Cycle of Integrity and can be used by nurse leaders and staff as a springboard for encouraging personal, professional and organizational growth.

KEY WORDS: transformational leadership; intrapreneurism; emotional intelligence; complex adaptive system
A Model for Transformational Nurse Leadership and Intrapreneurism:

The Nursing Leadership Cycle of Integrity

Introduction

The most up-to-date and comprehensive care that is available is the gold standard for healthcare in America. This seemingly simple goal has become shrouded in complexity as the environment of healthcare has been overwhelmed by new information, new technologies, mass media, the establishment of health maintenance organizations (with their own standards of measurements for performance and reimbursement), rising costs for treatments and drugs, and demographic changes among the consumers receiving this care. Within this shifting environment, effective nurse leaders strive to stay informed and to create cultures of caring for their staff and patient populations - ever more artfully as workloads increase and resources shrink (Gordon, 2005). This challenge to our ability to deliver the best care to our clients is a test of our very integrity as healthcare professionals. The nursing profession is innately ethical and values the holistic care of others. The changes in today’s healthcare environment threaten our ability to realize that value. Fortunately there are countervailing forces at work within the industry that may once again connect us with our values.

In response to this high pressure environment a new paradigm has emerged that supports a transformational style of nursing leadership (Hahn, 2004; Kleinman, 2004; Ohman, 2000; Swanson, 2000; Zwingman-Bagley, 1999). Transformational nursing leadership is characterized by leaders’ abilities to envision a future for their organizations that realize its policy goals, and to communicate and enact those visions so as to transform the organization. According to Swanson (2000), characteristics of
transformational nurse leaders are (a) courage, (b) a belief in people and values, (c) being a life-long learner and teacher, (d) being a visionary, and (e) the ability to thrive in environments that are complex, ambiguous, and uncertain. A transformational leader is able to communicate a vision for the organization that staff members adopt as their own, and to instill pride, motivation, and direction for them while moving them toward shared organizational goals. These organizational goals may be almost anything: individual growth, quality of patient care, enhancing team work and/or promoting the organization’s mission. Transformational leadership not only results in needed changes, but also increases innovation, empowerment, accountability, job satisfaction and retention of nursing staff (Hahn, 2004; Kleinman, 2004; Laschinger & Sabiston, 2000; McGuire, 2003; Medley & Larochelle, 1995; Ohman, 2000; Trofino, 1995; Zwingman-Bagley, 1999).

A transformational leader strives to translate shared organizational goals into action plans. This is essentially an entrepreneurial mindset at work within an organization, for which Gifford and Elizabeth Pinchot have coined the term “intrapreneurism” (Kautz, 2004). An intrapreneur is a professional who focuses on finding opportunities within the work setting to create innovation; then takes hands-on responsibility for the implementation of this new creation (Crow, 1998; Manion, 1999; White & Begun, 1998). This kind of leader also strives to encourage the growth of intrapreneurial-like thinking in staff. Antecedents of intrapreneurism are: insight, creativity, imagination, self-efficacy, strategic/systems thinking, optimism, and the ability to look outside the box (Ballein, 1998; Crow, 1998; Parker, 1998; Roggenkamp & White, 1998; White & Begun, 1998). An intrapreneurial leader demonstrates and teaches staff
members how to view their careers as adventures in discovering their needs and interests and in exploring the means to express those passions in ways that contribute to their work environment. An important aspect of intrapreneurism is the movement of staff towards a feeling of ownership of the organization. Furthermore, it is equally important that their ideas and solutions are sensitive to overall organizational needs and realities, like funding limitations. Zwingman-Bagley states, “If our subordinates feel as though they are partners in achieving goals, whether they relate to quality of patient care, staff education, finance, or anything else, they will find creative yet realistic approaches, take accountability for implementing and evaluating them, and ultimately own the decision and the outcome” (1999, p.29). An intrapreneurial mindset is the perfect complement to transformational leadership in organizations because it encourages the creative thinking required to advance positive change without increasing costs. In a traditional environment, staff can usually develop good, but prohibitively costly ideas for improving the organization.

