Resource Paper and Position Statement on:
Leadership and Leadership Development Priorities

Issue being addressed: The Honor Society of Nursing, Sigma Theta Tau International has long recognized and supported the importance of leadership and leadership development in the nursing profession. As the honor society works to improve the health of the world's people through its global community of nurses, affirming the role of nurses as leaders and developing strategies for supporting the leadership development of nurses is imperative. In 2003, Sigma Theta Tau International President Daniel J. Pesut, PhD, APRN, BC, FAAN, invited the International Leadership Institute Advisory Council to develop a position statement on leadership. The Advisory Council acknowledges the contributions of researchers, writers and leaders themselves for creating a mosaic of material from which to draw for this paper. Our purpose is to provide a position statement on leadership that can support the mission and vision of the honor society, now and in the future.

Background of issue:

Throughout the history of the Honor Society of Nursing, Sigma Theta Tau International, leadership has been a driving force. The six nursing students who founded the honor society in 1922 set in motion the development of an organization that today has 125,000 active leader members in 90 countries, an organization that has welcomed more than 360,000 nurses into the honor society since 1922. From its inception at the Indiana University Training School for Nurses (now the Indiana University School of Nursing), the organization has grown to 431 chapters on 515 college campuses in 14 countries. The honor society continues to grow and is currently working on chapter development with more than 100 nurse leaders in20 countries. This success would not have been possible without the commitment, energy and leadership of many nurses around the world during the past 83 years.

1. Leadership Definitions

Marquis and Huston (2003) note that while "the term leader has been in use since the 1300s, the word leadership was not known in the English language until the first half of the 19th century." Since then, millions of words have been written on the subject of leadership and

what leaders do —characteristics, components and exemplars. Max DePree (1989) notes "The first responsibility of the leader is to define reality". (p. 11) Ronald Heifetz (1994) provides a challenge: "Imagine the differences in behavior when people operate with the idea that 'leadership means influencing the community to follow the leader's vision' versus 'leadership means influencing the community to face its problems'." (p. 14) Kouzes and Posner (2002) talk of leaders as having 'the ability to bring out the best in others — to enable others to act" (p. 30). Robert Greenleaf (1977) introduced the concept of servant-leadership, a journey into the nature of legitimate power and greatness Greenleaf identified foresight as the central ethic of leadership, while Gardner (1990) defined leadership in terms of persuasion and which encourages a group to pursue objectives held by the leader. Bennis (1994) described the leader as the 'chief transformation officer.' In his essay "Leading from Within," Parker Palmer (1994) reflects that leadership development is about both the "skills to manipulate the external world, but is also about the personal and corporate disciplines of the inner world", (p. 6) and incorporate the inner journey. (in Conger, 1994) This is affirmed by Dutch leadership researcher and psychoanalyst Manfred F.R. Kets de Vries (2004) who identified healthy leaders as possessing self-awareness. Kellerman (2004) points out that the words leader and leadership have taken on a positive connotation although, historically, this was not always how leadership was perceived —witness Machiavelli in 15th and 16th century Florence and the Founding Fathers of the United States who understood that leadership is easily corrupted and often maligned and who, looked for ways to control leaders so they could act only in a coalition with partners.

2. Clinical Leadership

There exists in nursing the opportunity to exercise leadership through the knowledge and expertise that the nurse brings to the health care environment. Here we are differentiating this clinical leadership role from organizational leadership roles. Leadership in the practice environment includes advocacy for evidence-based nursing practice, competency in direct clinical practice and expertise based on solid science. Leadership also can be demonstrated by nurses who bring to the workplace ideas for increasing workplace satisfaction and who pose solutions to problems and capitalize on opportunities in the workplace (Kerfoot, 1998).

In *The Nursing Profession* Norma L. Chaska (2001) asserts that "Nursing, like all health care, needs a knowledge worker for the

information-age. A knowledge worker nurse is one whose practice is grounded in skills associated with (a) critical thinking and clinical judgment; (b) teamwork and communication; (c) new technologies; and (d) leadership, management, and delegation"

Leadership is not a synonym for management. In their discourse on clinical and professional leadership in advanced nursing practice Hamric et al (1996) note that leadership can exist without contractual arrangements or boundaries, whereas both characteristics are intrinsic to management. Even without formal authority or a designated management function, clinical leaders exert informal influence on others. Clinical leadership is authority on behalf of one's followers rather than power or authority over others. Grypdonck et al (2004) maintain that the influence of an advanced practice nurse is grounded in the ability to unite the worlds of scholarship and practice. Other nurses follow without coercion when knowledge-based evidence is used in harmony with the realities of clinical practice.

