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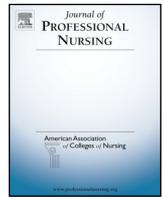
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Disruptive trends in higher education: Leadership skills for successful leaders

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Harvard educator and business consultant, Clay Christensen, suggests that higher education is the next industry to face massive disruption, a radical change that fosters a new way of doing business, caused by technology and social change (Christensen & Eyring, 2011). Major segments of our economy have already undergone permanent technology and social disruptions, such as the movie industry with streaming video options like Netflix and Hulu, the music industry with remote sourced digital music Spotify, iTunes and Pandora, and the transportation industry with on-demand car passenger services like Uber and Lyft, to name a few. Disruptions of traditional approaches to higher education are already resulting in changes that are affecting the lives of students, faculty, staff and alumni of universities and colleges. Regardless of the size of student bodies or sources of operating revenue and financial support, academic institutions are rapidly adapting to innovations required for growth and sustainability. The purpose of this paper is to evaluate current "disruptive" trends in higher education with focused recommendations for leadership skills of successful academic nurse leaders.

Trends in higher education

For over 200 years, education has been viewed as a societal good, a public service; now that deeply held cultural value is being questioned (Pucciarelli & Kaplan, 2016). Periods of relative stability are over as a number of issues are causing turmoil in higher education: declines in state funding and consumer value of liberal arts education; increases in part-time, non-tenured, adjunct faculty; age of tenured faculty; the use of technology as a learning platform; unsustainable tuition hikes; consumer demand for return on investment; and changes in student demographics and student learning styles (Buskirk-Cohen, Duncan, & Levicoff, 2016; Pucciarelli & Kaplan, 2016). These forces are causing leaders to rethink the delivery of education, to find new revenue streams, to provide consumers with measurable outcomes that align with the marketplace, and to refine a faculty workforce to both address cost cutting and new emerging educational needs of the millennial generation. The for-profit, on-line programs and technological trade-specific programs are disrupting past models of higher education. These programs are quick to enter a market and to modify any number of business strategies to solidify a market base in response to consumer demand (Craig, 2017). Leaders of more traditional schools are called to retool, respond quickly to rapidly changing environments, develop new business models, and be ready to cut low demand programs. More traditional faculty, who embrace education as a social good, find these changes deeply disturbing. However, ignoring requirements for re-envisioned educational approaches may put currently successful programs at risk.

Faculty system

A high percentage of college leaders describe faculty as aging and more expensive, working longer than desired, and impeding the opportunity to hire younger, less expensive faculty who are closer aligned to emerging education models and the learning differences of younger students. Higher education leaders view tenure as an expensive, risky investment and are increasingly replacing tenure-track and tenured faculty with those who hold multi-year contracts. Economic pressures brought on by declining funding for higher education are expected to place more pressure to hire non-tenured faculty (Ehrenberg, 2012; Selingo, 2016).

Faculty and staff from different generations hold dissimilar views regarding job satisfaction, morale, and engagement. For example, Baby Boomers (born 1946–1964) desire a fair workload, Generation X (born 1965–1980) desire flexible work hours, work-life balance, a fair workload and higher salaries, while Millennials (born 1981–1997) desire advancement and leadership opportunities (Pewresearch.org; Tourangeau, Wong, Saari, & Patterson, 2015). Although Boomers and Generation X cite fair workload, there are no known established standards for a "fair workload" in schools of nursing leaving each to define their own. The number of students and credit hours taught are not the only variables associated with workload. Time to develop an on-line course and learn a new technology for example, are real variables related to workload. Moreover, nursing education encompasses a variety of teaching roles such as clinical oversight, clinical practice, simulated, on-line, and didactic instruction, and doctoral projects/dissertations that all impact workload. In addition, these variable educational roles raise the overall costs associated with nursing education.

Students today and tomorrow

Less than 20% of university students are now considered to be traditional, the 18 to 24 year old category. More students are working part-

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time and taking on more debt. Students are older, have families, and commute to campus. Students are increasingly more diverse – racially, ethnically, and economically and present with various levels of academic preparation requiring flexibility in educational approaches, coined as "personalized education" (Morreale & Staley, 2016; Selingo, 2016). Students will desire or need personalized plans of study that allow shorter or longer time frames to degree completion. Competencies will be replace classroom seat time. Students are predicted to seek fewer degrees, such as graduate degrees, and seek more "certificate" type programs or "boot camps" to gain specific employer valued skills (Morreale & Staley).