The purpose of this paper is to connect the concept of transformational nurse leadership, which results in leader and staff alignment with organizational values, with the concept of intrapreneurism, which is value-added transformation in action within the organization. This connection will be explained by an expanded model of nurse leadership called the Nurse Leadership Cycle of Integrity.

Review of the Literature

Transformational Leadership

Fascination with the concept of effective leadership methods and leadership styles is ongoing in business and nursing literature. In the 1970s and 1980s, organizations
struggled with rapid advancements in technology and concomitant increased unpredictability in business and healthcare settings. Traditional transactional management would no longer suffice (Hahn, 2004; McGuire, 2003).

Seminal work on transformational leadership was done by Burns (1978) who studied political leaders and the process whereby this new kind of leader effectively communicates a vision resulting in the fusion of leader and followers in the pursuit of higher levels of motivation and morality. Both leader and followers become joined in a collective purpose because they share common values and goals (Hahn, 2004).

Transformational leadership results in the achievement of organizational goals through innovation. Transformational leadership is evolutionary and crucial in organizations and cultures experiencing massive or rapid change (Summers, 1995).

Further studies of transformational leadership conducted by Tichy and Devanna (1986) led to the identification of seven qualities of transformational leaders. These leadership qualities are: (a) The ability to envision change and to meaningfully communicate it to followers as an image of the future; (b) the ability to be a catalyst for change by motivating others towards shared goals; (c) the ability to conduct themselves by a core set of values; (d) the gift of demonstrating skill in handling the complex, ambiguous and uncertain features of the social, technical and political aspects of an organization; (e) the ability to value life-long learning, including an openness to self-assessment in order to improve; (f) the ability for strategic/systems thinking, especially in assessing the strengths and weaknesses of the organization; and finally (g) a fundamental conviction that people and their abilities have value, leading to a belief that it is important to know people (Summers, 1995).
Transformational Nurse Leadership

Transformational Leadership in Nursing

In nursing research, transformational leadership theory has provided the basis for several studies. These studies have added to the understanding of nursing leadership styles and their relationship to staff job satisfaction and retention, quality of patient care, financial outcomes, and staff empowerment.

Medley and Larochelle (1995) investigated the relationship of head nurse leadership style to staff nurse job satisfaction by comparing the leadership paradigms of transformational and transactional leadership. Instruments used in this study were the Multifactor Leadership Questionnaire (MLQ) and the Index of Work Satisfaction. Study participants were 122 staff nurses from several acute care community hospitals working in many patient care areas. The authors reported significant positive correlations between head nurses exhibiting a transformational leadership style and the job satisfaction ratings of their staff nurses.

Staff nurse satisfaction leads to higher staff nurse retention rates. Ribelin (2003) referred to the nurse leader as the chief retention officer within organizations and found that staff members' relationship with their immediate manager determined their productivity levels and their length of stay within organizations. Kleinman (2004) examined the body of research that points to the direct relationship between effective leadership styles and staff nurse retention and found that a transformational leadership style was correlated with a 10 percent staff nurse turnover rate, compared to the nationwide average of 21 percent. Simply put, these leadership styles are considerate of staff: they develop interpersonal relationships, mentor, value and support staff contributions, and enable an organizational culture that shares responsibility with staff.
nurses. A key distinguishing characteristic of transformational leadership is the engagement of the leader and followers in achieving higher levels of motivation and morality than they would on their own (Hahn, 2004). The effective leader is able to paint a picture of what the organization could be like and to build incentive and enthusiasm in others to work toward achieving this vision. This achievement is based upon shared goals between the leader and staff. These goals are value driven, such as in the shared value of increasing the quality of patient care. The wise leader understands these shared values and articulates goals for staff that exemplify them. The results are a team that performs and achieves far beyond work expectations (Medley & Larochelle, 1995). Clegg (2000) also discussed the qualities of the transformational leader as one who provides purpose and direction for the team by keeping it focused on its shared values and goals, and who creates an enabling environment for team members in which they can take action to realize those goals. By managing the relationship between motivation and work performance, this kind of leader facilitates the ability of staff to deliver high quality care.

