

Global Nurse Leaders

Lessons From the Sages

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Globalization changes the benchmarking of excellence from national to “world class” standards. A synthesis of literature about global leadership was used to guide interviews with 17 nurse leaders from 8 countries in 5 continents. The leaders demonstrated leadership from early school years, learned from their mentors, had productive and sustained results in their work with peers and students, and realized their potential in becoming leaders in global health and nursing. The leadership development of future nurses requires formal and informal education, and training for global competencies, international experiences at home and abroad, and promoting and rewarding international work. **Key words:** culture, gender, global competencies, global nursing leadership development, mentoring, strategies

DYNAMIC and complex sociopolitical, economic, and healthcare changes, and the rapid advancement of information technologies, in the global community challenge today's nurse leaders to gain global perspective and engage in international work.¹ International collaboration in research and education has become a norm in many sectors of the world, and advances made in one country are readily available to other countries almost instantly. Most important, this globalization has changed the concept of benchmarking of excellence from national to “world class” standards.^{2(p104)} With this changing landscape of benchmarking, nurse educators have the opportunity to be proactive in the preparation of students for global leadership. Although this is an urgent need, the literature is relatively silent about global nursing leadership and the development of global nurse leaders. From the synthesis of the literature

and interviews, we describe key tenets in leadership development, particularly those of global leadership, and present the findings of interviews that addressed competencies for global executives and global nurse leaders, educational and/or training experiences of global nursing leaders, and strategies for developing global nurse leaders.

LITERATURE REVIEW

Major tenets of leadership and global leadership

From the myriad theories of leadership in the literature, 3 tenets of leadership were selected for their relevancy to the global leadership development process. The essence of the 3 leadership theories is briefly presented as the context for understanding the global nursing leadership development process. The first tenet is that leaders are both born and made³; the second is that leaders bring sustainable results⁴; and the third is that leaders “find your (one's) voice and inspire others to find theirs.”^{2(p5)} In the search for literature on global leadership, we resorted to business literature, which has rich information on the topic.

The phrase “global leadership” was not commonly used until the 1980s; since then,

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it has been used and studied more in business management science than in any other field. Global leadership is viewed as a multidimensional phenomenon involving working across country and cultural boundaries. The global context of work distinguishes global leaders from domestic leaders, and it involves socialization and adaptation across national and cultural boundaries. A global mindset is frequently used to characterize people with cultural competency; it is determined by one's ability to balance the complexities of business and culture. In the case of nursing, global nurse leaders must have expert knowledge and skills about the complexity of the nursing discipline as well as of the culture of the country of interest.

Defining global leadership precisely has been difficult and was likened by McCall to finding a "leopard in the dark wood."^{5(p9)} Hollenbeck⁶ observed from a 10-year-old Globe Project that global leadership is hard to define concretely because many of the experiences of global leaders are yet to be found and connected with their perspectives to map a complete picture. He used the metaphor of a sojourn to describe the experiences of global leaders who work across cultural borders, as did expatriates in the Osland study⁷ who described their sojourn "adventure."

Culture plays a central role in global leadership, and it is created by a collective society as members of the group interact with each other.⁸ It is both objective and subjective in nature. The objective components are composed of those things that are tangible, such as food, clothing, and tools. Subjective culture is less tangible and includes the values, mores, and norms of the society. These behaviors and attitudes that are accepted as normal by society are learned through childhood experiences, giving the paradigm from which the world is viewed.

The importance of cultural context can be seen in descriptions by expatriates interviewed by McCall and Hollenbeck.⁹ An executive from Holland described his experience this way: "In international work, the cultural aspects are critical. In France, nuances in language can convey subtle meanings. Brits are

seldom candid about the bad side of things and you have to read between the lines. The Dutch are blunt—they have to be very sensitive when they are in other cultures."^{9(p24)} Another executive said, "It is the cultural aspects that are at the heart of it. . . . The biggest mistake a person can make is to go into a new culture and 'do it my way.'"^{9(pp24-25)} A Japanese person living and working in the United States described life in Japan, ". . . Entertainment is a means for building relationships; karaoke clubs are part of doing business; international business runs on meetings and off-sites. The Japanese are more 'behind the scenes.' Japan is still a masculine society."^{9(p26)}

The ability to communicate effectively is crucial to global leadership.⁹ However, communication is deeper than simply understanding the words and the language because cultural patterns may make the meaning obscure, requiring much more effort. Not only do cultural norms influence how and what types of information can be communicated, but also idioms do not translate well and analogies are often not understood. An executive described the frustration of not knowing the language or cultural norms. "When you tell a person this is what we are going to do, if he doesn't understand he will not tell you. It is a part of the Latin culture, not the language, that they will never tell you bad news and never tell you that they don't understand."^{9(p27)}

A failure story is presented to illustrate the importance of understanding sociocultural aspects in international work. World Health Organization (WHO) consultants in a collaborative project with Russian healthcare professionals determined that labor and delivery medical practices in Russia needed to be changed to mirror more closely those in Western countries. However, the consultants failed to address political and structural sources of inequality; they did not seek input from the medical providers who believed that pathologies and poverty were the real reasons behind the high mortality and morbidity rates, nor did they interview any members of the community including women who were to be the targets of the changing practice. The WHO consultants assumed that expressions

of hierarchy in the clinic were manifestations of physicians' power as they had observed in Western countries, when in fact it was due to physicians' relative lack of power.¹⁰

Short- and/or long-term expatriate experience is usually involved in global work, and Osland⁷ noted surprises that many expatriates experienced in the beginning of their global journey. The surprise is often the result of an incorrect assumption or the leader's style or behavior that results in unmet expectations. Immersion in the culture leads to transformation and development of a global mindset. McCall and Hollenbeck⁹ found that few international/expatriate leaders had leadership mentors in a foreign country and that their development was affected by culture and business situations. Family adjustment was found to be a key to the success of leaders.