A large number of students are "Millennials." Millennials view education as a financial investment, an avenue to move forward, and want a return on investment (Morreale & Staley). Millennials have less tolerance to learning content that cannot be directly linked to a job skill or competency. Millennials are more technologically adept than previous generations, they acquire and use information in real time. Baby Boomer and Generation X faculty, who may be excellent educators and employ more traditional methods, find themselves at odds with Millennials.

Health system changes

There are numerous changes within the health care system that impact health professions education. Complex, profound changes such as the movement to value based payment as opposed to fee-for-service, creation of larger provider networks and systems, coordination of providers within systems, growth of ambulatory care, and an emphasis on population health combine to create a dynamic, fast-paced, turbulent environment. As this increased turbulence strains the system, it challenges the traditional models of nurse clinical training and the development of strategic initiatives to address the next, impending nursing shortage.

Clinical training is a cornerstone to the development of sound practice for graduate and undergraduate nursing. As providers respond to dynamic and fast-paced change, clinical training can become an afterthought at best and an additional burden at worse. Provider tensions are real and mount as concerns regarding successful change implementation, profitability, safety and quality collide with nursing shortages, especially experienced nurses. Creating strong stakeholder relationships and developing and testing new models of clinical education are imperatives, yet can be in conflict with more traditional models of nursing education.

Academic business models

As a social good, public universities have been afforded state support for decades and in some cases centuries. As university leaders face declining state support they are required to develop new business models that incorporate profitability and consumer accountability. University leaders have expressed concern that higher education is on an unsustainable financial path and that a number colleges and universities will close (McMillen, 2016). Yet, others who are more optimistic see this era as an opportunity to modify two-to-three-hundred year old educational models.

Traditional public universities are facing increased competition from the "disrupters", the for-profit sector. Whereas some for-profit schools are viewed as predatory scam artists, many are of high quality (Craig, 2017). Successful high quality for-profit schools are built on solid business strategies and strategically placed within sound markets. Created outside of the traditional faculty governance structures, these schools are able to be highly responsive to consumer demand and modify curriculum in pace with business needs. Combining sound business strategies with profitability in the forefront, the for-profit sector invests in technology to enhance student learning using flexible digital approaches, to provide faculty development, and to standardize curricula

and student learning outcomes (Ehrenberg, 2012). These strategies make for-profit schools appealing to Millennials.

Business trends impact nursing programs as well. Nursing programs have shouldered sharp budget cuts while managing increased costs associated with learning technologies, student support services, alumni engagement, data reporting to federal agencies, clinical training, and risk management. Deans and directors of nursing programs are required, like university leaders, to develop new budget models, partnerships with businesses, and relationships with the philanthropic community. Flexibility and responsiveness to market trends can collide with traditional models of faculty governance. Leaders of nursing programs have to understand these disruptive forces, translate and communicate these trends to faculty and staff, forge cohesiveness between the faculty, staff, and student generational differences, and facilitate more dynamic responsiveness to consumer and stakeholder markets.

Leadership skills for future success

Disruptive changes in higher education are already impacting schools of nursing today. Fast-paced, data driven models for the healthcare workplace, interdependency of the professional workforce, the need for civil and inclusive working environments and better, more transparent communication at all levels of the organization is driving how students are being educated. Today's successful leaders must develop new aspects of their personal leadership skills that take into account "disruptions" of the academic environment and reflect thoughtful contemporary leadership and management scholars. Leadership skills to assist leaders include agility, interprofessionalism, civility, and a strong capacity for strategic, emotionally intelligent communication.

Leadership agility

Leadership agility is a developmental skill that fosters greater flexibility and dynamic responsiveness when facing complex issues. Joiner and Josephs' (2006) discuss four essential characteristics necessary for agility: context setting, stakeholder, creative, and self-leadership.

Context setting agility

Context setting agility requires two personal characteristics, situational awareness and sense of purpose. Situational awareness entails understanding barriers and opportunities within the context that one operates including within one's organization and outside such as the greater college/university, health providers and systems, and community and state levels. Identifying one's sense of purpose as a leader combined with the core mission and vision of the school facilitates the alignment of purpose when exploring options. Having a core purpose can ground a leader when navigating uncertainties and differing stakeholder opinions.

