

# Leadership: Between Humanism and Pragmatism

Margot Phaneuf, RN, PhD.

## Introduction

Health-care team personnel are often swamped with work and overwhelmed by the demands of hospital or community institutions. They sometimes become demotivated and are not always very keen to change and acquire new knowledge or develop behaviours better adapted to the current realities of the constantly evolving medical and professional world.

Team leaders, administrators and all nurses holding positions of authority find themselves leading groups that they have to motivate and mobilize, which is not always an easy thing to do. Much is expected of them and they sometimes wonder how they will achieve all this. Yet, their position of leadership calls on for them to ensure that the personnel for whom they are

responsible provide quality service at two levels: the interpersonal and the technical. Their competence is also needed to help the team work harmoniously and even, if necessary, to contribute to solving their conflicts. On the other hand, the personnel frequently feel alone with the weight of their responsibilities. Often caught between the patients and the family, they do not know how to meet all the demands and find a satisfactory way of adapting themselves to the shifting world in which they are living.

### LEADERSHIP

#### A definition

**The state or quality of a person placed in a dominant position and who, within a group or an institution, exercises influence because of her professional role, her ideas, her behaviour, her ability to train others and her charisma. Her actions allow the group to attain its objective effectively.**

## Leadership: a definition

So leadership in the services and in work-teams then becomes a vital element in keeping the flame of motivation burning, in maintaining the desire and willingness to change, to ensure the new directives are accepted and to inspire everyone with the quality-of-care ethos. Nowadays, leadership is a well-known term, referring to a person who holds a dominant position, and it is often used to describe people who exercise a certain influence, either because of their professional role or their personal charisma. This definition emphasizes the ability of leaders to motivate and stimulate others to act, first through their own example, then by their ability to influence other people to follow them.

The model that comes to mind is that of the conductor of an orchestra who succeeds in animating the musicians, providing them with enthusiasm and even passion to get them all to play in unison and in harmony. It is true that this master of the baton would be very poorly thought of if one heard here and there the horn-player or violinist playing simply according to their own fancies.

The leadership roles in Nursing are almost as varied and as complicated as those of the orchestra conductor. They also have to be able to mobilize and unify the group and its

activities, unite those who form the group in their activities, as well as create harmony in their interpersonal relations.

### Charisma: the necessary corollary of the term leadership

There is an almost natural relationship between the terms *leadership* and *charisma*, the latter being also hard to define. From its Greek etymology, charisma means “a gift of the gods”, and in its modern usage, it refers to someone who possesses exceptional skills, showing also certain rare qualities of charm, magnetism, calmness and self-confidence that allow her to be persuasive, attract other people’s attention, kindle their interest and ignite the motivation to follow them. A leader without charisma is like a meal without any seasoning – it is just not very appealing. Yet, today we use the term *leader* to refer to any manager or person in a position of responsibility, even if we should not confuse the function of the head of a service with the capacity of acting as a leader. Functions, authority and power do not necessarily confer on a person the talents of leadership or the resulting charisma that goes with it, particularly when people are appointed to positions of authority due to their “pedigree” or their social networks, rather than their competences.

### The qualities of a leader

When we think of influence within organizations and institutions, we often talk about the

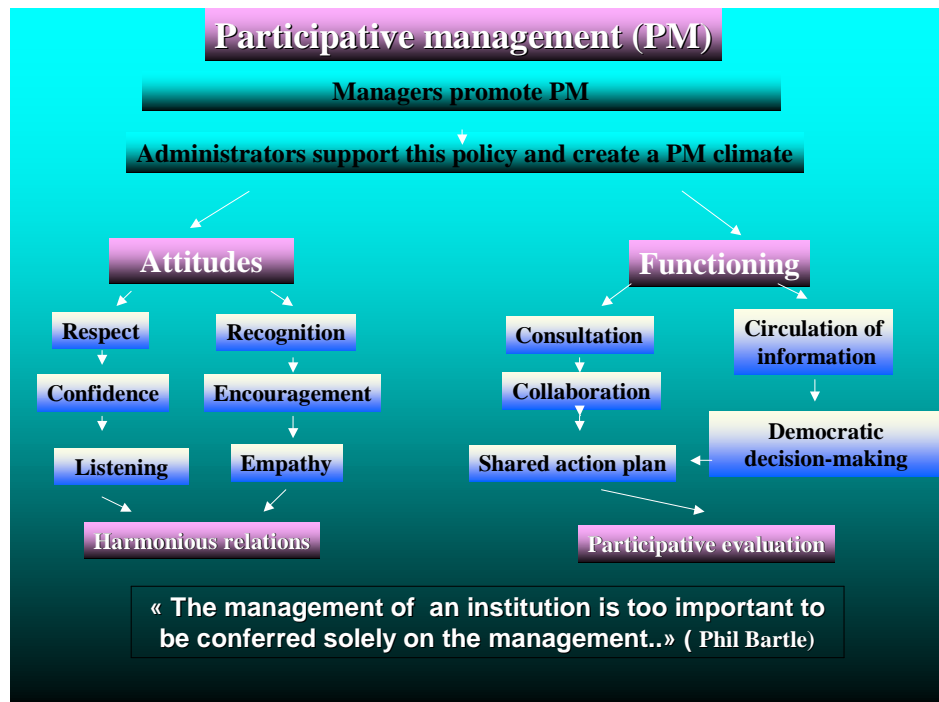
Qualities	
Administrator	Leader
<ul style="list-style-type: none"> <li>• Manages in a rational, stereotyped way.</li> <li>• Directs energy towards the structures and the resources.</li> <li>• Often has to operate in a context of conflict.</li> <li>• Concentrates on the procedures.</li> <li>• Innovates on the basis of existing structures.</li> <li>• Sees work in a statistical way.</li> <li>• Has little affective involvement.</li> <li>• Feels threatened when challenged.</li> <li>• Demands respect, imposes the hierarchical chain of control.</li> <li>• Gives orders.</li> </ul>	<ul style="list-style-type: none"> <li>• Operates in an intuitive, creative way.</li> <li>• Directs energies towards people and action.</li> <li>• Works to develop harmonious interpersonal relations.</li> <li>• Focuses on decisions to be made.</li> <li>• Moves towards new creativity .</li> <li>• Sees work as a challenge to be taken up.</li> <li>• Becomes passionately involved.</li> <li>• Is able to tolerate being questioned.</li> <li>• Invites dialogue.</li> <li>• Acts as a role model, as a coach.</li> </ul>

group-leader and so of people who function within a group where they are in contact with others over whom they exercise their influence. So the true leader does not function in an isolated way: she does not just lead from behind her desk. Rather she is a person who possesses special qualities for making contacts with others. But to be effective, this person also has to possess important observational skills, be able to reflect, so she can analyze situations and extract the salient points, combine theory and practice, have original and useful ideas and exploit them.

