NEXT NORMAL SERIES

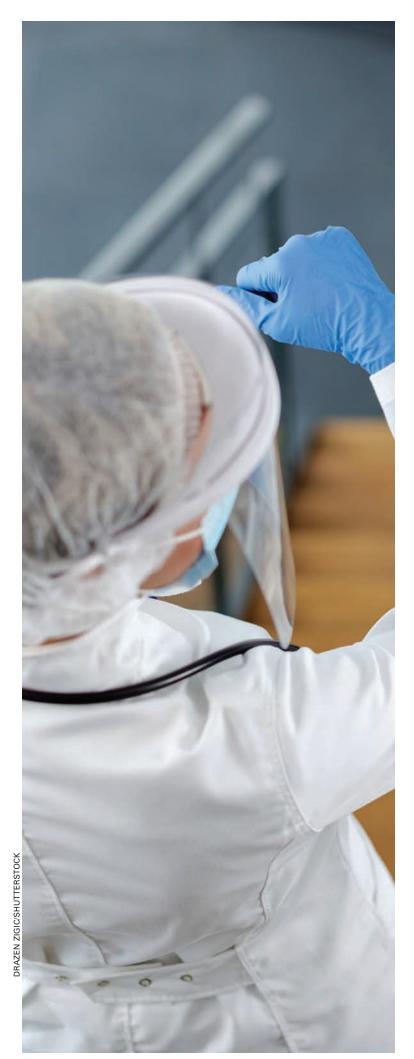
Leadership lessons on partnership

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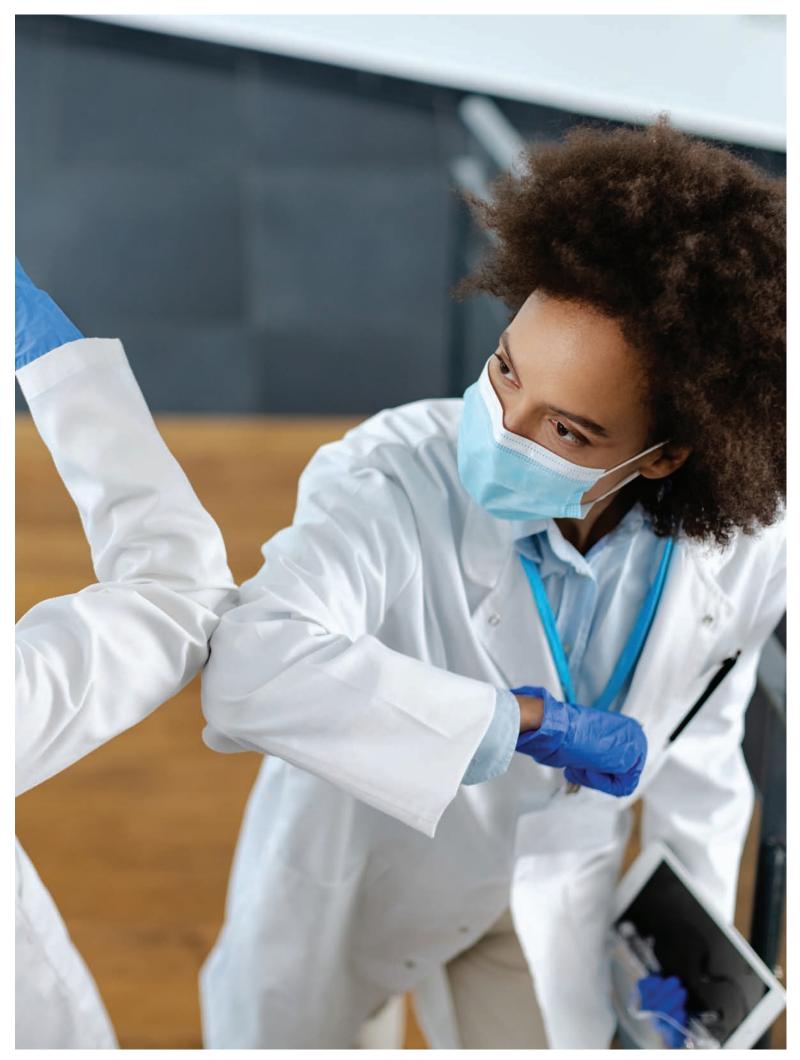
he COVID-19 crisis has revealed both the shortcomings and strengths of our healthcare system, especially the many ways in which healthcare professionals have come together to expand and extend their skills and knowledge to deliver the best clinical care possible. Nurses at the front line are the anchor, and their tireless efforts, selfless caregiving, and willingness to step forward amid uncertainty and misinformation has been amazing to witness. With that extraordinary care emerges a different set of needs for nurses as they enter a patient's room with less information and more unknowns for treating the variety of effects of this virus. Their needs call for a new kind of support from their leaders-one defined by an authentic partnership. Considered a defining feature of healthy work environments, nurses are to be valued and committed partners in making policy decisions, directing and evaluating clinical care, and leading organizational operations.¹