Using context setting agility, leaders, for example, gather as much information as possible regarding different budget models used in schools of nursing; major regional competitors such as programs they offer and types of students they attract; types of health care providers, their current alliances with other schools, and their current and future workforce needs; and how one's own school/college fits into the overall mission of the College or University. There are endless contextual variables; however, a deep understanding puts trends and new initiatives into perspective. A leader's core purpose, such as improving the health and well-being of people or reducing an impending nursing shortage can help navigate differences of opinion and build alliances with those who hold similar goals.

Stakeholder agility

Stakeholder agility rests on two personal characteristics: a desire to understand and involve key stakeholders and an understanding of one's "power" approach. Purposefully engaging key stakeholders, those with

differing opinions from within and external to an organization, to discuss problems or opportunities broadens the perspectives of all involved. Complex issues, where there is no one right solution, are rarely if ever solved without a team. Seeking diverse stakeholders ideas and opinions not only helps to design a heretofore-unimagined path forward, it also facilitates buy-in from a wider constituent base. Developing and using an open and receptive power stance, one that is accepting of other's views and creates space for authentic dialogue, facilitates movement forward. Assertive and aggressive approaches do not work in complex situations and puts others in a defensive position; an awareness of one's style is important.

Creative agility

Creative agility relies on two personal characteristics: connective awareness and reflective judgment. The complex issues facing higher education and schools of nursing today are described as unique, ill defined, unstructured, and "wicked". With connective awareness, a leader is able to see and value the connections between diverse stakeholder ideas. Potential solutions come from the connections between ideas, not necessarily one or two ideas by themselves. Leaders with connective awareness gain comfort making decisions based on patterns and opportunities, without all of the information and complete clarity of direction. Reflective judgment allows a leader to uncover and examine his/her own biases and assumptions; through reflection one develops a keen awareness of how culture and previous life experiences create biases and influence perceptions of self and key stakeholders. The reflective and connected leader sees multiple possibilities.

Self-leadership agility

Self-leadership agility aligns two personal attributes: self-awareness and developmental motivation. Self-awareness is the ability to understand one's personal strengths and challenges combined with an eagerness to grow. Leaders, who seek and use formative feedback from peers and a professional coach, role-model growth that is visible and motivating to others. Self-growth and intrinsic motivation keep a leader focused on his/her core values, purpose, and direction.

Summary. Leaders who cultivate and practice the four leadership agilities demonstrate a greater ease with change and conflict, seek strategies that are influenced by diverse opinions, reflect in the moment and adjust their stance, understand even the best actions have unintended consequences, explore one's blind side, see connections between the macro-and-micro context simultaneously, see the mutual causality of human interaction, and feel a sense of connection with humanity and a greater good. A sense of purpose and meaning beyond oneself provide a compass.

Interprofessional leadership

Leaders in healthcare higher education must be able to role model behaviors that exemplify the interprofessionalism required for achieving effective, patient-centered outcomes through collaborative and cooperative teamwork (Savage et al., 2014). Interprofessional leadership strategies involve a new set of personal skills that are beginning to be defined. Diplomacy and collaborative engagement among leaders in this era of fewer "silos" in professional education, research and clinical practice can form the basis of permanent, institutionalized change to interprofessional teamwork among members of the healthcare workforce (Prestia, 2017; Towe et al., 2016).

The goal of higher education is to prepare graduates for the demands of society, to prepare minds that can contribute to improving the human condition and to prepare individuals for the vast array of workplace demands required of future generations. The field of healthcare has evolved a wide range of professional specialties and domains of scientific endeavor that have emanated from our collective commitment to cure diseases, provide best quality of life and care for those whose

health and wellbeing is compromised. Creative interprofessional education has emanated from grassroots initiatives led by forward-thinking, creative faculty members. These educators are developing team-based learning opportunities for students of medicine, nursing, pharmacy, the rehabilitative sciences, social work, laboratory sciences, respiratory care, health information management, nutrition sciences and others. Significant strides have been made in ensuring safer and high quality patient care in hospitals through team-based patient centered care that includes all health professionals. Interprofessional collaboration as an expectation of clinical practice has become a standard that is measured through a variety of educational accreditation criteria across disciplines (Kirsch, Davis, Hendrick, & Davis, 2013). Yet, how often do we hear our graduates say that true interprofessional teamwork is not experienced in the health care settings where they practice? How often do we as nursing leaders, experience interprofessional collaboration in our own work environments?