But one of her main skills is her capacity to make decisions in collaboration with other people, for the true leader works easily with others, in a team. Focused on human relations, she is also typically able to tolerate stress in difficult situations and to handle conflicts. Equally, she is capable of providing moral support when

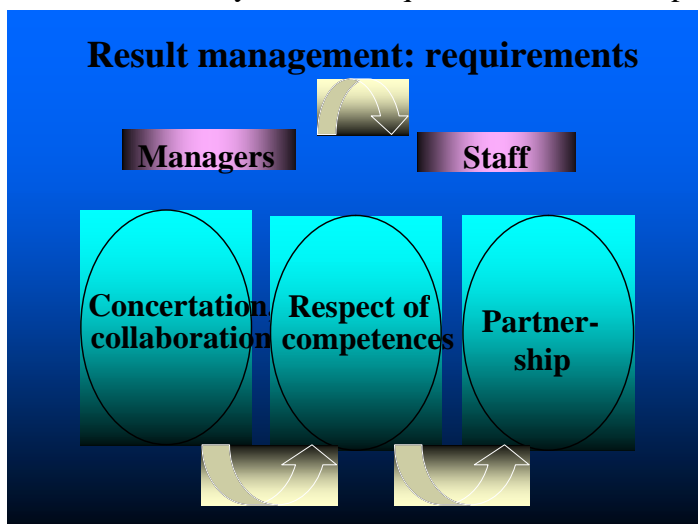
problems arise, whether this support is affective, institutional or technical. One can now therefore understand easily that this important role can call for significant listening, communication, interpersonal and negotiation skills.

Sometimes, it is difficult to distinguish between the manager and the leader, since these are two essential aspects of running an organization. But in terms of understanding the difference, we can say that the manager is rather “left brain”, using logic and numbers, while the leader, more sensitive to her intuition, more inclined towards innovation and action, is rather “right brain”.



Democratization within institutions and the emergence of more humanistic management models – such as management by objectives, by results, by added-value or, also, participative management – means that nowadays it is no longer possible to simply manage by using a whole series of techniques and recipes targeting strictly utilitarian, instrumental and material objectives. The following diagrams show the importance of human relations in these management models. Concerns about the human dimensions now lead managers at all levels to change from just managing budgets and equipment – in short managing *things* – and move in the direction of the human management of *people*, thereby enriching their qualities of leadership. (<http://www.see.ed.ac.uk/~gerard/MENG/ME96/Documents/Intro/leader.html#Topic1>)

One can obviously find these qualities in the same person, and a manager who is also a good



leader has a real advantages. If she also possesses charisma, this is an ace up her sleeve. Yet, in a team, it sometimes happens that the actual leader is not the official leader. This situation is not abnormal, but in some cases is likely to pose a problem, if the natural leader does not go along with the orientations, objectives and ways of functioning of the manager. We often hear it said that managers are obeyed, while leaders are followed. Yet, the latter, the unofficial leaders, do not always possess the knowledge and

experience of the designated leader, but acting with more passion and, because of this, they gain more easily they gain the following of their colleagues.

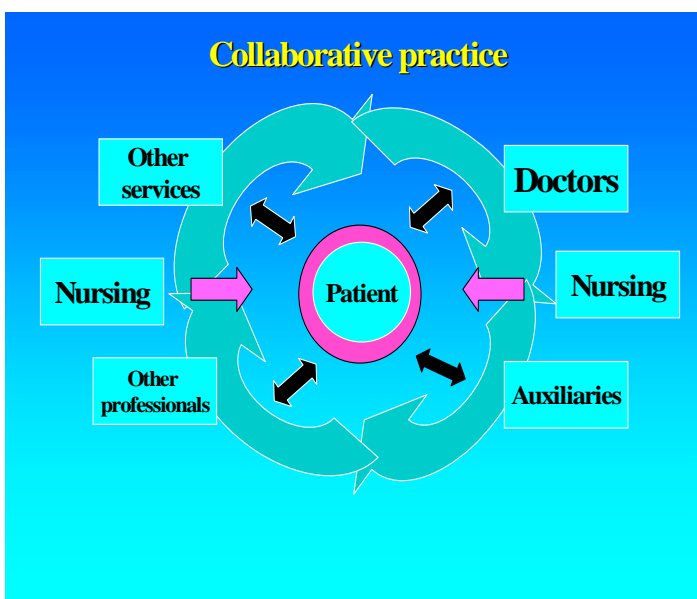
## Leadership in Nursing

The nursing profession has always had within its ranks leaders who are people of action and ideas. We just have to think, for instance, of “precursors” of the calibre of Florence Nightingale or Virginia Henderson.



These were pioneers who left an indelible mark on our profession, but, in their own times, they were almost exceptions to the rule. Our society has evolved and women can now occupy important roles. Health care today, with all its complexity and variety of services, as well as the constant expansion of our profession, has created previously unimagined needs for leadership. Hospitals today offer nurses who have received the training and who

have the required personality and mettle, prestigious positions, like director of nursing, head nurse, case management coordinator, clinician, nurse practitioner, advanced-level nurses in various specialized fields, even ultra-specialized, liaison nurses, as team leaders - and who knows what else? These high-level professionals are found equally in the community, managing care in CLSCs (local community health centres) as private-sector nursing entrepreneurs operating a business, providing home-care, as nurses in outlying regions, as advisors for management teams in different hospital sectors, in community health, in social services, and in the educational and information sectors. Likewise, they exercise their leadership in research, teaching in universities or colleges or even working as international consultants.



### A competitive context

In the competitive professional world with many different players, these roles are not always easy to fulfil. Yet, as well as the quality of care and the protection of patients, nurses can still derive pleasure from performing these tasks. But, to do this, they have to develop the competences of group-leadership, with all that this means in terms of knowledge, professional judgment, decisiveness and, especially, the capacity to work with others and develop good interpersonal relationships. These men and women

have to become credible spokespersons for the major decision-makers in order to be able to take the rightful place that they have gained in the working teams.