The principles of transformational leadership include the sharing of accountability with staff for the creation, implementation, and evaluation of innovation within the work setting. Accountability encompasses balancing the role of staff with the expectations and needs of the patient population within an environment of fixed resources. Zwingman-Bagley (1999) stated that employees that are informed of organizational finances become “almost compelled to act with responsibility” (p. 30) and that involvement, empowerment, and accountability are a key to achieving financial goals.
Finally, transformational nursing leadership is intrinsically related to staff empowerment. Trofino (1995) defined empowerment as permitting people to have the authority and responsibility for decisions that affect them. With this delegated authority, staff members have the power to innovate and to implement their innovations. Empowerment allows for self-direction and can result in a collaborative “we” approach, increased speed in decision-making, the cultivation of positive energy, motivation to seek quality improvements within the organization, and the formulation and implementation of innovative ideas. Spoon, Reimels, Johnson & Sale (1995) state:

When opportunities are provided for nurses to evaluate the structure of their work environment, to make changes to processes within that environment, to evaluate the changes, and to make yet more changes, a strong sense of empowerment arises. This is especially true when the changes to the work environment structure allow them to better fulfill their primary mission of providing compassionate, competent patient care (¶ 32).

In summary, transformational nursing leadership is a style of nursing leadership that has evolved in response to a rapidly changing healthcare environment. According to Hahn (2004), the leader who aspires to transform an organizational environment must have a vision of the results of purposeful and innovative change. Effective communication of this vision to staff and inspiring them to share in this vision is a key component of this leadership style. The nurse leader also must know and understand the staff, the patient population and the organization in order to comprehend what changes are needed and how they must be implemented. With the achievement of a shared vision and goals, the transformational leader is then able to motivate staff members to act by
empowering them in the planning, implementation, and evaluative stages of innovation. Thus, this strategy results in the overall expansion of tools for strategic adaptation and enhancing the chances for success in adapting to change (Roggenkamp & White, 1998). Transformational nursing leadership within organizations has been connected with increased staff job satisfaction and retention, improved organizational financial outcomes, and increased quality of patient care (Clegg, 2000; Kleinman, 2004; Medley and Larochelle, 1995; Ribelin, 2003; Trofino, 1995; Zwingman-Bagley, 1999).

*Intrapreneurism*

If the concept of the transformational nurse leader can be described as a set of characteristics, or a way of “being,” then the concept of intrapreneurism may be described as a way of “doing.” Intrapreneurism is transformation in action. In an unpredictable and changing health care environment, it is vital for leadership and staff to adopt an intrapreneurial mindset to serve as the foundation for innovation to occur. The next section will discuss the concept of intrapreneurism and how it is important for sustained transformation within organizations.

*Intrapreneurism in Business*

Intrapreneurism began as a business concept. In the late 1970s, husband and wife business consulting team Gifford and Elizabeth Pinchot defined the intrapreneur as “a person within a large corporation who takes direct responsibility for turning an idea into a profitable, finished product through assertive risk taking and innovation” (King, 2004, ¶6). This concept was added to the American Heritage Dictionary in 1992 (Kautz, 2004).
Intrapreneurism in Nursing

A nurse intrapreneur is a nurse who is employed by a health care organization and who possesses certain characteristics that lead to creative innovation within the workplace. Some of these characteristics are: resourcefulness (Bergmann, 1998), insight (Crow, 1998), being a life-long learner (Crow, 1998; White & Begun, 1998), seeing an optimistic future where others see barriers (Crow, 1998), creativity (Ballein, 1998; Crow, 1998; Lachman, 1998; Manion, 2001; Parker, 1998; Roggenkamp & White, 1998) irreverence toward cherished traditions (Ballein, 1998; Parker, 1998), the ability to think strategically (Ballein, 1998; Crow, 1998; White & Begun, 1998), having an appreciation of and the ability to work with non-linear models (Crow, 1998), avoiding the viewpoint that everything is all good or all bad (White & Begun, 1998), and the ability to look outside the box (Ballein, 1998). The nurse intrapreneur, a professional who is able to perceive a new opportunity within the work setting, uses his or her knowledge to take advantage of that opportunity (Crow, 1998; White & Begun, 1998). The transformational leader recognizes and supports intrapreneurism and facilitates intrapreneurial innovation in the workplace.