Useful suggestions for expatriates included having skills in living with inconsistencies and the ability to deal with complex situations that may be ambiguous, maintaining optimism and high energy, having integrity and being trustworthy, having a stable personal life, and having expertise in the necessary areas.⁶ Inquisitiveness, having a worldview of issues, and having both business and organizational savvy were also noted to be important skills.¹¹

Nursing leadership in gendered global arenas

More than 11 million nurses around the world¹² constitute the largest number of healthcare providers in the healthcare system, and an increasing number of these nurses work across national boundaries. The World Bank in its 1993 report noted that the world changed more in the previous 40 years than it had in the entire previous history of mankind. These realities suggest an urgent need to develop global nurse leaders who will provide vision and direction for the delivery of healthcare for this rapidly changing world and who will educate professional nurses to provide competent healthcare for the citizens of the world, not just for individual countries.

Nursing continues to be a female-dominated profession; women account for 85% of its workforce. Yet, women hold approximately only one third of all nursing management positions and retain very few of the senior management positions.¹³ Gender inequity was also noted in other healthcare executive positions. Of the 386 women in the 1995 American College of Healthcare study of the gender gap for executives in healthcare, 30% of the women stated that they felt discriminated against when seeking a better position because of their gender, compared to 4% of the 323 male respondents; only 8% of the women were chief executive officers, compared to 21% of the males.¹⁴ Similarly, Linehan¹⁵ found that only 3% of the international leadership positions were held by women and that women had even more barriers to overcome at the international level. This is most likely a result of stereotypical beliefs about gender and discrimination against women found in so many countries.

Much of the disparity in gender equity among top leadership positions is the result of men continuing to define what constitutes good, effective leadership. Because men hold most top positions, they set the criteria for entrance into the ranks.¹⁶ However, the view that male gender attributes are required for successful leadership is beginning to change. The trend in business is becoming more people oriented. Newer philosophies of leadership stress the importance of the relationships that one holds with others and the world around us. Rossman¹⁷ indicated that women may actually make the best global leaders because their "soft" skills fit much better into the culture of many countries. This approach is in accord with the findings of Adler et al,¹⁸ who proposed the approach of "integrating and leveraging women's leadership styles, thereby creating synergy,"^{18(p375)} rather than focusing on the differences of gender-based leadership styles. Eisler¹⁹ also thought that a balance of male and female qualities was essential for successful leadership.

Commenting on the women's leadership research, Heller²⁰ described the addition of women to the leadership literature as an

afterthought. Most leadership research was done using male participants so that the traits reflective of successful leadership were traits most commonly associated with the male gender. Men are often seen as being strong, assertive, and powerful; women are seen as being nurturing, emotional, and concerned with communication, relationships, and inclusiveness. Men in leadership positions are expected to be authoritative and driven; women are expected to be nurturing and relationship-focused. Those women who do exhibit characteristics associated with the male gender are perceived as being cold and demanding, yet women who invest in others are seen as being weak. Not surprisingly, research has shown that many of the women in top positions portray leadership styles more similar to men than to those expected of women. Some women may model themselves on male mentors' styles, believing that it offers them greater potential for success.

In their study of 38 female expatriates, Caligiuri et al²¹ found that women were more successful when they had organizational and family support in the host country and when they encountered positive perceptions from host nationals. Interestingly, in that study, the authors did not find personality characteristics to be related to women's success. On the other hand, in semistructured interviews of 25 women in Turkey who were from Spain, Russia, the United States, and the United Kingdom, Taylor and Napier²² found that not only the attitudes of host country nationals were important, but also those of members of subgroups with which the women interacted. A country's economic development may also affect nationals' attitudes toward women. Countries with stagnant economies at the bottom of the Gross Domestic Product list may not look favorably upon foreign expertise at all. This approach is different from most western-based models, which take an individualistic approach and encourage development of individual-level characteristics.

Single women were thought to have more difficulty in expatriate life depending on the culture of the host country.²² As a result, the authors suggested that single women would

need more rigorous cross-cultural training that includes customization for differences between men and women to address issues specifically faced by women and adjustment of leadership style to accommodate less proactive subordinate behavior and recognition that subordinates may have a high belief in an external locus of control.