But another crucial factor is their work within nursing teams. Through their influence, they become the guarantors of the development and quality of health care. Their example and passing on their knowledge are factors contributing to growth, on the condition, obviously, that they show concern for supporting and advancing the interests of their colleagues. In addition, in these teams, there should be no room for competition. The patients have nothing to gain from such rivalries.

### **Leadership in multidisciplinary teams**

Their role within multidisciplinary teams is now better accepted, although there may remain some controversy about this. One has to understand that nurses, when they are better equipped with continuously increasing knowledge and with increasingly sophisticated intervention methods, may irritate or create insecurity for other professionals who are used to a certain hegemony. It is only through acquiring competence, by developing our personalities and acquiring specific leadership skills that we can iron out these problems. Once our professional colleagues are convinced that these nursing roles take nothing away from them, and once they are persuaded that they benefit the population and patients, the snags will be smoothed over. But for now, this incursion into the “major leagues” is not always without its problems. All the more so because the incorporation of some of these roles into our society and into the health-care system still remains somewhat fuzzy. And carrying out these tasks well requires us sometimes to become explorers without a compass. But this has always been the case for precursors and the modern context does not change anything.

### **Evolution of the profession and leadership qualities**

Regardless of her field of activity, the nurse who occupies a position of authority has to develop her skills in managing teams and budgets, occupy a key role in multidisciplinary groups, or intervene in a decisive way with the general population or at various political levels. This is a demanding process that presupposes the possession of managerial qualities.

Moreover, the roots of the term “manager” are quite enlightening. It comes from the Italian “*maneggiare*” which involved the hands and referred in the past to driving horses. There is nothing shameful about this for managers, since the coachman had to hold the reins with great finesse to allow his steed enough freedom and initiative to keep going in the right direction, but to leave the horse in no doubt about who was in charge.

### **A profession in search of leaders of calibre**

There *are* capable leaders within our professional ranks, working in different settings. But as Nursing and our society have been evolving, we have a growing need in our profession for leaders with vision, women and men who know how to assert themselves, take their place and show the qualities of leadership. In spite of a few pitfalls, the current context is favourable and we have the opportunity – we have to prepare ourselves to live up to the expectations and move ahead.

## The role of training in the preparation of leaders

Nevertheless, even if we are in the century where speed is of the essence, true leadership is not created instantly. It may come naturally to some people, but within a profession, it germinates slowly. This development is certainly facilitated by certain people who are already

### Effective leadership practice: attitudes and activities

- **Identify our objectives and our personal values.**
- **Emphasize interpersonal relationships.**
- **Recognize the work of others.**
- **Become the architect of one's group**
  - Encourage the growth of members of the group
    - . The Pygmalion effect
    - . The Galatea effect
- **Preach by example**
  - Self-discipline
  - . Maintain optimism
  - . Follow through with one's commitments.
- **Make decisions**

leaders who, through their example and coaching, offer their colleagues opportunities to move on. But this motivation for excellence and surpassing oneself should particularly emerge from the world of education. It is with young people that one has to start, while the terrain is still unspoiled by prejudices. Whether during initial training or at a more advanced level, we have to start preparing nurses early. We have to provide sustained encouragement for autonomy, the sense of responsibility, clinical reasoning, critical thinking and the desire to progress towards excellence. There is a whole professional culture to establish in our different milieus: we have to cultivate communicating the image of boldness, competence and decisiveness necessary for the elite, as well as communicating the vision of our work as noble, which has to be fostered in our young people. This may seem utopian, but nothing dared, nothing gained!

## Exercising effective leadership: attitudes and actions

Susan Heathfield, a prolific author on the subject, explains that a leader's greatest quality resides in the fact that others agree to follow her. This might seem simplistic, but it is actually a whole agenda! She presents various means of getting to this point, mentioning first that before trying to guide others, we need to have a clear idea of the direction we are ourselves taking.

### Identifying our own objectives and personal values

Her first recommendation is primarily introspective. She says that it essential from the start to identify our own personal values. To do this successfully, we have to ask: "What, in fact, do we want to do?", "Where do we want to take the team that we are working with?", "Why do we want to do this?" Which leads us to asking other questions: "What are our deep-seated personal values and how do they influence our professional values?", "Is it the salary, the power or the prestige that motivates us, or is it rather the desire for self-fulfillment, the interests of the patient or of our society?" This questioning is capital because it is the leader's profound values that will allow her stay afloat when she encounters difficulties.

(<http://humanresources.about.com/od/managementtips/a/mgmtsecret.htm> ).



## Putting the emphasis on interpersonal relationships

Among Susan Heathfield's other suggestions, the first is creating warm and respectful interpersonal relationships with one's work-colleagues. She insists particularly on the need for effective verbal, written and e-mail communication, which presupposes good listening skills and an interest in those around us however at whatever level they work. It is somewhat the contrary of what we often observe in our circles: the leader speaks and the others listen.

(Heathfield:

<http://humanresources.about.com/od/orgdevelopment/a/valueslive.htm>)



## Recognizing the work of others

Working within the structures of the health-care system is not always easy-going. The demands are substantial, and the means are rarely sufficient. Faced with these difficulties it is often tempting to let things go, to take short cuts. Recognition by the leader of effort and commitment is much appreciated. A smile, a few words of thanks do not cost a lot and are much welcomed. If certain interventions result in failure, her encouragement and empathy make all the difference between a management robot and a humanistic leader.