3. Transformational Leadership

Freshwater (2004) posits that reflective practice is a tool for developing clinical leadership. Reflection is defined as a problem-solving, intuitive method using interaction and a developmental process with transformatory potential. Interactive and development processes are concepts that are linked to leadership, as was previously noted in this resource paper. Freshwater (2004) positions these concepts in a vision of leadership in the new millennium. This vision is founded on leaders who motivate and manage movements to achieve lasting change. A three-stage leadership approach is described, namely self-directed learning, critical reflection and transformative learning. This leadership approach results in a type of clinical leader that Johns (2004) names a transformative leader. In contrast to the transactional manager, Johns (2004) maintains that transformational leadership is a deliberate process of seeking insight into self and practice in order to create conditions that foster the realization of desirable practice. Three tasks essential to the learning process of the would-be transformational leader are 1) identifying the characteristics of this type of leader; 2) becoming aware of creative tension and factors that limit realization of goals and vision; and 3) breaking free of the constraints associated with transactional leadership.

In the Institute of Medicine (IOM) report "Keeping Patients Safe: Transforming the Work Environment of Nurses," (2003) transformational leadership is identified as "the best way to solve the

leadership problems in healthcare." The IOM asserts that transformational leadership is the essential precursor to patient safety, successful organizational change, and the organization's competitive position. As such, transformational leadership offers clear promise and direction for nursing leaders." DeGroot (2005) identifies transformational leaders as able to see the greater organizational good, setting aside their own self-interests. This is meaningful to followers, who become engaged by their leaders in jointly pursuing a goal. DeGroot (2005)affirms the IOM's support of "evidence-based leadership" in nursing and offers this definition of EBL: "a transformational relationship involving organizational stewardship, decision-making, and vision translation through reasoned application of empirical evidence from management, leadership, and patient care research."

In summary, when the concept 'clinical leadership' is used the central focus is to enhance patient care.

4. Nursing Leadership Literature

Recent publications written by and for nurses suggest the importance of integrating leadership roles and management functions, noting the symbiotic and synergistic relationship between the two (Marquis and Huston, 2003); Sullivan and Decker (2001) define a leader as 'someone who uses interpersonal skills to influence others to accomplish specific goals' while they define managers as individuals employed to accomplish those goals (p. 42), which aligns with Hersey and Blanchard's (1988) contention that leadership occurs when one person attempts to influence another person or group. In her book *Leading and Managing in Nursing*, Yoder-Wise (2003) quotes Bleich's definition of leadership as referring to leadership as the "the use of personal traits and personal power to constructively and ethically influence patients, families, and others toward an end point vision or goal" (p. 12). Bleich defines management as a "set of behaviors and activities that provides structure and direction in conducting patient care and organizational functions where the norms and outcomes to be achieved are known and where a desired sequence to accomplish these outcomes is prescribed, either in writing or through historical practices embedded in the organization's culture" (p. 12) The Canadian Nurses Association (2005) describes leadership as "an ability to influence others" (p. 3) which allows every nurse to be a leader, regardless of position or title. Porter-O'Grady and Malloch (2003) identify the primary role of the leader as managing relationships and interactions inside systems. Research on nursing leaders at hospitals

that have high rates for retaining nurses and giving excellent nursing care reveals that leaders can demonstrate leadership through infrastructures that support the work to be done and that encourage trust, accountability and open communication. Grossman and Valiga (2005) concur that each nurse can be a leader in the 21st century. Leadership, then, is action, not position.

5. Building Leadership Capacity in Sigma Theta Tau International's Membership

Leadership Development Programs

The six nursing students who founded Sigma Theta Tau International were committed to using knowledge and learning for service. Their leadership must be viewed in the context of the times in which they lived, two years after women had won the right to vote. In 1922, nursing as a profession lacked the prestige accorded to the profession today. The six young women who founded the honor society continued in leadership positions throughout their careers in both professional and volunteer roles and began a legacy that continues with today's honor society members.

Leadership has always been included in the mission of Sigma Theta Tau International; however, President Beth C. Vaughan-Wrobel, RN, EdD, FAAN, focused the 1991-1993 biennium on leadership. The theme for her term of office was "The Leadership Challenge."