Nurses face another type of roadblock. In addition to not being perceived as equal because of gender, nurses in many countries do not receive the level of respect that they deserve as professionals. Therefore, female nurses may be accorded less respect and may have greater difficulty in receiving acknowledgement from males. Hence, nurses in international leadership positions must understand the subtle and not-so-subtle nuances of how nurses are viewed in each country. Nurses with a higher level of educational preparation may have more credibility in countries where education is highly valued. The findings of Wright et al²³ support the need for more education on international nursing beginning at the baccalaureate level and a more systematic approach for development of global leaders. In their survey of 100 university schools of nursing in the United States and 5 from Latin America and the Caribbean, they found that only one third of US schools had international health as a program topic, and curriculums did not integrate international health with other participants even though the schools selected for inclusion were those most likely to have international health in their curriculum. We note here that the scope of international health is broader, in that it includes not only nursing but also business, international relations, and public health, with added dimensions of "social, political, economic, health and demographic trends that influence the design and implementation of a healthcare system at both national and international levels."^{23(p36)} Wright et al²³ also found that partnerships with foreign institutions were incipient and that international health activities were usually individual faculty member's initiatives, with little institutional support. Another challenge that nurse leaders face is the perception

held by some nurses about leadership training. Nurses in one study thought that leadership skills were only for the top ranks; nurses were nurses; nothing has changed in the last 30 years; and leadership training was just fluff bordering on nonsense.²⁴

Building a global leadership pipeline is as important in the business world⁵ as it is in nursing. For this, nursing leaders need to develop a systematic leadership development program to present theoretical and experiential opportunities in global leadership. To this end, our study had as its aims to (a) identify major influencing factors that helped internationally known nurse leaders to become global leaders; (b) describe the educational and/or training experiences nurse leaders received for global nursing work; (c) compare the competencies for global executives and global nurse leaders; and (d) discuss strategies to develop global nurse leaders.

METHODS

Design

This is a qualitative descriptive study using structured interviews and written responses to interview questions. An in-depth analysis of the literature on global leadership and global nursing leadership was conducted to identify major tenets of leadership development, particularly those of global leaders, which are presented under the literature review.

Sample

A purposive sample of 24 nurse leader participants from 10 countries was recruited from international organizations such as the WHO, the International Council of Nurses, and the International Network of Doctoral Education in Nursing, and Chief Nursing Office. The participants were known to have either foreign assignment experience or extensive leadership experience working in international settings. Seventeen leaders agreed to participate in the study, of which 15 were women, aged 40 to 90 years; they were from 8 countries in 5 continents. All except 2 were doctorally prepared nurses and had

4 weeks to 10 years of expatriate experiences. A majority of participants had rich academic experience.

While sampling used in this study was limited in the total number of participants interviewed and countries/continents (5 of 6 continents included), future studies will need to grapple with criteria for identifying global leaders. More thoughts could be given to the question, "is it a combination of recognition among the global nurse leaders, leadership positions in international nursing organizations, and documented professional contribution to global nursing?"

Instrument

Four out of 11 interview questions by McCall Jr and Hollenbeck^{9(pp219-221)} were modified for this study and were used with permission of the publisher. The 4 main questions were as follows: (1) When you think about your career as an educator/leader, certain events or episodes stand out in your mind—things that changed you in some way and have ultimately shaped you as a leader. Please choose 3 of these experiences that have had a lasting impact on you as a leader in international work. (2) If it was not one of the 3 events you described in the question above, tell me about your first international assignment/involvement. (3) Are there any other experiences that you think helped prepare you for international leadership? (4) Was there anything special in the way you grew up or in your early life that caused you to seek out or to be especially effective in an international context?

Procedure

Upon the receipt of the approval by the university institutional review board for human participants, a pilot run with one of the international leaders was done by interviewers to learn how to conduct the interviews effectively. Data from this interview were not included in the results. Interviews were conducted after participants received a letter by mail (surface or e-mail) explaining the purpose of the study and asking if they would be interested in participating

in the study. A consent form was either mailed or faxed to participants who indicated willingness to participate, and the interviews were conducted upon the receipt of their signed consent form. Interview questions were sent electronically, by fax, or by mail to each participant prior to the interviews. An investigator then contacted participants to set interview appointment times. Participants were given the option to be interviewed or to respond in writing to the same set of interview questions when international time differences or other commitments made it difficult to find interview times. A structured interview lasted about 45 minutes, and permission was obtained to audiotape the interviews. Confidentiality and anonymity of participants' responses were assured. This study was conducted in 2005.

Data analysis

Audiotaped interview data were transcribed, and the content was verified by the research team members. Content analysis consisted of textural examination of the responses; development of categories that were guided by specific aims; and identification of common themes for each category, which involved inductive and deductive cognitive processes with reflective thinking throughout the process. For instance, major factors that influenced the development of global nurse leaders (SA-a) and educational preparation or support for global leadership (SA-b) were analyzed from 2 perspectives: as learners first and then as leaders in later years when they had established their careers and gained recognition as global leaders. This was to examine preleader and postleader experiences. Competencies of global executives and global nurse leaders (SA-c) were compared between the findings of McCall Jr and Hollenbeck^{9(p35)} and our findings. Strategies to develop global nurse leaders (SA-d) were examined from 3 themes that were derived from the interview data: preparation of global nurse leaders, building relationships, and implementing global work.