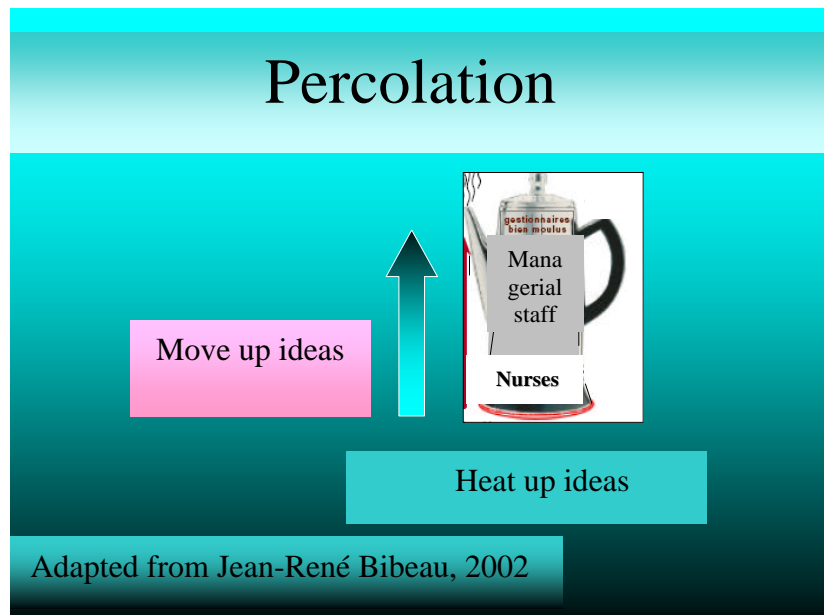
## Becoming the architect of one's team

One of the qualities to develop as leader is to help the team build itself into an entity for motivation in the work-place, encouraging collaboration, creativity, personal and collective growth. It is largely the leader who is responsible for the climate of the group and its evolution. How she lets others express their ideas, allowing the ideas to rise to the surface and makes them known to those higher up in the ladder, the attentive way in which she provides them with feedback, shows that she values them and, when needed, stimulates them - these create the conditions favourable to the work to be done and to personal growth.

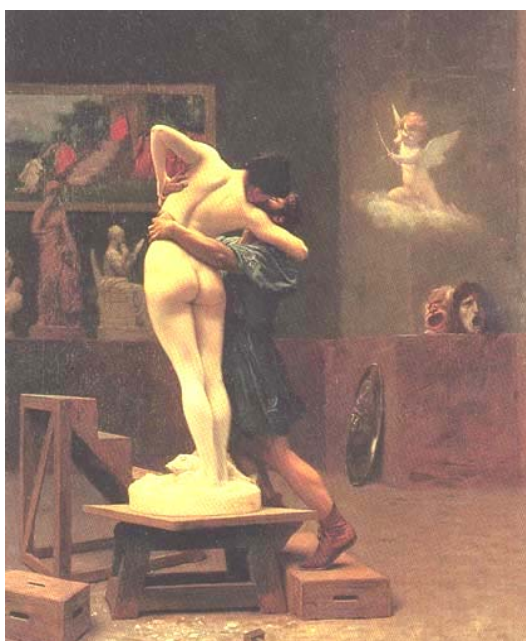
## Encouraging team-members' growth

- The leader is generally a person who is calm and collected, self-confident, and who does not feel threatened by the advancement (Sugarman, Leadership <http://www.psywww.com/sports/leader.htm>)

- This means that she can create opportunities for other professionals, - nurses or other categories of personnel - to acquire new skills, live through certain experiences, participate in stimulating projects or follow certain training courses. Focused on action and change, she is not afraid to help others as they advance in their careers and can even serve as a coach to them. Moreover, within the group, she makes skilful use knowingly of the Pygmalion and Galatea effects (Heathfield: <http://humanresources.about.com/od/managementtips/a/mgmtsecret.htm>)



**The Pygmalion effect** has its origin in mythology: a Greek sculptor-prince made a statue that was so beautiful that he fell in love with his creation and asked the gods to bring it to life. For managers and educators, this legend has now become the symbol of self-fulfilling prophecies, in other words, the power of the expectations we hold about other people. So, according to this principle, people become what we expect them to become and succeed or fail depending on our own vision of their capabilities. If we hold them in high esteem and harbour high expectations for them, there is a good likelihood that they will respond positively. This is an effective strategy to stimulate people, motivating to act, but also to excel. (<http://humanresources.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=humanresources&zu=http%3A%2F%2Fwww.accel-team.com%2Fpygmalion%2Findex.html>)



*(Galatea and Pygmalion, painted by Jean-Léon Jérôme)*  
[http://fr.wikipedia.org/wiki/Image:Jean-L%C3%A9on\\_G%C3%A9r%C3%B4me\\_009.jpg](http://fr.wikipedia.org/wiki/Image:Jean-L%C3%A9on_G%C3%A9r%C3%B4me_009.jpg)

**The Galatea effect** derives from the same allegory, since Pygmalion's statue was called Galatea. The legend has now become synonymous with the power of our own expectations over our own personal accomplishments. So how we feel about ourselves largely determines how successful we are, the only person we compete with being ourselves. In such a way that everything the leader is able to do to raise the self-esteem of members of the staff helps team-members to improve themselves. Applying these two concepts contributes to what is called *positive leadership*,



the possession of major qualities to ignite the enthusiasm and commitment of the people concerned. (Heathfield: <http://humanresources.about.com/od/managementtips/a/mgmtsecret.htm>)

### **Preaching by example**

The charisma and what the leader says are important, but it is even more powerful to provide the example of motivation, of self-discipline, of zeal for work and a positive way of looking at situations and at the chances of success. The examples the leader must show are numerous, but some qualities can be seen to be particularly effective.

### **Self-discipline**

In a team, a certain discipline is always needed, but it is better still if this involves self-discipline. The best way to promote this is by personal example. The leader shows her own capacity for self-discipline by keeping calm in critical situations, being able to take criticism without becoming angry, by proving her steadfastness, being punctual and involved in her work, always showing respect towards others, letting others know she is open, communicating her comments honestly, objectively and in a way that is consistent with institutional practices.

### **Maintaining optimism**

According to Heathfield, optimistic thinking is very powerful in management because it allows us to seize the opportunities to learn, to maximize our confidence in ourselves, to see and profit from all the opportunities for success. As Winston Churchill put it so well, "An optimist sees an opportunity in every calamity; a pessimist sees a calamity in every opportunity." We have to realize that a pessimist will never embark on great things. Moreover, we have to remember that negativism is like a sexually-transmitted disease, it is easy to pass on to others. We therefore have to watch out for it and fight against it in our teams, just as we have to make sure we don't provide an example of it.

### **Following up on commitments**

One of the major qualities of a leader is that when she says she wants to do something, she keeps her promise. Unless there is some major change in the situation, she keeps her word and, especially, does not go back on a commitment to support other people. If it is appropriate to be present at a certain time, she is there and if she tells colleagues about a project, she makes every effort to carry it out. Sometimes, this may require courage and perseverance with her ideas, but it is all a matter of being trustworthy.