Two leadership programs were developed as a result of this focus — the Leadership Internship program and the International Leadership Institute (ILI). A leadership intern was selected from each of the seven Sigma Theta Tau geographic regions to spend the biennium learning about the organizational leadership of the honor society as well as completing a leadership project. The intern program was implemented at the chapter level as the Leadership Extern Program. After two biennia the internship program became the Chiron Mentoring Program in the International Leadership Institute.

In 1993 the International Leadership Institute was created with an advisory committee providing the vision and direction of the institute for the honor society. The programs that are part of the Institute today have evolved over the past six years.

The International Leadership Institute adopted the definition of 'leader' as someone who influences people, organizations, and situations to

bring about transforming change (in clinical, education, administration, research and policy). In response to feedback from members, and aligned with the honor society's mission, the ILI has focused on developing leadership by supporting honor society members' contributions to the health of their communities and the world. This is accomplished through the Chiron Mentoring Program, implemented in 2000, and the Omada Board Leadership Program, implemented in 2004. Both programs provide opportunities for leadership development with the support of a mentor. The Maternal-Child Health Leadership Academy, funded by the Johnson & Johnson Pediatric Institute, implemented in 2004, is the third program to be developed by the honor society and follows a similar model. In addition, the honor society for many years has provided its chapter leaders with programs and resources to strengthen their abilities as volunteer leaders.

Leadership Capacity Building

Envisioning the future of the nursing profession is a required initial action to enable nurses to influence the health of people. The honor society commissioned a series of multinational, multidisciplinary conferences named the Arista series to convene the best thinking regarding the nursing profession's preferred future in creating healthy communities. Held over a period of three years, the Arista series (arista, a Greek word meaning "the brightest") brought together 109 experts from nursing, medicine, economics, health care delivery, government and private industry. The Arista series affirmed that nurses are and can continue to provide leadership in creating healthy communities.

In October 2002, the Honor Society of Nursing, Sigma Theta Tau International, Honor Society of Nursing, hosted a delegation of eight nurses from Russia's Sakhalin Region for a week-long program focused on leadership and community-based models of health care planning and delivery. The nurses—participants in the American International Health Alliance's Community Leadership Development Program, which is funded by the Center for Russian Leadership Development at the United States Library of Congress—received a first-hand introduction to American-style democracy and free enterprise, especially as they relate to building the capacity necessary to provide comprehensive, accessible health care services to their citizens.

The honor society is collaborating with the Pan American Health Organization, the International Society of Psychiatric-Mental Health

Nurses, the School of Nursing at the University of Panama, the University of Maryland WHO Nursing Collaborating Center, Georgetown University College of Nursing, and the University of Alberta WHO Nursing Collaborating Centre to facilitate the development of mental health nursing criteria to improve the health of citizens of Central America. The process will serve as a template for other nursing specialties in Latin America.

Recognizing Leadership

Sigma Theta Tau International recognizes individuals who are not nurses who have demonstrated outstanding leadership in the health and welfare of individuals, groups and communities through its awards program. Examples of Archon Award winners include Jonas Salk, MD: His Highness the Aga Khan; hospice pioneer Dame Cicely Saunders: Sr. George A.O. Alleyne, director of the Pan American Health Organization; and Aziza Hussein, director of the International Planned Parenthood Federation. The honor society's public service award is given to non-nurses who influence health and well-being worldwide. Recipients have included Monique Begin, former Canadian Minister of Health and Welfare and a primary author of the Canadian Health Act, and Mo-Im Kim, Minister of Health and Welfare for the Republic of Korea, recipient of the first Nell J. Watts Lifetime Achievement in Nursing Award. The Mary Tolle Wright Founders Award for Excellence in Leadership acknowledges the past and present contributions of leaders in nursing. The honor society recognizes world leaders in health care with the Lifetime Achievement Award, awarded most recently to Her Royal Highness The Princess Royal, Her Royal Highness Princess Anne of Great Britain. The Audrey Hepburn Award is given to health care leaders for significant contributions to the health and welfare of children.