The content analysis was performed independently by each researcher, and then by research team members as a group in the face-to-face meetings in which the content was reviewed and verified to ensure the accuracy of our interpretations and analysis. This reiterative process throughout the data collection and analysis phases strengthened the rigor of the research.

RESULTS AND DISCUSSION

Overview

Seventeen participants from 8 countries in 5 continents participated in this study. This represents a 71% response rate. Countries in this study are not identified to maintain the anonymity of participants. Even with reminders sent to 7 nonrespondents, international communication/connection with time differences and their extremely busy schedules made their participation impossible. Ten participants responded by oral interviews; 7 by written interviews. It is noteworthy that 55 countries on 6 continents were affected by these 17 global nurse leader participants. From our rich interview data, we identified major influencing factors for becoming global nurse leaders (SA-a) as personal attributes and competencies, professional goals, family upbringing and life experiences, and factors in the environment in which they were raised and later practiced as professionals. We regarded global nurse "leaders" in this study as a counterpart for global "executives" in the business world.

Major influencing factors (SA-a)

Major factors that influenced the development of nurse leaders for global work were analyzed from 2 perspectives: as *learners* and as *leaders*. This was to gain insights on pre/post global nursing leadership experiences. A brief synopsis of these perspectives is followed by examples of participants' statements in quotes under each perspective.

As *learners*, most participants identified mentors who were instrumental in their

development in global work. They learned various aspects of international work from mentors who were well-known international nurse leaders. Overarching lessons included learning about the real meaning of cultural influence on every international encounter and the geopolitical context in which things happen. These were manifested in their learning how to receive international leaders; organize and implement the visit of international colleagues; develop international collaborative agreements; maintain long-lasting relationships with international colleagues and organizations; and develop collaborative work with international colleagues through international networks. Learning from the experience of being a Kellogg International Leadership Fellow and managing funded international projects also helped our participants broaden the view of nursing and health, and "... move the micro experience to global applications."

Mentoring and cultural context

More than 24 mentors from 10 countries were mentioned by the participants who helped them "... with respect to: modeling cultural sensitivity, developing culturally inclusive approaches to scholarly activities, negotiating memoranda of understanding." One participant who had extensive international leadership experience stated, "I didn't realize the degree to which the geopolitical culture of countries made such a significant impact on nursing decisions." This illustrates the importance of understanding the context and culture in broad terms, as mentioned in our literature section.

One participant who speaks German, Spanish, and English said, "... (in certain countries) 'maybe' usually means no, and if you do not receive an answer or feedback to a new initiative it also means no. Also, an oral yes does not necessarily mean yes." In hosting international colleagues, several lessons were instructive. To begin with, "we need to meet with the visitors immediately on their arrival... Even though international visitors come with specific objectives, we should un-

derstand that ... the plans you have made do not usually fit their needs once they get here, hence you need to meet their needs otherwise they won't come back to you next time. This was a real eye-opener for me... We need to ask, tell me what I need to do. We may give them what they want or explain clearly why it isn't possible. I hadn't planned an exit interview, which I learned is an important part of the visit." Getting formal government approval along with that of other organizations necessary to both the project and the visit was essential, as one participant "... had to transfer the project to another party." When working with colleagues in other countries, our participants stressed the importance of establishing contractual arrangements with them, as these colleagues need "... to be able to say, I'm doing this. I have a contract with this university... It is not so meaningful on the US side because money isn't tied in to it."

"Long-lasting relationships with international colleagues begin with the development of a personal relationship with a counterpart in the host country," according to one participant. "Once a solid relationship is established, you can trust the judgment of your counterpart and work together to address the issues at hand." A "2-way learning street" was emphasized by a participant referring to her working experience with colleagues from a developed country. She learned over time "how important it was to be very straight forward and open to be able to establish solid relationships rather than only superficial linkages." Observing the status of nursing after World War II, one of our participants and her host country nurse colleagues decided to "... work with the host country government, and set down laws for the education of nurses, for the licensure of nurses, and for the practice of nursing. None of those things they had before. So we helped in writing the country's Nursing Law Number 201 for the education of nurses." Another participant said, "... my international colleagues with their individual approaches helped me a great deal. They provided ideas and strategies that I might not have thought of myself. My natural curiosity

and my strong desire to be culturally aware and inclusive also helped." Most found that their relationships lasted well beyond completion of the project.

Now as established *leaders*, participants in this study identified several factors that helped them to be leaders in global work. Interestingly, most participants said that they did not originally plan to be involved in international work, although they had an interest in international work. When opportunities were presented, our participants were happy to take the role. At the personal level, having confidence in themselves and knowing of others' confidence in their ability to perform international work seemed to play a major role in their success. This helped them to act on their belief, taking appropriate risks if the situation was judged to be justified. This confidence also helped several participants in their international leadership positions. For others, working with international students was a major avenue that helped them take the role initially, as did networking through internationally oriented organizations. Acquiring funding for the international work facilitated progress of the work. Serving as consultants and visiting professors at schools and organizations in foreign countries helped participants mature in their skills development, as did participating in international volunteer work. Integrating things that were of self-interest in international work was another factor that helped our participants. Some participants expressed a strong admonition that occasional visits to foreign countries for paper presentation or consultation do not constitute international work. Having excellent staff members who spoke English well, including project directors, financial managers, and secretaries, was essential for the success of the international program. The following describes more specific examples cited by the participants.