### **Some strategies for making decisions**

- Reflecting in isolation
- Deciding by intuition
- "Bench marking"
- Giving figures to the advantages and disadvantages
- Discussing the choices with the team
- Using "mind mapping"
- Seeking a consensus

## Decision making

Making a decision is an important professional act, but whether it is done individually or in a group, the decision often remains difficult to make. Unfortunately, as Sylvain Breuzard has said so well: “*La machine à trancher n’existe pas*” - there is no decision-making machine for nurses. (<http://management.journaldunet.com/dossiers/050269decision/breuzard.shtml>)

In a world in which information is being exchanged at an accelerating rate and where knowledge is constantly advancing, the act of decision-making requires diligently gathering information, building a consensus, time for reflection and, especially, a good deal of lucidity. A decision occurs within a frame of reference and is made by taking into consideration multiple human, institutional and environmental factors. In itself, a decision is neither good nor bad: it can only be judged according to certain criteria about our society’s needs, institutional requirements or evidence collected on the subject.

Some people make decisions intuitively, others more systematically, after consulting other people or obtaining a consensus within the team. Breuzard explains it this way: The complexity is even greater when the decision-making is based on mechanisms strongly conditioned by our emotions. The latest research in the field of neuroscience, supported by brain-imaging, shows the extent to which

### Pre-decision questioning

- What precisely is the problem? (in all its details and with all its linkages)
- What do I know about the subject?
- What is important?
  - For whom?
- What are the possible solutions?
- What are the advantages of each solution?
  - in the short and the long term?
- What are the disadvantages of each solution?
  - in the short and the long term?
- Which resources are available for each solution?
- Which decision should be retained?
- What action plan should be implemented?

decision-making involves our emotions, which are an indirect expression of how we perceive our environment. The work of the research team headed by Antonio Damasio, professor of neurology at the University of Iowa, has demonstrated this direct link. His team has shown that the mechanism of making decisions simply broke down in patients with cerebral lesions that cut off all their emotional feelings. These patients were, for instance, incapable of deciding on a time for an appointment. Without emotions, no decisions can be made. This emotional component, varying in extent depending on the decision and person, underlines once again the fact that there is no miracle recipe for making a decision in a given situation. (<http://management.journaldunet.com/dossiers/050269decision/lead.shtml>)

### Some decisional strategies to be taken into consideration

There are several techniques that help making decisions. We describe some of these in the following paragraphs.

### - **Reflecting in isolation.**

Christian Morel says that a decision can be very well taken as a result of solitary reflection, during which we have to: consider all aspects of the problem to be solved, that is, identify the different solution options, envisage the consequences of each, and establish the possible *pros* and *cons* of each alternative. This type of reflection is effective, but it can lead to a unilateral decision or only be a preliminary step before consulting others. If it

remains an individual decision, there will always be a risk of it being arbitrary and of the decisions being criticized by one's colleagues, who feel excluded from the process. But whatever form it takes, this reflection must be supported by asking serious questions, as indeed must all other forms of decision-making.

(<http://management.journaldunet.com/dossiers/050269decision/tableau.shtml>)

- **Deciding intuitively.** These decisions are made unconsciously, sometimes very rapidly, on the basis of our previous experiences and our knowledge. Marc de Wilde proposes a method for making intuitive decisions, which forms the acronym "IDEA":

**I - for information**  
*gathered from specialists, from those around us, and from our colleagues;*

**D - for decant** -  
*Give the ideas time to settle, do*

*other things, practice letting ideas flow loosely and leaving time for the unconscious to work.*

**E - for enlightenment.** *When an idea comes you have to let it emerge and take note of it.*

**A - for assess, evaluate, support.** *At this point, it is through reasoning that one can identify the principles supporting the decisions and whether or not it should be retained.*

(Morel: [http://management.journaldunet.com/dossiers/050269decision/fiche\\_intuition.shtml](http://management.journaldunet.com/dossiers/050269decision/fiche_intuition.shtml))

### Benchmarking or calibrating performance: a definition

❖ Benchmarking is a systematic process of evaluating services offered and the methods used, by comparing these with other situations, with serious partners or with institutions recognized for their excellence or as leaders in their field.

❖ This strategy is aimed at identifying and understanding the best practices to be found in a particular domain. First used in business, this concept is now widely applied in the health sector.

❖ It introduces a new dimension, that of looking for external information for making comparisons and improving a system, a service or a project.

❖ Its orientation is towards the future, efficiency and effectiveness.

### Bench-marking: the stages

- Identify a sphere to be improved, a project or problem to resolve.
- Measure current performances.
- Look for external standards, innovative practices for purposes of comparison (other institutions, services, similar projects).
- Identify the practices of excellence from relevant experts and those who are likely to serve as models (journal articles, Internet or by consultation).
- Identify more precisely examples that are relevant to the issue at hand (means, tools to be used).
- Find out how to apply these procedures.
- Apply the best method.
- Establish, revise and improve the action plan.
- Evaluate and measure the results.
- Compare the obtained results with earlier measures of performance.
- Draw conclusions for the future.

## Bench-marking

If it is appropriate, obtain information on what is being done elsewhere, make comparisons and get inspiration from this.

This practice is very common today in the field of health-care and it bears interesting fruit, both scientifically, and in terms of the systems' effectiveness and efficiency that have become adopted. This way of doing things allows us to draw on the experience of numerous decision-makers coming from outside. "Bench-marking" has become a strategy for continuous improvement in institutions targeting excellence and seeking innovative practices. At first used mainly in the field of research, it is now one of the preoccupations of those piloting projects or who have to make decisions. "Bench-marking" allows us to become aware of problems that are being dealt with elsewhere, how their effects can be measured, the methods used, evaluation grids and other effective assessment instruments, as well as their results. It is very handy to know all this before making a decision. (Morel: [http://management.journaldunet.com/dossiers/050269decision/fiche\\_gregaire.shtml](http://management.journaldunet.com/dossiers/050269decision/fiche_gregaire.shtml)) (<http://www.apqc.org/promos/marketing/bmm/AvoidBenchmarkingPitfalls.html;jsessionid=TV1IQXAB25METQFIAJICFEQ?campaignSource=glbmk>)

**- Calculate the advantages and disadvantages of each solution.** Analyze them, weigh them in terms of their importance, then do the calculation according to the conclusions that your have gathered. This way of doing things can be practised individually or in a group. You can, for instance, decide on a scale of -1 to -5 and +1 to +5, depending on the how advantageous or disadvantageous each is. A positive or negative score is then assigned to each advantage or disadvantage, and its calculation can be made.