An important outcome of this pandemic is that healthcare and its leaders will never be the same.

30 January 2021 • Nursing Management



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Leadership lessons on partnership

The future of patient care is poised for reexamination and perhaps a revamping of some of its existing practices and processes. This article invites you to pause and reflect on your leadership style and to critically think about what your team members need from your leadership now. Through an exploration of partnership, including accompanying beliefs, values, and behaviors, you'll be guided to a leadership practice and way of being that will enable you to establish productive, meaningful, and essential partnerships with your team members.

ual, team, or organization could accomplish alone. Despite the efforts expended and the outcomes produced, people were mostly bound by partnering activities and not necessarily by partnerships.

Both partnering and partnerships are often considered acts of cooperation and collaboration, which involve two or more individuals working together to produce or create something.² However, individuals can partner together without being in a partnership. The act of partnering is a means to achieve a commonly held goal or desired outcome. nership itself as they find mutual benefit and success over time.⁴

The case for partnership

Although COVID-19 unleashed a groundswell of fear, uncertainty, confusion, and distrust, there were amazing displays of good intention, goodwill, and extraordinary effort. There was a sense of "We've got this!" and "We can do this together." Nurses and nurse leaders alike demonstrated their agility and ability to think and act in new and different ways. The partnerships that flourished were those characterized by clear accountabilities,



Partnerships possess a relational fabric that results from being fully present, deeply listening with curiosity and interest, suspending your position, and honoring each other's perspective.

What does partnership really mean?

Partnership tends to be an imprecise term, often overused and misunderstood. For example, during this pandemic, individuals, teams, organizations, vendors, professional associations, and legislators all partnered together against the "invisible enemy" of COVID-19. Partnering efforts were unwieldy in the beginning as roles and responsibilities were blurred, including the resources, structures, and processes that would guide these efforts. Yet, over time, a unique sense of synergy unfolded as mobile units were deployed, field hospitals were opened, supply alternatives were enlisted, and healthcare teams went to work. It was more than any one individInvolved parties share and negotiate their expectations, responsibilities, and accountability to the achievement of the goal. These partnering activities are some of the ingredients that help shape partnerships, which possess a relational fabric that results from being fully present, deeply listening with curiosity and interest, suspending your position, and honoring each other's perspective.³

Each individual has a part of or a stake in the partnership. There's a level of accountability to the other individual and an ownership of the partnership and the desired outcome. People partner to accomplish a goal and create something together that can be greater than what was originally envisioned. If done well, the individuals are changed by the parttransparent communication, an unrelenting sense of purpose, and the belief that you "had each other's back."