Global work and building relationship with international colleagues

Most noted that open-mindedness, flexibility, adaptability, patience, and respect for the different cultural and societal norms of

the host country were essential for international work. Some stated, "What helped me the most [in international work] was the conviction that we were doing something important and blazing new trails and it was meeting an important need." Commenting on working with international students, one participant said, "I was most impressed with the hard work and seriousness of my international students, despite their language 'handicap' . . . This intrigued me to figure out what features in a culture cultivate the kinds of students I was seeing; and this set forth my journey for international nursing leadership. I now encourage both them [international students] and students from the United States to work together and become integrated, as this would be of value to both groups as well as mutually instructive." This experience led one of our participants to establish an International Office at the university. Others noted that working through networks such as the Global Network for WHO Collaborating Centers in Nursing and Midwifery and International Network for Doctoral Education in Nursing was helpful for developing collaborative research and education projects.

International projects and international roles

Executing an international project funded by the Kellogg Foundation resulted in one of our participants learning a valuable lesson: ". . . the mistake was starting at the top and working down instead of starting at the bottom with the nurses in the country who were already working on the project . . . We didn't ask them how we could help them, and doors slammed in our face." International funding also enabled development of nursing education projects that included men in Saudi Arabia and Oman, where they developed the first male nurses, as well as short-term educational programs for international students from Russia, the Middle East, Nicaragua, and Barbados.

The expertise of several of our participants serving as consultants and visiting professors helped shape policies of organizations such

as WHO Headquarters in Geneva Switzerland and Utrecht University in the Netherlands. For instance, the appointment of one participant as a visiting professor at a university in the Netherlands resulted in that university being able to offer both master's and doctoral degree programs.

On the other hand, one of our participants worked in 19 countries as a volunteer. Her established stature enabled her to accomplish many things. Some of her experience is telling: "a young girl, about 12 maybe, came and took my hand. So I said to the driver, what did she want? She wants you to stay with her while her sister dies. And I told her I would stay, but I thought that the sister wouldn't die like that, but she did die, and I did stay with her." When one of our participants faced a situation in which relief materials were not handled properly, adding to the sufferings to refugees, she decided to take a chance and did the right thing: "... I released the story to the New York Times that night. The next day it was in the Times and the food just started coming..." Assuming international leadership positions was another notable event for some of our participants. "The position enabled me to provide leadership for nursing worldwide and to advance nursing's agenda so as to improve the health of the public," said one leader. One participant described how as a young nurse leader she transformed a nursing organization to incorporate the function of a trade union. This surprised nurse leaders at that time. She remembers the help she got from a renowned nurse leader. "My language barrier prevented me from formulating my view points in the most diplomatic way, but thanks to this leader who jumped in and said 'what she means is...' in her very precise and nice English, thereby saving me from confrontations that [were] not intended." This participant later became the president of the International Council of Nurses.

Educational preparation or support for global leadership (SA-b)

The responses of our participants to the question of *educational preparation or sup-*

port that our participants received from their school or education were not substantive. As *learners*, most indicated that they did not have formal or informal education on international nursing leadership. This indicates that our participants were the products of their time, when schools did not prepare global leadership and women did not assume such leadership. So our leaders learned and found their way. Common comments regarding their educational preparation were, "you cannot fully be prepared for these (international) positions. One should have the attitude that there is much that is new and waiting to be discovered and created... I learned from every experience and every contact and every relationship." These comments suggest that more systematic education and training for our future nurse leaders could be of value for their development of global leadership.

Now as *leaders*, many of the leaders we interviewed indicated that they received support from their universities for international work. They also noted the support they received from the International Office within their university that provided assistance on a range of levels.

Global competencies of global executives and global nurse leaders (SA-c)

Global competencies were compared between the findings of McCall Jr and Hollenbeck⁹ and our study, and this is shown in Table 1.

While most competencies were relevant to nurse leaders, we note that some of the competencies of nurse leaders show differences from global business executives in the McCall Jr and Hollenbeck study.⁹ The category of "stable personal life in which the person has developed and maintains stress-resistant personal arrangements, usually family, that support a commitment to work" is one example. On the other hand, for our study we used additional categories: "political savvy" and "conviction and passion."