<b>Assigning numbers (from 1 to 5)</b>			
<b>Advantages of the decision</b>	<b>Val-ues</b>	<b>Disadvantages of the decision</b>	<b>Val-ues</b>
<b>. Increases group cohesion</b>	<b>+ 4</b>	<b>. Requires a lot of time</b>	<b>- 5</b>
<b>. Allows other people to get involved</b>	<b>+ 2</b>	<b>. Complicates the assignment of responsibilities</b>	<b>- 3</b>
<b>. Encourages consultation with other services</b>	<b>+ 2</b>	<b>. Makes the process longer</b>	<b>- 2</b>
<b>. Raises the prestige of the unit</b>	<b>+ 1</b>	<b>. Increases the costs</b>	<b>-5</b>
<b>. Increases the effectiveness of the service, the quality of the reception of patients</b>	<b>+ 4</b>	<b>. Takes longer to carry out</b>	<b>- 2</b>
<b>Total</b>	<b>13</b>	<b>Total</b>	<b>17</b>
		<b>Final sum: 13-17 = -4</b>	

This simple technique, clear and effective, can be used together with other strategies in making a decision. There is even computer software that allows you to arrive at the same conclusions.

**- Discuss the alternatives with the team.** Teams often greatly appreciate making a group decision. This involves asking them to put forward suggestions and express their opinions. It can include brainstorming on the subject to collect the different suggestions. The procedure is sometimes pain-staking, but more knowledge and creativity are generated in this way because of the different proposals that surface. One then has to retain the best solution. In this approach, a simple majority choice about a decision by the participants is enough.

- **Seek a consensus.** Decision making by looking for a decision that is accepted by all team members is called the consensus method, and it often takes a long time and is laborious. It can be effective, but is likely to provoke the habit of prevarication within the team, and give rise to dictatorship by the group. Another consequence is going back over decisions, the culture of ambivalence developing in the group, leading often to lengthy, numerous and sometimes raucous meetings because of the difficulty in making a decision. The idea of always holding a meeting to make a decision in no way guarantees that our decisions will be more enlightened. And, in the end, one always has to decide one way or another.

### Steps to follow in the consensus method

- Choose an animator and/or a moderator for the exercise.
- Define the problem or the decision to be made, including all the issues involved.
- Brainstorm to stimulate the group's creativity and allow answers or solutions to emerge.
- Write them on the blackboard even if they are unrealistic.
- Discuss the proposals that have been written down, consider them, modify them, re-organize them and make a list.
- Retain those that seem to be useful.
- Analyze each of the proposals and discuss their advantages and disadvantages.
- Sound out everybody's views, more than once. Ask everyone to express themselves.
- Choose the proposal that receives the consent of the group.
- If someone opposes this decision, you have to take a step backwards, to the stage that preceded this choice.
- If no-one opposes it, state clearly the choice that has been made and ask if there really is agreement.
- If there are minor objections, suggest/ask for amendments.
- Discuss the changes to be added and make sure there is a consensus.

Yet this democratic method has some particularly interesting elements, and, when it is well conducted, can give positive results. It assumes that there are several stages and can involve different strategies to present the problem,

consider its advantages and disadvantages, analyze them and then discuss them. We can see in Wikipedia that consensus involves general agreement, either implied or overt, between the members of a group, enabling a decision to be made without requiring a vote. (<http://en.wikipedia.org/wiki/Consensus>) While the consensus method generally refers to a unanimous agreement – or rather the absence of any opposition to the decision – recent use of the term regards it often as the opinion of a large majority not necessarily shared by everyone. This simplifies the procedure.

“The term consensus means that one agrees on something, but it does not necessarily mean there is total agreement by all, on everything, in other words, that there is unanimity. There may be unanimity, but it is certainly not an objective: consensus tends to maintain the differences, not eliminate them. So, in a consensual decision, there can be different levels of agreement and numerous nuances with respect to commitments.” (translated from the French entry in Wikipedia

(<http://fr.wikipedia.org/wiki/Consensus>). This agreement does not preclude voting.

### Steps participants should follow in the consensus method

- Take into account the influence of the group on the individual.
- Avoid confrontations and conflicts.
- Encourage creativity, so solutions emerge.
- Give yourself criteria to judge how appropriate a solution is.
- Change the way we see differences of opinion.
- Manage objections and conflict: learn to build on recognizing different points of view.



## **The procedure to adopt in order to reach a consensus**

If one is trying to reach a full consensus, this method is likely to become complicated. This can come close to just being a pragmatic and muddled approach, while being open to others' ideas can lead to people refusing to budge from their own initial opinions. Everything depends on the choices we make within a group. To best reach an objective decision and one that is shared by the majority, we have to adopt the appropriate behaviour. The table in the box above suggests a list of steps to follow.

### **Take into account the influence of the group on the individual**

In this consensus method, we have to be cautious of the way in which people are influenced by the group or the dominant personalities in the group. We must make sure that certain individuals do not inhibit the group's decision or that the group does not block the expression of opinions by certain individuals. It is important to be sensitive to the impact of these influences and to guard against the pressure of one or more members of the group impeding the group's progress. A consensus does not confer veto rights on anyone.

### **Avoid confrontations and conflicts**

Group discussions can sometimes get overheated and opinions may conflict strongly with each other. In this method of seeking a consensus, respecting people and their opinions is the rule, and maintaining human relations is always essential. Agreement can never occur within a context of fear or dependency. Another important thing: we have to make the distinction between a person and her opinions. One can disagree with someone, but in the heat of the discussion, one must never forget that the other person also has a self-image to maintain and sensitivities to protect. Discussions and debates do finally come to an end, but the bitterness lasts. The rule must always be to respect the other person.

### **Encourage creativity, find solutions**

In this method of consensus, in which each participant seeks appropriate solutions from their own experiences or intuition, there is still the risk that everyone will become hooked up on their own opinions. It is therefore vital to instruct the group to be very flexible, and not to identify with or become hooked up on their ideas, in other words, not to stick stubbornly to them, if one wants to work in harmony. It is hard for creativity to emerge under duress.

