



Linnette Johnson, RN, MSN

Leaders Change the World

I graduated from nursing school in the 90s and knew that I was going to change the world. As a nurse, a noble profession and calling, I would be giving of myself to help others and would become part of a selfless team that carried the mission of caring in their hearts. However, reality struck on my first day following orientation when an angry physician yelled at me until I felt no choice but to lock myself in the staff restroom to get away from him.

That encounter was the first of many instances experienced throughout my nursing career where I found our profession at odds with what we were expected to tolerate from physicians, and the negative impact such fragmented relationships would cause our patients. There were other demoralizing incidents throughout the years, some experienced by me, and others I witnessed that were directed at my colleagues. Some were overt, like my first experience; others were more subtle, such as a hang up of a phone call or a snide remark.

Over the years, I have watched nurses delay placing a phone call to a physician or holding out for one more set of vitals because she knew that that doctor was going to yell at being disturbed or woken up in the middle of the night. I have watched extremely experienced and knowledgeable nurses second-guess themselves and not call a physician to report a change in patient status because they feared they would be belittled or ridiculed. This apprehension is unacceptable because as nurses, we need to lead; we need to have the moral courage that it takes to care for our patients and deliver timely care that is not delayed due to fear. The bottom line is that bad relationships between nurses and physicians have a negative impact on patient care.

I want to be clear that I am not a physician hater, and I don't believe that all physicians behave badly. I love my surgeons and have a great respect for *all* that health care providers do. It is important to acknowledge that for every bad experience, there are hundreds of positive ones. Our physicians want to be exceptional, yet they are not immune from feeling the pressures of losing control over their care and sometimes succumbing to the pressure. Today, much of the care provided is mandated by government, payers, a litigious society, and

organizational policies. Physicians, nurses, and administrators need to lead with a patient's best interest at the very center of all that we do. In order to accomplish this critical and essential goal, we must cultivate relationships, trust, and respect with each other.

The world needs leaders. If you don't believe me, look at government, the school system, churches, and families. If you still need convincing, do a search online, and you will find more than 20 million books with "leadership" in their title. Our patients deserve leaders. We must develop and foster interdisciplinary teams that communicate well together, respect each other, and are not fragmented. As clinicians, we deserve to work in an environment where we can use our clinical knowledge and not be afraid to speak up.

Throughout the years, I have attended many nursing conferences and seminars, and have read dozens of books on leadership. The best class in which I participated was a physician leadership development program designed and taught by U.S. Army Lieutenant General (Ret.) Mark Hertling. His class included physicians, nurses, and administrators. Together, we learned that at the end of the day, it is all about knowing oneself, relationships, and connecting with each other on a very human level regardless of our class or title.

We must mentor nurses, administrators, and physicians on the importance of feeling valued and connecting with each other. We must engage in simple conversations and interactions that take just a few seconds to acknowledge each other as human being with hopes, dreams, and needs. It's hard to be belligerent with someone when you've taken the time to know their children's names and all of the mission trips they've attended.

Leaders must have the moral courage to explore their own leadership attributes, values, and competencies; they must master themselves before they move on to lead others. Values are a necessary ingredient in developing depth and understanding in dealing with simple and complex situations.¹

More than 20 years have passed since that first day when I locked myself in the bathroom. As I reflect on all of the years since that have

passed, I continue to firmly believe that I am helping to change the world; 1 nurse, 1 physician, and 1 administrator at a time. I started at the beginning; with myself.

Reference

1. Hertling M. *Growing Physician Leaders*. New York, NY: Rosetta Books; 2016.

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