The term entrepreneurship is more readily found within nursing literature than intrapreneurism. The concept of the nurse entrepreneur emerges as a composite of the solitary nurse with an original idea rooted in his or her background and knowledge and skills as a nurse, who leaves the health care organization to independently market and sell the innovation (Andrica, 1998; Ballein, 1998; Bergmann, 1998; Parker, 1998; Roggenkamp & White, 1998). The concept of intrapreneur is related to, but not to be confused with the concept of entrepreneur. These terms both describe creative and risk-
Transformational Nurse Leadership

taking individuals, but the difference is that the intrapreneur functions with a vision to create innovation within the organization in which he or she belongs (Manion, 2001). Many authors mistakenly refer to nurse intrapreneurs as entrepreneurs.

In the face of constant change and unpredictability in healthcare, the goal of nursing has remained the same - to provide excellent patient care. For this reason, Parker (1998) stated that the best intrapreneurs in healthcare organizations are nurses because they are the people that make everything work with respect to patient care. As such, they are central to the effective functioning of the organization. In addition, they are used to being accountable. Nurses can identify problems, invent the processes to solve them and envision the hoped-for outcomes. Roggenkamp and White (1998) stated that the nurse’s holistic perspective in caring for the many aspects of the individual’s health status is not limited to simply treating individuals’ diseases, and therefore posited that nurses are in a natural position to see the “big picture,” a vital skill for innovation. Lachman (1998) recognized that nurse intrapreneurs are high achievers and therefore have had a great deal of experience in stretching themselves to reach increasingly complex goals. They practice focusing on measurable, obtainable objectives that bring personal joy in the work setting. Common patient encounters center around discussions of creating healing images of the state of health these patients want to achieve, not of what they don’t like about their present condition.

The innovative nurse in today’s environment must understand what it means to work in a health care industry that is constantly changing and experimenting with new technology, staffing patterns, roles, and job descriptions (Fox, n.d.). Intrapreneurs do this readily, focusing their attention on industry trends and how they relate to changing
caregiver roles. Intrapreneurs value lifelong learning, personal development and growth. They strive to fill needs within the organization that their leaders are willing to support. They exemplify the changing paradigm in health care that encourages the shift in organizations to knowledge-based nursing care. The nurse intrapreneur knows that continually gaining more information is the fuel that provides the energy to feed the organization with new ideas and perspectives. Such nurses recognize that their continued success depends on rapid responses to emerging customer needs in ways that work for the patient and the organization. Crow (1998) states that change becomes seen as an opportunity and results in increasing accountability to investigate what the emerging trends are in order to be prepared for the future.

The nurse intrapreneur not only sees the patient as the customer, but the entire health care organization as consumer (Manion, 2001). As the nurse is continually assessing and evaluating his or her patient care to ensure the best outcomes, so is the nurse intrapreneur constantly reassessing and evaluating his or her actions to ensure the success of the organization. Manion stated, “In today’s turbulent health care environment, only organizations that are rapidly responsive to changing marketplaces and evolving customer needs will be viable and vital in the future….Long-term organizational strength is developed when employees think like entrepreneurs and implement new approaches and services” (2001, p. 17). Intrapreneurs are constantly striving to become interdependent with their organization and knowledgeable in the core competencies that contribute to organizational success. White & Begun (1998) add that for nursing, the pursuit of intrapreneurism becomes a strategic activity that alters and invigorates the entire profession.
The Nursing Leadership Cycle of Integrity

The Nursing Leadership Cycle of Integrity is a new model for nursing leadership that connects the concepts of transformational nurse leadership and intrapreneurism (see Figure 1). It is the author's belief that transformational leadership cannot exist and be effective in our current healthcare setting of limited resources without intrapreneurism. In addition, intrapreneurism cannot be supported by the organization and utilized without active transformational leadership. Transformational leadership is enhanced in the healthcare organization that supports intrapreneurism by providing a practical means to get to transformation. It is a way for a shared vision and goals to become reality through the implementation of innovation.