### **Select criteria for evaluating how good a solution is**

To make it easier to choose a solution and arrive at a consensus, state in advance some of the important criteria by which it will be judged. This can be a way of speeding up the decision-making process and avoiding pitfalls. For example, choose the solution:

- that will be the least expensive;
- that will require the least personnel;
- that will take the least time;
- that will affect the most people in the service;

- that will produce the most spin-offs for the population;
- that can be implemented without shaking up the local institution;
- that corresponds best to the group's ethic;
- that makes the most of the dynamism of the people involved.

### Change our view of differences of opinion

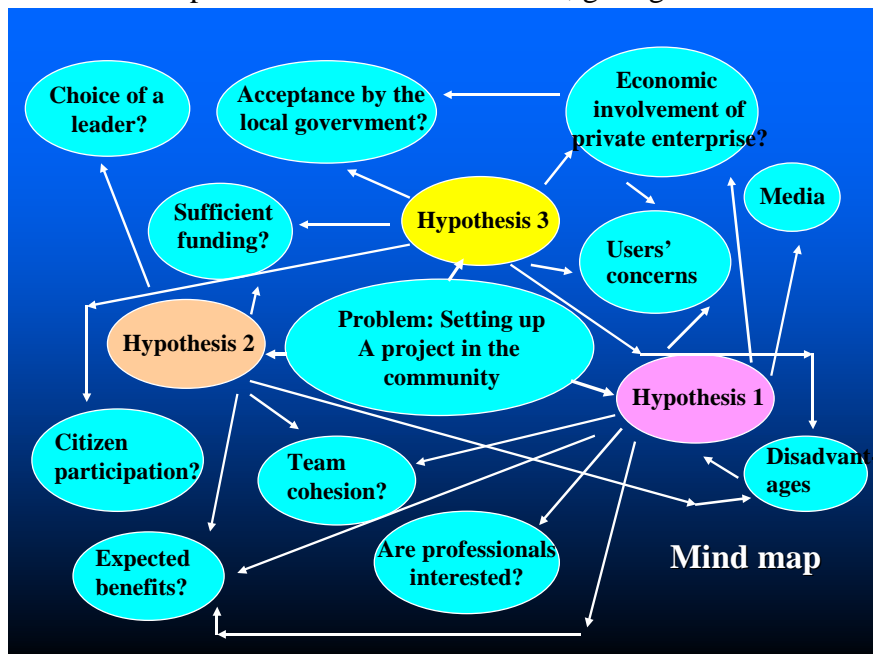
To put consensus into practice, it is important to get used to seeing opposing views not as a conflict but rather as being part of constructive dynamism. There has to be an understanding within the group that mutual confidence and a positive climate of human relationships are needed to arrive at appropriate decisions, adapted to specific situations, and that the fact of disagreeing with someone does not necessarily mean being in conflict with that person.

### Handling opposing views and conflicts

If ill-feeling arises in the course of seeking a consensus, this has to be discussed openly, avoiding any judgment of the individuals, remaining flexible and listening to all the parties. This allows us, as Roberto Tecchio wrote, to generate agreement out of disagreement, but always in a context of reciprocal freedom, respect and confidence. Consensus involves in substance the willingness to continue moving ahead and sharing experiences together. ([http://www.passerelleco.info/article.php3?id\\_article=83](http://www.passerelleco.info/article.php3?id_article=83)) One of the accomplishments of the leader is to create harmony within a work-group and resolve conflicts. (Margot Phaneuf, 2002, pp. 461-535)

### Use mind-mapping

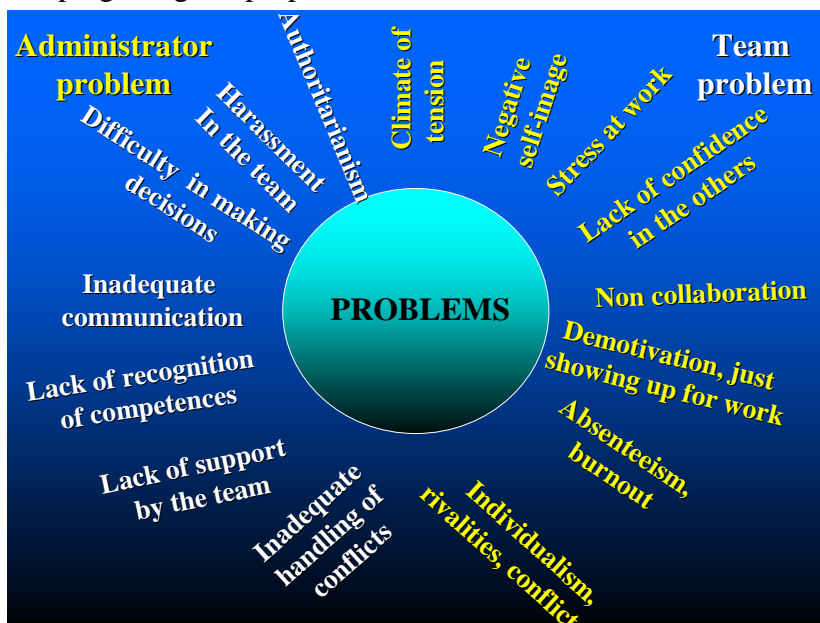
This is a graphic representation of the problem and its ramifications, giving an overall view of the situation and making it possible to see more clearly which decision to make. Through this, one can see all the aspects of the problem, and clearly identify the *ins* and *outs*: the internal and external linkages, the personnel involved, the other partners, the clientele, and the advantages and disadvantages of each hypothesis. (Morel: <http://management.journal.dunet.com/dossiers/050269decision/tableau.shtml>)



Decision-making is inseparable from all the other overall abilities that leaders must demonstrate. Those who know how to do it basically have to be able to consult, listen, join up the links between different experiences and to be open to dialogue. They are able to tackle mistakes so they can be analyzed, find the weaknesses and prevent these from arising, but, out of diplomacy, they should avoid, at least at the beginning, repressing them. As far as possible, they should encourage talking about mistakes rather than punishing them – this is a better investment for the future.

### The leader’s management skills and the manager’s leadership skills

The qualities we have just seen are needed by anyone who occupies a position of authority. Keeping things in proportion, whether one is the director of nursing care or a team leader, we



have to be capable of initiating projects, making decisions, advancing the careers of colleagues for whom we are responsible, committing ourselves firmly to ensure the quality of care and the humanistic climate of our teams.