In situations such as a pandemic, clinical nurses need a leader to take care of problems so they can effectively and efficiently render patient care without disruption. However, if the directing style is overused, a level of dependence and disempowerment can emerge from the nursing team. Situational leadership requires managers to adapt their leadership approach based on the requirements of the situation and the maturity and talent of their team members.⁵

An alternate way to advance the goals and strategies of the unit and, ultimately, the organization is through effective

32 January 2021 • Nursing Management

partnering and partnerships. But why have partnerships when directing is easier and quicker? For one thing, partnerships make team members feel connected to a larger purpose and a part of something that they have a hand in creating from their unique, lived experience and know-how. In the partnership, the leader and team members learn how to negotiate both the relationship and the task at hand. A partnership demands that communication is thoughtful and voices are heard as all views are considered and validated.^{3,6} In this way, something is built, solved, and transformed together.

If this pandemic has taught us anything, it's about respecting the frontline team member in a different way, including the mechanisms of communication that fully utilize their innate knowledge and expertise. Understanding the needs, wants, and perspectives of the bedside professional is an important first step.

Building partnerships

Although the words partnering and partnership are tossed around like this is an easy thing to do, a partnership is one of the most rigorous kinds of relationships to take on and sustain. It requires a lot of groundwork to be successful. Parties engaged in the partnership should be clear about the goals and objectives they want to accomplish as individuals and together.4 This includes the expectations they have for one another and shared accountabilities. In this process lies the real opportunity to define the work, along with how the work will be mutually accomplished

Table 1: Framing the partnership dialogue

- What do we want to create together?
- What's your position on what we're creating?
- What do we expect from one another in this partnership?
- How do we want to support each other?
- How do we want to handle our differences and conflicts?
- Here's what you can count on from me.

Table 2: Commonly held assumptions in relationships

- We have the same goal and/or priorities.
- You share my thinking.
- We both know what we have to do.
- We have the same level of commitment to the goal or desired outcome.
- You'll self-correct when things aren't working well and so will I.

and how decisions will be made together. (See *Table 1*.)

Partners determine what will work for each other as they negotiate their needs and expectations. This dialogue isn't a bartering exchange as in, "I'll do this if you do that." And it isn't about getting something from someone else or giving up your ideas. Think of it as a dance, where the dance partners are in tune with each other's rhythm and movements. The partners rely on each other to produce a synchronized performance. In the context of building a partnership, there's the agility to move with each other's perspective and create an outcome that's often better than initially thought.

The partnership dialogue is a clear departure from a transactional conversation where information is given and exchanged, and the focus is on the task to be accomplished. Task-based conversations, if overused, are a breeding ground for missed opportunities, stymied ideas, and a lost sense that one's contribution is valued and essential. Conversations that bring about and cultivate partnerships are anchored in the intention to build relationships with trust at their core. Starting a conversation by addressing assumptions can introduce transparency into the conversation, which is a pivotal element to trust and relationship building. Now, look at you and your team. Consider that you all have assumptions about each other. If not uncovered, they'll unequivocally result in frustration, confusion, and the trappings of mistrust.

In building a partnership, all assumptions need to be tested to arrive at a strong foundation to move forward. (See Table 2.) This also requires you to be willing to hear a viewpoint, idea, or experience different than your own and consider its value. For a nurse leader, this can be particularly challenging because the need to be right is reinforced throughout your career. For nurses, there's little margin for error, and it's the nurse's ability to quickly judge a situation and arrive at the "right" decision that often determines his or her clinical credibility and advancement. However, this "need to be right" in clinical scenarios can limit

Leadership lessons on partnership

one's ability in leadership situations.

According to an extensive body of neuroscience research, individuals can get addicted to being right.⁷ But we can keep this need to be right in check, refraining from a default "tell Assess your readiness to build partnerships by taking an honest look at your desire to make partnership a leadership practice and a way of relating to your team. (See *Table 3.*) Your willingness, along with processes and systems of communication, may need to

Get started with partnering

Begin by exercising your partnering practices. Consider the reallife case in *Table 4*. Pay particular attention to how you would partner with this tenured, wellintentioned clinical nurse using the aforementioned strategies.