Our current healthcare environment is problematic because it is rapidly and constantly changing. This change is often unpredictable and can lead to many organizational challenges. One challenge, however, is very predictable - the ongoing impetus to provide quality care to patients under the pressure of rapidly increasing costs and spending limits.

This model illustrates that transformational leadership is a solution to the problems posed by our changing healthcare environment. This form of leadership provides management and staff a shared vision of organizational goals based on common values, which in turn motivates staff to deal with the onslaught of change in a positive manner. This teamwork coordinates peoples' efforts and makes it possible to get the seemingly impossible job accomplished.

Transformational leadership, however, can create a new challenge. Simply showing people how to do better, and motivating them to go there is not enough in
today's cost-cutting environment. Alone, this raises expectations that may or may not be met. Budget realities often quash these new ideas, especially those that may be untried and untraditional. The transformational leader must be able to impart the vision and fund it. If the resources to realize the vision are not available, staff may interpret this as a lack of leadership support for the very vision and goals that the leader is promoting. Ultimately, the staff one has worked so hard to motivate will become discouraged and even disgruntled, potentially making the situation worse than if nothing had been done at all. The newly discovered innovators, usually the best and the brightest, may leave to pursue independent entrepreneurial endeavors or to hire into other healthcare organizations where there is support and funding for innovation. Leadership and staff need to be able to work together to achieve their visions within existing resources.

Simply put, transformational leadership by itself can create as many problems as it solves: leaders and staff may align around concepts leading to solutions, but fail to implement their shared concepts for lack of funding and broader organizational support. This can actually leave staff-management relations and staff morale worse off than before.

The Cycle of Integrity portrays intrapreneurism as the solution to this problem. A firm grasp of intrapreneurial technique is vital for leadership and staff to tackle change within existing resources and organizational structures. A major premise of intrapreneurism is in using the resources at hand to create something new. Critical antecedents of intrapreneurism are all about making new uses out of existing materials: inviting a different mindset, thinking out of the box, being nontraditional, and taking a risk to innovate within the organization. Intrapreneurism creates value-added innovation.
that occurs from within the organization for the benefit of the organization, just as entrepreneurism creates added value within the market, to the benefit of consumers. An interesting outcome of this is that those changes that start out as low-cost, intrapreneurial endeavors are often slated for funding increases later because they work.

The concept of intrapreneurism harnesses the power of the individual. It answers the question, “What’s in it for me?” The significance of an individual’s ability to positively impact the organization is recognized and cultivated. The effective leader is invested in knowing each individual staff member, and is also aware of the importance of exploring each person’s areas of interest, skills and talents. Intrapreneurism in the work setting gives the transformational nurse leader the tools to connect with each person.

Yet, as is also illustrated in Figure 1, intrapreneurism creates its own problems in that the intrapreneurial spirit cannot flourish or be appreciated in an organization that does not support a transformational leadership style. Jansen (1994) recognized that all organizations require reliable performance and depend on their employees to conform to norms and role expectations. Organizations vary in their degree of restrictive conformity – the cultural value within the organization of “sticking to the rules, no matter what.” Manion (2002) stated that the nurse intrapreneur must relate to the health care organization in a pragmatic fashion, knowing that job security lies in being able to offer and sell the skills and services that that particular market needs and values. An intrapreneur will not be happy working within an organization that practices severe restrictive conformity. On the other hand, a transformational leadership approach provides the environment for an intrapreneur to thrive.
Another problem intrapreneurism can create is one of non-aligned values, multiple visions, and conflicting goals. Unfettered, the intrapreneurial employee may simply choose to work where the greatest personal gain is offered, and not consider the greater gains that are possible by working for the benefit of the organization. This is where the cycle of integrity completes itself. Under the counsel and guidance of a mature transformational leader, these employees will direct their efforts where they are shown the greatest payoff exists. That, in a nutshell, is what the transformational leader does - direct people's efforts towards the areas of greatest gain.