Table 1. Comparison between McCall Jr and Hollenbeck ^{9(p35)} and our findings

McCall Jr and Hollenbeck	Our findings and representative responses
Open-minded and flexible	Open-minded and flexible Continued to learn from others; eager to learn about others; soaked up everything; continued to learn from the Russians and the groups I worked with; listened to perspectives outside the nursing discipline; need to be flexible and listen carefully; my attitude is not to be offended and to listen to advice; being patient, flexible, and adaptable, and trying to understand the context in which things happened
Cultural interest and sensitivity	Cultural interest and sensitivity Be aware of needs of those in other country; what they perceive their needs to be; do not impose our ideas on others; learned about people and healthcare around the world; I had a full dose of anthropology, medical history, and culture, and was able to understand how they affect the way people live their lives and the outcomes achieved through prevention and intervention; I learned so much about culture and protecting other people's culture. Unless you have something better to offer, you had best observe; many times we go in and we think that we know better but actually, you know, they've been around a while, doing it for a while, let's be careful of other peoples' way of doing things; I was interested in developing my knowledge of other cultures and health as contexts of practice; my natural curiosity and my strong desire to be culturally aware and inclusive helped
Able to deal with complexity	Able to deal with complexity Asked for what was needed, wanted; We thought, "What can we do to really impact health?" So we looked at the morbidity, and there were 3 that caused about 85% of community health problems: malaria, respiratory diseases, and diarrhea; Having learned different educational systems really assisted me in knowing there could be many ways to achieve desired outcomes. This helped me understand what was a different but effective model versus something that could and should be changed
Resilient, resourceful, optimistic, energetic	Resilient, resourceful, optimistic, energetic I always had aspirations for higher achievements; I was told you cannot go ... because you are not a member of an International Council of Nurses nursing association and you have to go through a long process to do it. So I made a commitment then that I would be at the International Council of Nurses congress; the Minister of Health in my home country challenged me, and he asked me to do a paper where he was trying to see what I knew... so that kind of challenge created a strength in leadership. I worked day and night? She asked me to teach, and I said well I've never taught. And she said oh but you have a master's so you have to do it. So I said, oh, ok, I'll give it a shot; I took the job as a challenge and knew I was able to do it, and it was a way of trying new areas to test myself, rather than repeating the same things I had done previously

(Continues)

Table 1. Comparison between McCall Jr and Hollenbeck ^{9(p35)} and our findings (*Continued*)

McCall Jr and Hollenbeck	Our findings and representative responses
Honesty and integrity	<p>Honesty and integrity</p> <p>To warm up the relationship with sincerity and integrity, I would go out and buy snacks and stuff And I would say does anybody have any coffee? And they loosened up a little bit, but once I started talking about statistics, they loved it because they had a lot of statistics. It initiated a conversation and we moved from there. It has been 15 years now, I still keep in touch with them; a lot of international work is based on relationships. You cannot have a partnership with an institution if you do not have some solid relationships with key individuals in that setting who have learned to trust you over the years and who have a confidence in you and your institution</p>
Stable personal life	<p>Stable personal life and Family support from younger days that helped build self-confidence in later years</p> <p>I was the youngest of 8 children. This taught me independence and the ability to get along with everyone and respect the needs of others; religion and family are my 2 driving forces; the sense of confidence my parents cultivated in me; my upbringing helped me gain confidence that I could advance my career not only in the local region but also nationally and internationally; as a young adult I found myself in situations where cultural differences needed to be managed; my family background might have helped me become a global leader. My parents were refugees and I lived in different cultures; My family was a living example for international life. My father had 11 siblings and 10 immigrated to different countries such as Australia, USA, Canada and England and have learned different cultures; My mother was the role model for my personal and professional success</p>
Value-added technical or business skills	<p>Value-added technical or business skills</p> <p>All are professional registered nurses who had expert knowledge and skills in nursing education, practice, and research. They served as consultants and visiting professors and held significant leadership positions around the world for many years</p> <p>Politically savvy</p> <p><i>The person understands political operations; is able to work in a politically charged environment/situation; can separate self from situation; knows the role they are playing and who they are representing; remains diplomatic but knows when to take a stand; is comfortable challenging others; and remains active in international nursing organizations</i></p> <p>I learned that one has to step back and wait for others to assume responsibility for developing strategies and testing the feasibility of options appropriate to their culture and context; the responsibility of the position made me aware of the necessity to weigh my views and my words; I needed to become clear in my mind on how to wed and interweave the knowledge and beliefs of nursing with those of the leading Public Health Organization without forgoing my personal "truth"; I had to learn to transcend</p>

(Continues)

Table 1. Comparison between McCall Jr and Hollenbeck^{9(p35)} and our findings (*Continued*)

McCall Jr and Hollenbeck	Our findings and representative responses
	<p>the views of a faculty member, a practitioner and a manager in a specific setting and a specific country and arrive at an understanding of what was universally "valid" and what was culture, setting, and or profession-specific; working on a project for more than 2 years and was told to abandon it was a lasting lesson on the importance of political support and the accurate evaluation of stakeholder impact; not touching all the bases right will result in trouble, need to notify everyone (who should be notified) when planning international projects; need to understand what the work is and what it becomes; need to help to produce tangible outcomes to make a difference</p> <p>Conviction and passion</p> <p><i>The person has a deep belief in the work that they are performing</i></p> <p>What helped me the most was the conviction that we were doing something important and blazing new trails; what helped me most was acting on my belief and having self-confidence; I was keen to develop the profession of nursing and committed to testing my skills in being collegial</p>

Four major factors appear to contribute to this difference between the 2 studies. First, most nurse leaders we interviewed were women (only 2 men in this study, 12%), compared with 92 men (91%) and 9 women in the McCall Jr and Hollenbeck study.⁹ Second, many of our participants were single, and third, most of them held salaried positions within professional organizations, unlike the global business executives who had business/financial accountability. Fourthly, the lengths of expatriate experience of our participants were shorter (range of 4 weeks to 10 years) than those in the McCall Jr and Hollenbeck study,⁹ who had an average of 9 years.

