Leading by Gaslight?: Nursing’s academic leadership struggles

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What characterizes strong nursing leadership in academia? Not what you might think. Popular mythology may suggest strength and certainty: people who transcend, get their way, and “call” the important decisions (Brown 2014). Yet, historian Archie Brown (2014) analyzing hundreds of leaders over hundreds of years suggests otherwise, with: integrity, relationship building, collegiality, curiosity, willingness to seek disparate views, empathy and energy being far more important (Brown 2014). Stereotypical strength, it transpires, is steadfast weakness.

Leadership in academia is necessary because the work is highly demanding, change is ever-present, and demands ever increase. Indeed, the academy has been changing ever since nursing’s entry a relatively recent fifty years ago (Barnett 2010). The traditional role of ‘The University’ as a cosseted bastion of generating, curating and disseminating knowledge is now transformed. Instead, modern universities seek to square the private good of benefitting individual students by addressing the public good of generating useful knowledge while helping nations prosper by creating more educated citizens (Barnett 2010). Teaching, for many decades considered mistakenly a distraction is back to the fore institutionally and individually. Academics who teach are increasingly expected to be accessible, empathetic and techno-savvy in bringing subjects alive and making them accessible and fun. Expectations grow to do and publish ‘relevant’ research in influential journals, attract competitive research funding, involve government, patients and other stakeholders, and use social media to engage with diverse audiences (Clark & Thompson 2015).

These changes and demands do not arise from inside the academy. Universities are now characterized by higher external government pressures, top-down decision and policy-making,
and greater measurement and regulation of daily work (Alvesson & Spicer 2017). As rich and deep disciplinary questions of ‘what?’ ‘how?’ and ‘when?’ in scholarship become replaced by the practicalities of ‘who?’, ‘why?’ and ‘where?’ (Winter 2009, Alvesson & Spicer 2017), numerous tensions and schisms around academic identity in higher education result. These lead to strain in academics to maintain a sense of scholarly integrity in this changing world (Pare 2014) but also strain between academics.

**Leadership in today’s nursing academia**

The effects of these strains, we contend, is particularly prominent in nursing in outcomes, conduct, and leadership. In terms of outcomes, nursing continues to struggle to realize its potential in the Academy. Too often nursing is seen as weaker and less credible by those in other disciplines: nurses in academia themselves perpetuate this by not seeking leadership roles outside nursing and viewing publishing in mainstream journals and seeking research funding as optional not desirable (Clark & Thompson 2015).

Conduct in our nursing workplaces remains a curious contrast of overt statements about quality, collegiality and community accompanied too often with the opposite (Cassell 2011, Lampman et al. 2009, MacKay et al. 2008, Twale & De Luca 2008). Known as gaslighting (Sarkis 2017), misalignment of words with actions serves to deny or justify bullying and harassment in a language of legitimacy. This behavior includes verbal and non-verbal actions, from overt aggression to subtle but ongoing undermining via institutional means, including: unfair allocation of work and roles, assignment of heavier teaching loads, unfair performance evaluations, and denial of opportunity (Gloor 2014, Cleary et al. 2016).

Rather than ‘owning’ their conduct – perpetrators of gaslighting seek to bend reality by invoking overt references to not asserting ‘control’ or being self-serving. Criticisms may be made publically but are parried with the caveat that ‘it’s just a joke.’ More often, inappropriate conduct is masked behind platitudes about ‘fairness’, the department’s mission or strategy, and line management legitimacy. Simultaneously, perpetrators tend to mobilize, label and align others in an attempt to establish a ‘usual suspects’ cultural narrative that renders them the benevolent party (Sarkis 2017).

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This unethical conduct occurs up, down, and across work hierarchies (Cleary et al. 2016) but is especially damaging to those at formative career stages (McKay et al. 2008). It is hugely damaging to work performance as victims lose sight of reality becoming insecure of their own talents and prone to intense self-doubt. When such conduct becomes more prevalent across organizations: productivity, engagement, loyalty, morale and staff turnover, all suffer massively.

A way forward for nursing leadership

Nursing may appear primed to lead in today’s universities and the discipline least inclined to poor conduct, like gaslighting. We purport to value ethical conduct and holism, esteem relationships, and recognize avowedly both the reality and influence of the structural, psychosocial and interpersonal. We overtly often invoke discussions of caring, respect and creating safe environments (Cassell 2001). Our nursing departments should be hot beds of the collegial leadership that Archie Brown esteems. Yet, many academic leadership positions in nursing are held in the absence of credible track records of effective academic leadership in academic settings (Thompson & Darbyshire 2013, Watson et al. 2017). As with today’s academy (Alvesson & Spicer, 2017), nursing risks mirroring wider trends towards:

- Authoritarian working cultures
- Closed over open and collegial decision-making
- Higher deference to external agencies
- Lowered autonomy in thought and action
- Rewarding ‘busyness’ via measurable quantities of work over quality and visibility

While leadership positions in universities often come with prestigious titles (Watson et al. 2016), high confidence in one’s abilities alone does little to facilitate wider academic growth (Thompson & Darbyshire 2013, Watson et al. 2017). Indeed, leaders who feel threatened by others, are wary of being seen to change their mind, or struggle to be truly open to others’ perspectives seldom excel (Brown 2014). Ironically, a preoccupation with acting strong actually becomes a profound weakness. Seeking to be involved in everything while having insight into nothing risks a double-whammy compromise of diminishing not only the vibrancy and
autonomy of the academy, but also the vulnerable growth of nursing within it (Thompson & Darbyshire 2013, Watson et al. 2017). It is the anti-thesis of the collegial leadership necessary for excellence (Brown 2014).

A way forward for nursing

Nursing, we believe, though well suited to effective leadership remains trapped inside its own history, blind spots and insecurities around leading in academic cultures.

Echoing nursing schools and practice of old, academic nursing remains too focused on hierarchy in relation to its own leadership. This results in ‘them and us’ thinking about those with and without formal leadership roles. Those seeking formal leadership positions in nursing should recognize that leadership never begins with a senior title (Maxwell 2006). Assuming leadership is privy only of the senior or formalized roles in academic workplaces is misplaced and wasteful. Rather, leadership is behavioural and can be enacted in any position, at any time, in one’s career (Maxwell 2006).

Good mentoring and role modeling around academic leadership is key. There are some outstanding senior nursing leaders internationally – but academic nursing has only recently itself emerged from hierarchical authority structures and attendant ‘rule following’ of nursing schools (Thompson & Darbyshire 2013). Consequently, nursing’s capacity to build academic leadership capacity alone is weak - we have a short history of achieving academic growth via collegial processes, attaining internationally credible scholarly aspirations and standards, or retaining a truly global lens on education and practice. Nurse leaders need to gain more experience working outside of the discipline, whether in cross-cutting leadership roles or in appointments in other academic disciplines. This serves to bring a more rounded-lens and broader perspectives from these other disciplines to leadership in and for nursing.

Most importantly, the solutions to nursing challenges in academic leadership lie deep within our personal and disciplinary psyche. When our academic leadership – either individually or collectively veers towards grandiosity, status sensitivity, self-perceived cleverness or insecurity - our growth is stunted. A mindset of openness: to others, to our own weaknesses
and to growth (Dweck 2007) form the intricate balance of self-acceptance, empathy, improvement, and aspiration needed for effectiveness nursing leadership (Brown 2014). The quicker and better we can develop this, the better nursing leadership in academia will become.

**References**