Leadership Publications

For 30 years the honor society's quarterly member newsmagazine, *Reflections on Nursing Leadership*, has shared stories of scholarship and leadership that have influenced and inspired members. Originally called *Reflections*, the magazine's name was changed to *Reflections on Nursing Leadership* in 1999, to affirm the publication's mission to communicate nurses' contributions and relevance to the health of people worldwide. Leadership in the clinical setting has been celebrated in honor society-published books such as the two-volume *Making a Difference: Stories from the Point of Care* and *Ordinary People, Extraordinary Lives*. *Pivotal Moments in Nursing: Leaders Who*

Changed the Path of a Profession, published in 2004, tells the stories of 12 U.S. nurse leaders. A second volume, sharing the leadership journeys of another dozen nurse leaders from the U.S. and around the world, will be published in 2006. In the prologue in *Pivotal Moments in Nursing* the authors note: "Without question, each leader was scholarly, committed, responsive, thoughtful, humble, innovative, creative, courageous, resilient, and visionary." (p. xv) And they note that this book has only 'scratched the surface of those nurse leaders who deserve recognition." Other examples of books that document the leadership inherent in the profession include *Collaboration for the Promotion of Nursing* (2003); *Creating Responsive Solutions to Heathcare Change* (2001); *Building and Managing a Career in Nursing* (2003); *Virginia Avenel Henderson: Signature for Nursing* (1997); and *The Adventurous Years: Leaders in Action 1973-1993* (1998). The official peer reviewed journal of Sigma Theta Tau International, the *Journal of Nursing Scholarship*, has provided leadership in nursing scholarship for 35 years and is rated as one of the top 10 nursing journals in the world. In an effort to provide leadership for the implementation of evidence-based practice, *Worldviews on Evidence-Based Nursing*, another peer-reviewed journal, was launched in 2004. Nursing leadership and mentoring are the focus of one of eight books of reprinted articles from the *Journal of Nursing Scholarship*, *Worldviews on Evidence-Based Nursing* and *Reflections on Nursing Leadership*, published in 2005.

Leadership Programs in a Global Context

In 2004 the International Leadership Institute Advisory Council began an ambitious project to document existing open enrollment leadership development programs around the world. This list will become a resource available on the honor society's Web site. To date more than 40 programs have been identified, and the list will be continually updated as new programs are identified. Included in the list are both leadership development programs designed specifically for nurses and programs available to managers, executives and others. In addition to serving as resources for honor society members and others who are interested in leadership education, the programs included in the list tell us, by their content and specified outcomes, what leadership educators believe to be the nature of leadership and how to support its development. Several broad themes were evident from the programs' content:

- An emphasis on the need for leaders to think globally including leading global teams;

- Leadership can be learned;
- Leadership is developed by taking advantage of opportunities;
- Leadership is a journey over time;
- Mentors are a valuable component of many leadership development programs;
- Leading is about leading change;
- Self knowledge and feedback are important developmental tools;
- Negotiation skills are a valuable tool for leaders.

An historical timetable of the honor society's leadership initiatives appears as Table 1 at the end of this paper.

6. Exercising Leadership in the 21st Century

Leadership is ever changing to reflect the context out of which it is exercised. Moving from 20th-century models of organization, work, relationships, and business enterprise, there are radical change in the construct relating to the exercise of leadership in the 21st century (Mercer, 2000). This transformation has brought with it many new conceptions of roles and relationships as well as a changing infrastructure for the application of work and the exercise of leadership (Drucker & Blum, 1999).

The challenge in this set of circumstances is to honor that history of leadership while recognizing the shift in the context for expressing it (Bennis & Mische, 1995). The 21st century is earmarked by a more virtual reality and all of the implications that come with it. It is this notion of virtuality, along with ideas and applications such as mass customization, owner-driven decision-making and user-driven frames of reference that define the character of the age (Griffith, 1998). These new arenas for defining the nature of social and work relationships also affect the character of leadership.

There are three specific elements of leadership that create a window to the future of the expression of the role. They are virtuality, mobility and user-driven practices (Porter-O'Grady, 2001). Each of these three elements has a definitive impact on the contextual framework out of which leadership is expressed. In each of them, the characteristics of application are so unique and different from those historically expressed that much of the reality that influenced leadership in the past no longer can be reasonably applied to the expression of leadership in the future.

Mobility

Perhaps the single greatest transformation in the exercise of leadership is that related to the increasing mobility, fluidity and flexibility of work. Increasingly, the activities of work are becoming more decentralized, where work is located in a number of different places at the same time (Richard, 2002). At one time, most work was institutionalized with much of the activities associated with it occurring in fixed sites with specific, narrowly defined job categories. As work becomes more decentralized and distributed, and as clinical activities move from hospitals and clinics into the broader and more diverse clinical arena, the management and leadership of that work changes dramatically. Leadership in organizations that are highly decentralized now requires a much greater degree of independence and interdependence as workers, once located in fixed sites, are now distributed in a variety of places across the work environment (Bennis, Spreitzer, & Cummings, 2001).