The societal expectation of women generally influenced the options for becoming global leaders. Our interviewees represented a cultured and broadly educated group of nurses who were cognizant of sociopolitical and cultural affairs, and not afraid to take a few risks. When compared with the findings of Taylor and Napier,²² our single participants, including a male, were as successful as those with families, and they did not demonstrate the need for more rigorous cross-cultural training than participants who were married.

The type of professional work in which our participants were engaged frequently called for political savvy, as they often interacted directly with government agencies in both the foreign and home countries. The McCall Jr and Hollenbeck study⁹ did not ignore the political climate of foreign settings but included it in with the cultural interest and sensitivity competency. Conviction and passion (noted in our participants but not reported in the McCall Jr and Hollenbeck study⁹) may indicate the nature of their undertaking in global work. That is, nurse leaders took international positions because they believed in the value and mission of global work to advance nursing and health. This is not to say that business executives did not have conviction and passion per se, but perhaps these were expressed in different terms such as productivity and financial accountability.

Strategies to develop global nurse leaders (SA-d)

Having addressed the competencies that would help nurses to become global nurse leaders, we now turn our attention to specific *strategies* that our participants

suggested for developing global nurse leaders. To the extent possible, suggestions of the persons interviewed are used verbatim. The major strategic themes derived from the interviews were in the areas of preparation of global nurse leaders, building international relationships, and implementing/executing global work.

Preparation of global nurse leaders

Let us begin with some suggestions in the area of preparation. One participant said, "begin your international experience from your own surroundings and your own country." This suggestion is particularly relevant, as many of us live in communities where international colleagues live and work. Volunteering for international work was suggested by another participant who had more than 8 years of volunteer work in Uganda. One basic principle voiced by a participant was that nurses working globally need to remember "... they are representing not only themselves and nursing, but the institution and the country. They will be seen as significant persons. Hence, they need to conduct themselves well, pay attention to grooming, and demonstrate knowledge and skills as experts."

Education and training play a vital role in developing global leaders and preparing for global work. Global leaders need to have knowledge and skills about multiple aspects of global work. This includes knowing about "clinical, management, social differences (in host countries) as well as about US nursing at professional organization levels ... (this includes) our national issues, our nursing history, etc" before undertaking global work. In addition, nurses must be knowledgeable about the impact of current issues on the host country. This may include the global nursing shortage, nurses' migration, and trade agreements. At a more formal level, education about international nursing and health in schools was recommended as a major strategy for developing global nurse leaders. We need to "develop a curriculum that is culturally competent and internationally competent." We should integrate international nursing in

the curriculum starting at the baccalaureate level. The international course should include topics such as "how international communities and agencies function and work, and the effects of that on how work gets carried out. The course may include the work of groups like WHO, International Monetary Fund, and US Agency for International Development, the emphasis on the importance of interdisciplinary work," and "international relations as nurses from small countries rely on international relations to learn ... broad spectra of research areas in nursing." Educating about the nature of international work was also considered very important. We need to teach nurses about "what international work is and what it becomes. They need to get down to the needs of the other country ... they need to understand what is going on there, what that country's needs are. They also have to understand that they cannot meet all of the needs and they cannot get possessive of the country." Nurses need to think first about the perspective, context, or frame of reference that international leaders bring to the issues before they offer their advice. One participant shared her experience of "... incorporating younger faculty into the work of the international office ... (and sending) a group of 15 nurses (to a US-based school) for immersion in 4 weeks of language training together with learning about nursing and the health system in the United States." She also created "student assistantships for the international affairs office" so that they could get exposed to international affairs without leaving home.

Building relationships

When developing relationships with international colleagues, several recommendations were offered by our participants. These include, "Honor the principle of respect remembering everybody is intellectual"; "Adhere to principles of collaboration, openness, reciprocity in learning"; try to learn from international colleagues/counterparts as they "know a lot more than you do"; "Build the trust. Trust is part of a successful collaboration. Trust comes in different ways

among different cultures but one must be seen as trustworthy in the setting where collaboration takes place. Trust does not come overnight in most cases so patience and reassurance are part of the strategies one must rely on in international cooperation. The saying, 'a man is a man and a word is a word' needs to be also (true) in international relations"; and build a solid relationship with key individuals for successful partnership with an institution over a period of time with patience. Needless to say, learning the language of the host country would facilitate relationship building.

Building relationships with international students from their school days was identified as a strategy to develop global nurse leaders. This suggestion strikes at the heart of developing global leaders at home, and yet perhaps it is overlooked more often than not. On the basis of his own experience, one participant said, "Work closely with international graduate students and they will open doors over time." Another suggested, "Invite back your students who now are leaders in their own countries and offer them visiting scholar experience." Building such relationships requires some strategies for education. One participant suggested, "Develop international students as citizens of the world and provide them with opportunities to interact with people who have done things internationally ... creating an environment that is a learning environment for people who are anxious to learn about other countries ... international students and visitors and American counterparts should know each other on a daily basis... This would foster the bonding of relationship and developing long-term relationship." In schools where international students are not present, nurses may want to work through organizations that have access to an international network such as Sigma Theta Tau International (<http://www.nursingsociety.org>) or the International Network of Doctoral Education in Nursing (<http://www.umich.edu/~inden/>).