Partnerships demonstrate a visible and intentional commitment to the nursing team and their respective issues.

and sell" position in conversations with team members. Start by taking an inventory of the most recent situations when you played the "I'm right" card with your team. What was the impact? Then ask yourself, "What if I don't respond to a situation or request from the position that I'm right? What would I gain as a leader? What would my team gain?" be adjusted to allow for the time and space to communicate, honor, and negotiate expectations and goals. As an example, team huddles are critical for situational awareness, but they may not be enough to foster the level of authentic communication needed to promote partnerships at the unit level. Partnerships demonstrate a visible and intentional commitment to the nursing team and their respective issues.

Table 3: Assessing readiness to build partnerships

Rate your willingness to manage your thoughts, behaviors, and actions for each of the statements below.

Scale:

- 1 = Not at all willing
- 2 = Somewhat willing
- 3 = Somewhat willing, but I'll need a push
- 4 = Willing
- 5 = I'm in, and I'm ready to get started
- I'm willing to slow down and get present with the person and the conversation we're having.
- I'm willing to put my thoughts aside while in conversation with another person.
- I'm willing not to be right at least once a day and notice what happens.
 I'm willing to look at my own assumptions about each of my staff members
- and check them for accuracy.
 I'm willing to trust that my team knows best.
- This willing to trust that my team knows best.
- I'm willing to be guided by my team's insights.
- I'm willing to co-create with my team to get a result that we all want.

34 January 2021 • Nursing Management

tant thing to do as you cast aside your rightness, test your assumptions in the conversation, and put aside your interests to genuinely listen. (See *Table 5.*) Although these are some of the mechanics of partnership, the intention to create a healthy dialogue and a fulfilling relationship with this nurse is even more critical, all while meeting a need in the ED.

Recall that managing yourself in the dialogue is the most impor-

In this case study, the manager wants Nancy, a current ambulatory care nurse, to deploy to the ED during a time of significant need. It's essential that the manager makes the request of Nancy without expecting a certain response. The manager should outline the details of the assignment and invite Nancy's thoughts and perspectives about this opportunity. It's critically important in this step of the conversation for the manager to genuinely listen to Nancy regarding her views and acknowledge any feelings and beliefs she may have. This is where partnering begins. The manager can describe her need for an excellent nurse to sup-

port the ED. Then Nancy can describe her "wants," including a desire for a reorientation to the ED along with some type of monetary incentive. This is where the negotiation of expectations ensues.

In this dialogue, all judgment is suspended. The goal of the manager is to take in Nancy's requests without judgment. At this point, the manager and Nancy are on an equal playing field as they discuss what's reasonable for both parties. Once these items are negotiated, individual and mutual expectations are determined. The manager may say, "Nancy, this is what you can count on from me: I'll ensure that your orientation occurs. I'll check in with you each day during your interim assignment to make sure you have what you need. And I'll have an answer for you regarding the incentive compensation by week's end." The manager declares her accountabilities to Nancy and will ask Nancy to do the same. Together, Nancy and her manager are saying, "We're making a commitment to one another. We're taking accountability for our actions, for the partnership, and for a successful engagement in the ED."

When you find a rhythm in using these partnering practices, you prime your team to respond more thoughtfully to any challenge they encounter. These practices open the space for more connection, understanding, and possibilities to take shape in each partnership conversation.

A platform for renewal

This is a time of renewal for all of healthcare, especially for nurse leaders who guide successful

Table 4: Case study

Nancy is an extraordinary nurse, a veteran of 40 years in practice. Her story isn't an unusual one. She ministers to the needs of patients and families with tenderness, kindness, and a unique generosity of spirit. This generosity has guided Nancy's entire career through multiple clinical settings, including critical care, the ED, ambulatory care, and home care. Nancy is considered the "go-to" person in every area that she works. She's a skilled clinician and a willing teammate, jumping in wherever a need presents.

Naturally, when her manager asks her to assist in the ED during the COVID-19 crisis, Nancy expresses a willingness to do so, but under certain conditions. Nancy wants to get a reorientation to the demanding ED environment, and she requests some type of incentive compensation for going above and beyond during this unprecedented healthcare crisis.