The work itself is increasingly being distributed in a wider variety of arenas than ever before. Work can begin in one setting and follow the sun across the globe and be completed in another country half or three- quarters of the way around the world. This relative virtuality and fluidity of work changes the way in which it can be managed and integrated as the digital reality for it alters its expression (Negroponte, 1995). For example, clinical diagnoses can now be made over digital networks or the clinician can be located many thousands of miles away while the digital image of the body can be transmitted across fiber optic systems in a way that makes it as legitimate and clear for rendering diagnoses regardless of where the professional or the patient may be located. This shift in the locus of control for work shifts the role and character of managers and leaders as they begin to confront the leadership of people and processes they might never see. All of these processes raise new questions with regard to the expression of the leadership role, its emergence in the workplace, and the application of leadership skills in highly virtual and decentralized environments.

Virtuality

A critical corollary to mobility is the understanding and application of the impact of virtuality in the role of leadership. Concomitant with more mobility, virtuality signifies the leadership and management of people and resources that are not present in real-time but are fully

present within the context of a digital reality (Tapscott, 1998). Many leaders must now influence people whom they may lead across national boundaries and beyond mere geographical limitations. These leaders and multinational enterprises, including health care organizations, may lead individuals from afar in ways that must influence and guide thinking and action with those people (Davidow & Malone, 1993). Leaders may not ever know or see most of these people they lead except through virtual means. Using protocols, and standards of measure and measures of excellence, and through distance group dynamics, dialogue and decision-making, the leader may influence a wide variety of human resources in a number of different ways that does not depend on the leader's presence. In this case, the leader uses the technology of the time: fiber optics, satellites, Internet, complexity models, and a whole host of other digital means as mediums of exchange for the relationships between leader and follower necessary to exercise accountabilities and undertake actions in a wide variety of clinical settings (Handy, 1995). In a number of health systems throughout the United States and other countries, leaders must communicate with those they lead across wide institutional boundaries related to services provided in a number of different settings and communities and in ways that recognize the broad distribution of staff in these highly variable settings. This will only increase over time and will require different kinds of communication, accountability, investment and ownership on the part of both leader and staff.

User-Driven Models

Digitalization has increased the opportunity for choice. These opportunities for making choices are not just related to consumer choices, they are also related to performance accountability in the hands of workers (Berry, 1999). Because of the decentralized work environment and increasing distribution of workers over broad categories of work and related locations, leaders simply cannot be fully present to all the places where staff will work. In the professional workplace, staff must act increasingly independently and interdependently with other disciplines in other settings not necessarily directly related to those of the leader (Sheth & Sobel, 2000). Increasingly, these professional workers must be able to act independently and interdependently without seeking approval and permission, and sometimes even guidance, from those who lead them (Campling & Haigh, 1999). This highly disseminated frame for work and worker changes the character and the content of the relationship between leader and staff. In user-driven models of behavior, the

individual is increasingly accountable for the choices and the actions that are undertaken in the course of making decisions and doing business. In the clinical environment, increasing accountability for professional decisions rests with the individual within the context or the setting in which he or she practices (Osborne, 2002). Also, patients are increasingly independent and interdependent and require more support with regard to the decisions that they are now accountable for making (instead of the provider) and for utilizing access to resources and information to which they now have direct recourse. In this setting, and under these circumstances, the leader, the professional staff and the patient all represent a changed set of characteristics where independent user owned decision-making is the driving force behind individual and collective action. The individual professional now must be able to establish his or her own relationships and interactions and, in concert with these, make the decisions that are necessary to act in the culture and circumstances within which the professional practices.