Transformational leadership and intrapreneurism create a cycle within which the resolution of existing problems introduces new situations and problems. Transformational leadership solves the problems of traditional structures and transactional management by converging values and goals so that people perform better, but it creates the problem of heightened expectations without the means to realize them. Intrapreneurism is a means to direct people's individual energies and creativity in the areas of those heightened expectations, but because of intrapreneurism's focus on the values and goals of the individual, organizational value and goal divergence instead of convergence may result. Transformational leadership brings values and goals back into alignment, and so the cycle goes around and grows outward as the organization's capacity begins to grow through this process. Healthcare is subject to the same maxims as the rest of industry and commerce in this economic system - if an organization is not growing it's dying.

Martin (2004) stated that most people use only 20 percent to 25 percent of their innate talents and skills in their work settings. Given the opportunity to use personal gifts to a greater degree while at work, staff productivity, motivation and morale improves
Transformational leadership and intrapreneurism both provide these opportunities. The transformational nurse leader encourages staff members to put aside job descriptions for the sake of discussion and think about the kind of work they would enjoy spending more time doing. They are asked to contemplate the talents, experiences, or skills that they are currently not using at work that would benefit the team and the responsibilities or tasks that they are currently not accountable for that have the potential for maximizing their strengths. In this area of knowledge, the nurse leader must act as a participant in the learning process along with the staff in discovering how team members wish to use their personal talents and interests in meeting team needs (Hagenow, 1999). Intrapreneurism invites staff to take these ideas and run with them. McDermott, Laschinger and Shamian (1996) affirmed that the most deeply rewarding jobs are those in which employees have a high opportunity for growth and mobility in their work. These employees will invest in the organization and consider their work as a central life interest. The following section discusses the techniques of intrapreneurism that can provide this benefit.

Using the Cycle of Integrity

Porter-O’Grady (2001) believed that nurses are equipped with intrapreneurial opportunities that are never fulfilled. He referred to these as missteps of poor timing and choices with regard to politics, licensure, practice, services, equity, education, and payment for services. As a result of a history of oppressed group behavior in nursing, these opportunities are often missed or responded to when it is too late to do anything substantive about it.
So how does one think like an intrapreneur? Manion (2001) stated that successful intrapreneurship relies upon individual initiative. The successful transformational nurse leader functions as a guide and facilitator for the budding intrapreneur. For example, this leader can encourage staff to explore the incongruities in the workplace. These are the discrepancies between what is being practiced and what should be practiced within the organization. Manion recounts the time when growing numbers of outpatient procedures in hospitals were driving down profit margins. This problem led to the emergence of freestanding ambulatory surgical facilities. Other examples of sources for possible innovations include demographic changes (aging baby boomers), implementing new knowledge (technological advances in eye surgery), changes in client perception (the recent growth in and demand for complementary medicine), and process needs (coordinating care and services for AIDS patients, the chronically ill, or elderly).

Hospitals are becoming less the point of care in health care delivery services. Porter-O'Grady stated, “At the current rate of movement, by 2010 more than 71 percent of all health care procedures will be done away from the hospital in doctors’ offices and other settings” (2001, ¶ 27). New models that are more cost-effective are emerging. These new health care models will be more fluid, efficient, fast, and effective, and mobile. The nurse intrapreneur of today has the opportunity to fill many professional roles that include teaching, accessing, coordinating teams of professionals, integrating complex practice activities, managing the comprehensive life processes of patients enabled by advancing technologies, and creating new and innovative models of service (Porter-O’Grady, 2001). There are many opportunities to be creative in the art of nursing today, and with continual growth personally and professionally as a result. At the same
time, the transformational nurse leader must present an integrated, continuously flowing vision of how all these changes will serve to better realize nursing values and goals.

The Importance of Integrity

Another key aspect in achieving success in using this new model for nursing leadership is in understanding the importance of integrity as the glue that holds the cycle together. Integrity is a personal inner sense of wholeness deriving from honesty and consistent uprightness of character. The etymology of the word relates it to the Latin adjective *integer* (whole, complete). Integrity is holding true to one’s values.