Table 5: Conducting the partnership dialogue

Prepare for the partnership dialogue by asking:

- What do I want in this partnership situation?
- What do I want for the people in this partnership, including myself?
- What am I willing to do to get to a mutually desired outcome?

Step 1: Lay the foundation for the dialogue

- Acknowledge the person's value for the task, situation, and challenge.
- Lay out the situation and its requirements for all individuals involved.
- Invite the person to offer his or her reactions, thoughts, perspectives, and questions and acknowledge their value.

Step 2: Share needs and wants

- The leader responds to everything the person shared by first acknowledging that it's all valid.
- The leader shares his or her needs and wants and invites the person to look for the common needs and where the needs may diverge (if such is the case).

Step 3: Negotiate the win-win

- The leader positions this part of the dialogue by stating the need to stay open to all options, especially when a need might feel like a nonnegotiable item.
- All needs on the table are discussed and negotiated (where necessary) until both parties are satisfied.

Step 4: Summarize partner accountabilities

 All individuals share their accountabilities to each other. One way of saying this is: "Here's what you can count on from me."

Step 5: Consistently check in

• All individuals periodically review their individual and collective accountabilities in the partnership: "What are we doing well?" "Where are we falling short with one another?" "How should we reshape our individual and collective efforts to better achieve our desired outcome?"

care delivery. A partnership is born out of conscious leadership behaviors that promote and value the voice of the clinical nurse. As a leader, you have to choose to step out of your habits and routines to connect with your nurses on a whole new level, one that's characterized by productive, meaningful partnerships. The kinds of patient care issues affected by COVID-19 necessitate dialogue, a collective view fashioned from many perspectives and insights, and equal ownership to intentionally craft and implement the desired change.

Leadership lessons on partnership

The partnership model is the platform for renewal as depicted in the following examples: • *The elephant in the room.* Perhaps the pandemic uncovered unwanted practices or behaviors on your unit that caused objectionable conditions or outcomes. Use the pandemic as the backdrop that helped everyone see the gaps on the unit and address it through partnership. This partnership gives all individuals a pandemic experiences as the reference point. This partnership relies on a dialogue that accentuates the positive outcomes nurses experienced in the care of patients during the pandemic. The conversation invites frontline nurses to recount a story that depicts a high point as they cared for patients; a time when they were feeling particularly energized or at the top of their game. The objective is to illustrate what



Examine the practices that contribute to or detract from partnerships, then intentionally choose a new way forward with your clinical nurses.

safe forum to name what's uncomfortable or risky and put it up for objective examination. It also obliges everyone to own their piece of the situation without experiencing retribution or judgment.

• To be as good as we can be and better than we are. What pandemic circumstances forced team members to either improvise, reimagine, or innovate to produce a successful outcome? This partnership is designed to capture the team's novel approaches to unusual circumstances and plan where and when to apply them in the future. It's also about uncovering the masked talent of your team. All parties are taking a stand to keep getting better. • What are we learning from the pandemic about the future of nursing? This partnership conversation is designed to encourage, include, and support far-reaching thinking and perspectives on the future of patient care using

it was about them, their beliefs, their actions, and their involvement with members of the healthcare team that made it such a great experience. These are the stories that hold the seeds to new and different patient care practices.

The path forward

A partnership can be fully realized when you critically evaluate your current leadership practices. Examine the practices that contribute to or detract from partnerships, then intentionally choose a new way forward with your clinical nurses. Elevating, valuing, and honoring the voice of the clinical nurse should be an integral part of your routine leadership practice if clinical nurses are to fully contribute their gifts and talents to the care of patients and families, create healthy work practices, and advance the organization's mission and strategy. Although the journey to effective, meaningful partnerships requires extreme discipline and rigor, it's likely to be one of the most worthwhile journeys of your leadership career. The time has come.

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36 January 2021 • Nursing Management

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