Clearly, the role of the leader is changing as the conditions and circumstances within which it unfolds become transformed by emerging realities for social relationships and for work interactions (Porter-O'Grady & Malloch, 2002). Increasingly, skills related to complexity, conflict, multi-focal work realities, individual accountability, vulnerability and virtual workplaces become driving considerations for the construction in the application of leadership responses in the exercise of leadership roles. This 21st-century consideration for the application of leadership calls for transformed constructs and shifting foundations for defining leadership and expressing it. A highly fluid, flexible and mobile environment, which is today's workplace, calls for an entirely innovative set of interactions and relationships as well as the leadership necessary to create them (Malloch & Porter-O'Grady, 2005). Leaders with a deeper understanding of these emerging realities and the ability to themselves be innovative and creative in the application of their roles will continue to thrive in a changing work dynamic. Leaders failing to be adaptive and innovative in the expression of their roles will simply cease to be effective. It is this choice that now guides the fundamental decision capacity of every organization and each person who claims the role of leader.

7. Leadership as a Strategic Direction of the Honor Society

The strategic directives outlined by the honor society's Futures Advisory Council for the board of directors address five choices that will guide and sustain the honor society as it fulfills its mission:

- Knowledge
- Leadership
- Service
- Communities
- Sustainability

Leadership is central to the work of the honor society in the 21st century. As noted in the honor society's "Statement on Policy (2003):"

> "The rate and scope of change in global health care is enormous. It is imperative that the needs of the public are addressed as health care is redefined. While this provides opportunities for institutional and system reorganization, the provision of more equitable health care delivery and the emergence of new paradigms of thinking, implementation, and evaluation, it also requires nursing leadership. Nursing leadership involves socially responsible use of knowledge and collective expertise resulting in action that transforms the health of communities and environments. Nursing leadership in the transformation process also involves nurses' participation in the policy process – from development, to implementation, to monitoring and evaluation."

In 2005, the honor society's board of directors outlined the strategic directions for the honor society's future reaffirming again the society's focus on scholarship and leadership in its social and ethical commitment to excellence and recognizing that leadership is not a set of skills, perspectives or characteristics within an individual but, rather, that leadership is something that occurs between people, groups and systems. The five strategic directions are knowledge, leadership, service, communities and sustainability. The strategic directive for leadership states: "Leadership involves social responsibility to use knowledge and collective expertise, resulting in nursing actions that transform the health of communities and

environments. Transformation involves influencing the choices individuals and groups make for lasting positive change. The honor society will focus on the development of creative nurse leaders in all areas of practice who influence and transform communities and environments‟ (2005) The statement goes on to identify eight strategies for achieving this initiative:

- Develop the leadership, knowledge, and skills and talents of nurses across the span of their careers.
- Design leadership development and succession models through global relationship building.
- Create forums for dialogue about nursing influence on strategic change.
- Link collective expertise of nurses with people having diverse perspectives.
- Provide models and methods for nurses to lead in a socially responsible manner in health-related communities and environments.
- Position nurse leaders to act and influence the health of communities.
- Influence the health policy-making process through the involvement and leadership of nurses. Build leadership alliances for collaborative action and change around health issues.

Policy or position developed, recommended, adopted:

Informed by the strategic initiatives proposed in the Honor Society's Statement on Policy (Sigma Theta Tau International, 2003), the International Leadership Institute Advisory Council offers the following recommendations and observations:

- The International Leadership Institute Advisory Council supports and endorses the strategies identified in the Strategic Directions.
- Sigma Theta Tau has a long and honorable history of building leadership capacity in its members. It is recommended that the current leadership program initiatives continue to be carefully reviewed for their ability to produce cost effective program outcomes that are consistent with the strategic directions of the organization.
- Future programs devoted to building leadership capacity should continue to a) be built upon an assessment that includes not only the needs of individual nurses but the context and culture in which nurses practice and the available resources; b) be based upon

evidence; c) include principles of ethical practice in all contexts; d) recognize that in the process of globalization when nurses are exposed to each other, new leadership challenges and opportunities are created.

- The honor society should re-affirm its commitment to providing the link between its goals of knowledge, scholarship and leadership with a focus on the need for evidence-based decision making in all roles and all contexts in which nurses practice. Part of this re-affirmation must include a commitment to developing strategies aimed at overcoming the uneven accessibility to technology caused by economic disparity.
- The International Leadership Advisory Council has compiled a Directory of Leadership Development Programs (2005) available to members worldwide. In addition to making this list available to the membership, Sigma Theta Tau International as an organization should continue to aggressively pursue developing strategic alliances with other organizations that are experienced in and committed to developing leadership capacity. The goal of creating these alliances is to compile a directory of best practices for building leadership capacity worldwide.