The nurse leader can articulate organizational values and create the integrated environment in which transformation can occur only if he or she is true to these values. Armed with that, the nurse leader can give consideration to all stakeholders and know what is important to them. Significant stakeholder groups are the individuals that make up the staff, the patient population that make up the organization, and the leaders of the organization that create the mission and dictate the direction for the future of the organization.

*Integrity in Working with Individuals*

The nurse leader who aspires to transform and effectively lead individuals, for whom he or she is in charge, must not only possess intellectual capacity but also emotional intelligence. Emotional intelligence is a function of five characteristics: (a) self-awareness: the ability to recognize and understand your moods, emotions, and drivers and their effect on others; (b) self-regulation: the ability to control or redirect disruptive impulses and moods and the propensity to suspend judgment by thinking before acting; (c) motivation: the passion to work for reasons that go beyond money or
status; (d) empathy: the ability to find common ground and build rapport, and (e) adeptness in relationships: proficiency in managing relationships and in building networks (Bagget & Bagget, 2005; Goleman, 1998)

Goleman’s writings (1998) shed light on the importance of working with emotional intelligence, and that emotional intelligence over intellectual intelligence determines which individuals, groups, and organizations will excel. Goleman stated that emotional intelligence counts for almost everything in determining outstanding leadership. Bagget and Baggett (2005) confirmed Goleman’s work by stating that emotional intelligence determines the standard in leadership characteristics that are important to consider. In a study that included over 6,000 nurses, Cummings, Hayduk and Estabrooks (2005) explored the impact of hospital restructuring on nurses and determined that emotionally intelligent nursing leadership significantly reduced the detrimental effects experienced by nurses undergoing peer layoffs and unit assignment changes. In addition, nurses working in emotionally intelligent environments were shown to demonstrate higher levels of emotional resilience with which to provide quality care to their patients. This study indicated that a leader who demonstrates emotional intelligence understands how what is said and done affects staff. They can demonstrate the depth of their own commitment to mutual goals and at the same time earn the respect of staff by accepting the responsibility of being a role model (Curtin, 1995). Beyond this, the transformational leader demonstrates consideration towards individual employees and recognizes that each person has a unique set of interests, talents, and motivations. The nurse leader uses the intrapreneurial model to incorporate meaningful opportunities for
individuals to participate in and to receive pertinent information that affects their work lives and their futures.

*Integrity in Working with the Patient Population*

According to Bingle (2000) an important evolution has occurred in healthcare since the 1980s. Modern patients are now better informed as a result of increased access to healthcare information via the internet, resulting in increased consumer knowledge and demands. In this age of social accountability, patients now search for treatments that will provide them with the best value that is available. In general, they are less dependent, more self-determined, able to influence their environment, and are self-possessed, empowered, and in charge. Demographically, these consumers are: (a) of advanced age - they demand elder-specific decision-making algorithms; (b) predominantly women - the “triple jeopardy” of old, poor and female; (c) of diverse ethnicity - they demand ethnically customized services; (d) of increased poverty - they may be uninsured. Modern patients now expect and even demand to participate in all aspects of their care. They are acutely aware of their patient rights.

In addition to being aware of the changing demographics of the patient population at large, nurse leaders must be attuned to the particular needs of the patients served within the organization. Kramer & Schmalenberg (1988) noted that magnet hospitals rank as their primary goal the value of providing quality patient care. In a study by Laschinger, Finegan, Shamian and Wilk (2004) on the impact of workplace empowerment on work satisfaction in nurses who work in acute-care teaching hospitals in Ontario, Canada, subject nurses repeatedly indicated how important it was to them to provide their patients with the best care possible. It was determined that having access to opportunity,
resources, and information was critical to nurses to being effective on the job and therefore it was not surprising that job satisfaction improved when the job was successfully completed. Results indicated that nurses are knowledge workers who provide point of care services and value knowing their patients. Fullam et al. (1998) validated this statement by noting that nurses who are empowered by their organization naturally work to optimize quality for their patients by creatively overcoming obstacles and customizing patient care. Nurse leaders and staff need to be asking, “What’s the gap between where we’re at and what the patient wants?” All must strive to be stewards of a vision that encompasses caring, the core product of the entire health care organization (Hagenow, 1999, p. 34). Once again, these emerging requirements are addressed by the cycle of integrity. The combination of transformational leadership and intrapreneurism allows nurses to be effective on the job and satisfies their unique needs to perform at the very highest levels.