Learning and relearning the complex and dynamic facets of culture and its ramifications

continues to be the essence of conducting global work. It is not surprising to find this, as global leaders had to learn it for their international journey. Many suggested that "... nurses not only should understand the culture they are going to, but they should be willing to accept it. Thus, it is vital to get a commitment from nurses up front that they will follow specific rules of the host country that they plan to visit. This is particularly important when going to Arab countries. For instance, wearing the 'abaya' which they can take off in the hospital or in their hotel room but need to wear in public places, having a male escort when going out, and don't sit and talk in the hotel lobby (should be strictly observed). When the mullah switches their ankles for not obeying, I will put them on a plane to go home. It is not for us to pass judgment, we must work within constraints. You don't bring about change through open defiance of their values and mores." On the other hand, when you have international visitors at your school or institution, "... being sensitive to cultural dimensions doesn't mean that you do what they want, or forget about your culture. You also have to be willing to explain your own culture to them and why you can and cannot do something, doing this in a manner that is not offensive to anyone." "Use(ing) templates that accommodate ongoing modification and focus on process as well as product to develop reliance on a capacity building approach" was highly recommended by a participant in developing contractual agreements with international institutions.

In global work, "... Even once agreed to, the rules of the game may well change." "You may have to keep returning to your prior explanations and repeat them over and over again, using different formulations and examples ... Nurses need to be aware of the situation that people with a western orientation are eager to jump, while those from other cultures wait to be individually asked. (it is important to point out) ... (hence) do not interpret silences as lack of interest or lack of having something to say. Once they are individually coaxed into providing input and

sharing their thoughts, most people will do so."

Implementing global work

When visiting foreign countries, nurses should try to learn about the culture, geopolitical issues, and health systems of those countries. "This is greatly appreciated by one's hosts, who . . . consider this as a sign of caring." Nurses need to be sensitive to some of the customs in the United States, such as " . . . casualness, using first names, emphasis on being on time, ways in which different age groups relate to each other, voice tones when speaking (not so loud)" as these may be foreign, or even offensive, to international nurses. In some countries, "looking in one's face was never done and sitting with folded arms was showing respect, not that one was cold. (hence), Never say, This is how we do it!" Similar sentiments were echoed by several participants who said, "One cultural trend that I have never come to terms with is the lack of punctuality which is a part of the culture in some countries." "Time has a completely different meaning in different cultures. The response pattern and timing of responses are quite slow for certain countries, and you need to decide how much inconvenience you are willing to tolerate to accommodate them, and what are the upsides and downsides for the short term and for the long term."

To facilitate the development of global nurse leaders, some participants passionately emphasized that universities and schools of nursing should demonstrate commitment to international work. He recommended, "the mission statement and the bylaws of the university and schools of nursing should include 'international' aspects of work." He further suggested, "Make international collaboration a criterion for merit increase and promotion . . . and establish an international strategic fund for study overseas and conducting international collaborative research." Funds should be made available for students to study abroad, to participate in international organizations and conferences, and to

study the language, culture, and history of the host country. Also, a fund should be provided for international collaborative research between English-speaking countries and non-English-speaking countries. One participant noted, "Nurses from non-English-speaking countries can produce knowledge that is worthwhile."

CONCLUSION

Three tenets of leadership (*ie, leaders: are born and made, bring results, and inspire others to find their voice/potential*) have played major roles in developing the global leaders in this study. Our participant leaders demonstrated leadership from early school years and learned from their mentors. They in turn produced sustainable results in their peers and students, who were inspired to find their potential to be great leaders in global health and nursing. Global leadership requires cognitive and cultural competencies that cross national borders. Having a firm grasp of the significance of different cultures, geopolitical factors, and expatriate experience makes a difference in the development of global leadership. The influence of gender and societal expectations of the nursing profession have been critical in shaping global nursing leadership.

Personal attributes, family upbringing, professional experiences, and key leadership positions in international organizations were important influences on global leadership development. Having mentors and personal interests in global affairs from a younger age played critical roles in the development of these global leaders, as did international fellowship experiences in later years when they had established their careers and gained recognition. Serving as consultants and visiting professors, and working with international colleagues on projects, were key experiential factors that helped nurse leaders to become global leaders. International students opened the doors for global leadership development of faculty members.

Overall, our global leaders found that major strategies for development were formal and informal education and training for global competencies, taking advantage of international experiences at home and abroad, and promoting and rewarding international work at universities and institutions. As global leaders, they kept abreast of issues related to nursing and international affairs; worked closely with international students; and established a fund for international students and scholars. Sustaining mutually respectful relationships with international colleagues was essential for successful global work.

Our interviews with leaders have been an extraordinary opportunity to engage with people from diverse cultural and ethnic backgrounds who cared to step forward and advance nursing and healthcare worldwide. Developing global nurse leaders is of prime importance and requires ongoing attention to maximize the benefits of globalization. We encourage continued study of global nurse leaders for insights on leadership development. The global movement of nurses requires vision as well as interpersonal skills to realize global nursing leadership for the future.

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