Table 1: Leadership Development Initiatives at Sigma Theta Tau International, 1970 - 2005

Date Developed	*Name*	*Focus*
1970	*Journal of Nursing Scholarship*	Peer-reviewed leadership in nursing scholarship
1975	*Reflections*	Member publication recognizing scholarship and leadership
1977-1982	Distinguished Leaders in Nursing	Video series
1985	Leadership Patterns: Paths to Success #1	Monograph publication
1987	First Arista Meeting	Topic: nursing shortage and declining enrollments in nursing programs
1989	Public Service Award	Leadership award for public health
1989	Leadership: Developing a Talent for Optimism (Angela Barron McBride)	Video publication
1990-present	Virginia Henderson International Nursing Library	Leadership abstracts
1990-present	Sessions at biennial convention	"Leadership Day"

Date Developed	*Name*	*Focus*
1991-1993	Leadership Challenge	Biennial call to action for Dr. Beth Vaughan-Wrobel
1991	Nell J. Watts Lifetime Achievement Award	Demonstrated achievements in nursing spanning a lifetime
1991	Chapter Leader Papers	Monograph publication
1991	Leadership for a New Era – Sr. Rosemary Donley	Video publication
1992	Archon Award	Recognizes significant leadership in health at national/international level
1991-1993	Leadership Intern Program	Learn about organizational leadership of the honor society at the international level
1991-1993	Leadership Extern Program	Learn about organizational leadership of the honor society at the chapter level
1993	International Leadership Institute	Department within headquarters to focus on development of leadership resources and opportunities for members
1993	Leadership for New Era	Monograph publication
1993	Leadership Series	Videos produced from 1993 Biennial Convention
1993	Audrey Hepburn Award	Recognizes leadership and demonstrated contributions to the health and welfare of children
1996	Nursing Leadership in the 21st Century	Video
1996	Arista2	Nurses and Health: Healthy People – Leaders in Partnerships
1997	*Virginia Avenel Henderson: Signature for Nursing*	Book: Celebrates the life, legacy and leadership of Virginia Henderson
1998	*The Adventurous Years: Leaders in Action 1973-1993*	Book: Development and leadership of the honor society

Date Developed	*Name*	*Focus*
1988-89	Distinguished Lecturer Program created	Provided content expertise of members as speakers for chapter meetings and research days
1999	*Reflections on Nursing Leadership*	Name change to emphasize publication's mission to communicate nurses' contributions and relevance to health of people worldwide
2000	Chiron Mentoring Program	Individual leadership development program supported by mentoring
2000	*Making a Difference: Stories from the Point of Care*, Vol. 1	Book: How nurses impact the lives of others
2001	*Creating Responsive Solutions to Heath Care Change*	Book: Provides case studies of change within healthcare institutions
2000-2001	Distinguished Writer Program created	Provided writing support and mentoring from members for members.
2001-2003	Arista3	Five think tank meetings on the preferred future of professional nursing; meetings included representatives from North and South America, Western Europe, the Pacific Rim, Africa, the Near East, Southern Europe and the Mediterranean
2001	Chapter Leader Academies	Prepare chapter leaders
2002	Community Leadership Development Program	Honor society participated in program for Russian nurses, sponsored by the American International Health Alliance
2003	*Ordinary People, Extraordinary Lives*	Book: Stories of nurses who have accomplished extraordinary feats
2003	*Collaboration for the Promotion of Nursing*	Book: Story of a 12-year collaborative partnership among several institutions

Date Developed	*Name*	*Focus*
		working to promote the nursing profession
2003	*Building and Managing a Career in Nursing*	Book: Comprehensive exploration of career management
2004	Omada Board Leadership Program	Prepares members for governance roles at national and international levels
2004	Maternal-Child Health Leadership Academy	Prepares MCH nurses for increased leadership responsibility
2004	*Pivotal Moments in Nursing: Leaders Who Changed the Path of a Profession*	Book: Traces the path of 12 legendary nurse leaders
2004	*Worldviews on Evidence-Based Nursing*	Peer-reviewed journal: Leadership in the implementation of evidence-based practice
2005	Mental health nursing criteria development	Project partner with Pan American Health Organization, International Society of Psychiatric-Mental Health Nurses and others.
2005	*Making a Difference: Stories from the Point of Care, vol. 2*	Book: How nurses impact the lives of others
2005	Directory of Leadership Development Programs	Online resource provides information on open-enrollment leadership development programs worldwide

Resources/references germane to issue and position

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