**Integrity in Working with the Organization**

Viewing the healthcare organization as a system of processes better enables the nurse leader to understand the role of multidisciplinary practice and the role of nursing in the provision of giving comprehensive patient care. The modern healthcare organization is viewed as a complex adaptive system (CAS). The Institute of Medicine (IOM), in their publication *Crossing the Quality Chasm* (2001, p. 312-313) defined a CAS as “a collection of individual agents that have the freedom to act in ways that are not always predictable and whose actions are interconnected such that one agent’s actions changes the context for other agents.” In a CAS, a few simple rule or value changes within an organization can cause complex outcomes. A small change can have a large effect over
time as it ripples through the organization. Continual creativity is a hallmark of a successful CAS because the details resulting from changes are never fully predictable. Leaders and staff must be constantly aware of the importance of adaptation as a CAS continually moves forward in a state of balanced tension between order and chaos. To be effective within a CAS, leaders must constantly be creating order from potential chaos and maintaining an integrated organization without central control.

Key concepts in knowing the needs of the organization are in understanding the organization’s mission and in planning strategically for the health of the organization’s future. According to Wolf, Bradle and Nelson (2005) becoming more adept at strategic planning and decision making assists the leader in identifying and overcoming obstacles and results in the skill needed to execute effectively under pressure. These are the basic tools of transformational leadership. The nurse leader who is counted on to drive change in the direction that is desired by stakeholders maintains a strategic perspective in developing staff. Parker and Gadbois (2000) discussed the notion of “conscious community,” a systems-understanding of reality that identifies each individual and group function as a whole system within a larger whole. It is likely to be the transformational nurse leaders and their intrapreneurial staff who will shoulder these changes in the future.

Conclusion

Today’s rapidly changing healthcare environment requires organizations to continuously transform themselves in the face of increasing fiscal austerity. The transformational nurse leader provides the method and the motivation to successfully cope with change by setting staff goals based on shared employer and employee values. Transformational leadership, however, does not provide the way to reach goals within
Transformational Nurse Leadership

healthcare’s cost-restrictive environment. The actual method to work toward common goals based on shared values comes from intrapreneurism. Intrapreneurism is a means to accomplish transformation and innovation within healthcare organizations within existing resources. Outcomes of the combination of transformational nurse leadership and intrapreneurism are organizational innovation, change, empowerment, and accountability, increased quality of patient care, job satisfaction and retention of nursing staff. These outcomes are valuable to the employees, the patient population, the healthcare organization, and the entire healthcare industry.

A suggested next step to developing the Nursing Leadership Cycle of Integrity Model is in evaluating the outcomes in organizations that score high in transformational leadership compared to those organizations that do not. Another step is to assess whether organizations that support transformational leadership also support and demonstrate intrapreneurism. The documentation and quantification of intrapreneurial instruction opportunities (i.e. workshops) should be completed and their correlates tested. This research should include the measurement of the expected outcomes of transformational leadership and intrapreneurism that are stated above, and the monitoring of staff utilization and efficiency, cost/benefit analyses, cost comparisons and measurements of increases in institutional knowledge levels.
References


Footnote

1Traditional transactional management: The exchange between leaders and followers in day-to-day operations with leaders contracting with followers the functions that are required and the contingent rewards the followers will receive (Hahn, 2004; McGuire, 2003).
Problem
Current Healthcare Environment: Change, challenge, unpredictability, limited resources

Solution
Intrapreneurism: Leadership support for value-added innovation that occurs within organization

Outcomes:
Change, innovation, empowerment, accountability, increased job satisfaction, retention

Problem
Resource Demand: Lack of leadership support for vision leading to entrepreneurship – can result in nurses leaving organization to pursue innovation

Solution
Transformational Leadership: Aligned values, shared vision for organizational direction

Figure 1. Model for Nursing Leadership: Cycle of Integrity