We are not all born with these qualities and these means, but they can be developed through reflection, training, coaching, experience and the desire to become not

just a manager, but also a high-calibre leader. If the head of a team lacks these interpersonal and managerial qualities, those working in the teams feel relatively uninvolved, unappreciated and lacking a clear direction in their work. They experience insecurity and low self-esteem. In these conditions, coming to work is a chore. In this case, how can we ensure quality care for our patients that is both humane and warm? Without these qualities and means, the person in the post of authority behaves in a way that creates problems not only for herself, but also for those who work with her. This is what is shown in the diagram above.

### Conclusion

The qualities of self-confidence and mastery of one’s discipline are necessary for all professionals. They form the basis of leadership, which is an important notion and to which we have to encourage young people to aspire. It is not all nurses who are destined to become managers, but all have to be able to communicate their ideas and have their competences respected within the health-care team and by the patients. We belong to a profession whose future is being constantly reinvented, and new openings are becoming available to us. We need audacity and the determination to follow this “wind of change”.

## REFERENCES

- Aubry, Jean-Marie (2005). *Dynamique des groupes*. Montréal, les Éditions de l'Homme.
- Bibeau, Jean-René (2002). *La gestion par résultats ça se joue sur le terrain des populations - là où le mot utilité prend son sens magique*. 11th symposium of the Société québécoise d'évaluation de programme, Québec.
- Breuzard, Sylvain. *Dix méthodes pour une décision*  
<http://management.journaldunet.com/dossiers/050269decision/tableau.shtml>
- Breuzard, Sylvain. *Il faut décider en fonction de ses valeurs*  
<http://management.journaldunet.com/dossiers/050269decision/breuzard.shtml>
- Breuzard, Sylvain. *La machine à trancher n'existe pas*  
<http://management.journaldunet.com/dossiers/050269decision/lead.shtml>
- Brunner, Roland (2004). *La psychanalyse expliquée aux managers*. Éditions Eyrolles
- Gautron, Jacques (2003). *Le Guide du Benchmarking*, Paris, Éditions d'Organisation.
- Heathfield, Susan. *The Two Most Important Management Secrets: The Pygmalion and Galatea Effects*  
<http://humanresources.about.com/od/managementtips/a/mgmtsecret.htm>
- Heathfield Susan. *Build an Organisation Based on Values*  
<http://humanresources.about.com/od/strategicplanning1/a/organizvalues.htm>
- Heathfield, Susan. *How to Make Values Live in Your Organisation*  
<http://humanresources.about.com/od/orgdevelopment/a/valueslive.htm>
- Heathfield, Susan. *Set Them Free: Two Musts For Employee Motivation*  
<http://humanresources.about.com/od/motivationsucces3/a/motivationtips.htm>
- Heathfield, Susan. *Top Ten Ideas of What Employees Want from Work*  
<http://humanresources.about.com/od/rewardrecognition/tp/recognition.htm>
- Heathfield, Susan. *Optimism: The Power of Optimistic Thinking*  
[http://humanresources.about.com/od/managementtips/qt/optimism\\_s1.htm](http://humanresources.about.com/od/managementtips/qt/optimism_s1.htm)
- Lenhardt, Vincent. (1995). *Les responsables porteurs de sens*. Paris, INSEP Éditions.
- Morel Christian. *Dix méthodes pour une décision* <http://management.journaldunet.com/dossiers/050269decision/tableau.shtml>
- Phaneuf, Margot (2002). *Communication, entretien, relation d'aide et validation*. Montréal, Chenelière/McGraw-Hill.
- Phaneuf, Margot (2007) *Le coaching : un outil au service des enseignantes* :  
Infiressources.ca , Carrefpour p/dagogique :  
[http://www.infiressources.ca/MyScriptorWeb/scripto.asp?resultat=923821http://www.infiressources.ca/fer/depotdocuments/Le\\_coaching\\_un\\_outil\\_au\\_service\\_des\\_enseignantes.pdf](http://www.infiressources.ca/MyScriptorWeb/scripto.asp?resultat=923821http://www.infiressources.ca/fer/depotdocuments/Le_coaching_un_outil_au_service_des_enseignantes.pdf)
- Phaneuf, Margot. *Le suivi systématique : outils et moyens de coordination*  
[http://www.infiressources.ca/fer/depotdocuments/Suivi\\_systematique\\_des\\_clientel\\_es-outils\\_et\\_moyens\\_de\\_coordination.pdf](http://www.infiressources.ca/fer/depotdocuments/Suivi_systematique_des_clientel_es-outils_et_moyens_de_coordination.pdf)
- Phaneuf, Margot. *Le suivi systématique: rôles et qualités nécessaires*  
[http://www.infiressources.ca/fer/depotdocuments/LA\\_GESTIONNAIRE\\_DE\\_SUIVI\\_SYSTEMATIQUE-ROLES\\_ET\\_QUALITES\\_NECESAIRES.pdf](http://www.infiressources.ca/fer/depotdocuments/LA_GESTIONNAIRE_DE_SUIVI_SYSTEMATIQUE-ROLES_ET_QUALITES_NECESAIRES.pdf)

- Phaneuf, Margot. *Le suivi systématique: pour des soins centrés sur la personne*  
[http://www.infiressources.ca/fer/depotdocuments/Suivi\\_systematique\\_des\\_clientes.pdf](http://www.infiressources.ca/fer/depotdocuments/Suivi_systematique_des_clientes.pdf)
- Sugarman, Karlene. *Leadership Characteristics*  
<http://www.psywww.com/sports/leader.htm>
- Tecchio, Roberto. *La méthode du consensus*  
[http://www.passerelleco.info/article.php3?id\\_article=83](http://www.passerelleco.info/article.php3?id_article=83)
- Wikipedia : Consensus <http://fr.wikipedia.org/wiki/Consensus>  
<http://fr.wikipedia.org/wiki/Consensus>
- *Better Management by Perception. Leadership is a facet of management. The Self-fulfilling Prophecy or Pygmalion Effect.*  
<http://humanresources.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=humanresources&zu=http%3A%2F%2Fwww.accel-team.com%2Fpygmalion%2Findex.html>
- *Leadership is a Facet of Management*  
<http://www.see.ed.ac.uk/~gerard/MENG/ME96/Documents/Intro/leader.html#Topic1>