Leaders themselves must be personally invested in successful learning objectives for interprofessional education models, as well as showing, through their actions, that interprofessionalism is practiced at the highest level of organizational life (Interprofessional Education Collaboration Expert Panel, 2011). The notion of leadership diplomacy has been introduced as an essential attribute of leading interprofessional teams (Prestia, 2017). Diplomacy is defined as "the art of managing relations with people in a sensitive, tactful way, through dialog and negotiation" (Oxford Living Dictionaries, 2017). Since interprofessionalism requires appreciation of the knowledge of others, trust, sharing of values and collaborations among equal partners, the increased use of diplomacy skills among leaders for organizational leadership will send a strong message for how people should interact in an interprofessional environment. Leadership diplomacy skills include consistent openness to the views of other leaders, candid responsiveness to others that is always respectful, and commitment to the goals of the team for the best outcome. Successful negotiation requires a willingness to let others lead and to consider organizational goals, even if one's area of responsibility is disadvantaged or gains less than those of other leaders or the process of decision-making takes more time and discussion than in the past. The behavior of leaders is emulated by students, faculty and staff where diplomacy as an intentional approach to peer interactions can improve organizational outcomes at all levels.

The capacity of leaders for collaborative engagement is required for true interprofessional leadership. Collaborative engagement means addressing decisions, problems and strategic planning as a leadership team, rather than by a single leader. Resources are obtained and shared among leaders to meet organizational goals. Collaborative engagement behaviors occur as leaders assume profession-specific roles, but work together as equals to analyze problems and coordinate interventions as a focused team. Authentic, meaningful collaboration is the goal of engaged individuals that will set the tone for the interprofessionalism mandate for future leadership.

Civility and inclusiveness

Incivility in the workplace has been well documented in the nursing literature in recent years (Hutton, 2006). Research indicates that incivility can depress job performance, cause employee turnover and decrease customer satisfaction (Porath, Gerbasi, & Schorch, 2015). Increasing issues of bullying, lateral violence, discourtesy, discrimination, and intimidation from professional colleagues prompted the American Nurses Association to adopt a "zero tolerance policy" for these behaviors among healthcare providers (ANA Code of Ethics, 2015). Michael Woods (2010), surgeon and healthcare leadership consultant, makes a convincing case that civil leadership is crucial for today's patient care work environment that is stressful, multidimensional, demanding and, often, disruptive (p. 25). And, if the future of higher education is also characterized by similar disruptions of rapid technological change, new business models and constrained resources, academic nurse leaders will function in an environment that is stressful, highly volatile

and prone to incivility in the workplace. Less available funding for research and scarce resources to support education of students can increase the strain of working in academia, as people are encouraged to "do more with less." These situations can rapidly lead to uncivil behaviors defined by culture of blaming, bullying, scapegoating or lack of sensitivity to the needs or perspectives of others (Clark & Springer, 2007).

It is the role of the leader to establish expectations for behaviors that support positive interactions. Beyond traditional managerial skills, attention to civility and inclusiveness offers nurse leaders an opportunity to instill strong core nursing values of caring and empathy in the workplace (Miller, 1987). Forni (2002) defines civility as a code of behavior based on respect, restraint and responsibility, noting that "a crucial measure of our success in life is the way we treat one another in everyday life" (p. 4). Conversely, incivility has been associated with the insensitivity and lack of inclusion at the heart of cultural, gender and age disparities that adversely impact our society. In healthcare, incivility can result in disruptive or abusive behavior that causes medical errors and adverse patient outcomes (Tarkan, 2008). Among educational settings, students of all ages may be victims of incivility by teachers and others having more power. The "zero tolerance policy" (ANA, 2015) begins with leadership demonstration of personal civil behaviors and is instilled within the culture of an organization through leadership commitment to civility and inclusiveness.

A good leader promotes an environment where people are expected to treat each other with dignity and caring. Principles of civility and inclusiveness that can be effectively modeled by leaders include: respect, empathy, flexibility, interest in other cultures, tolerance and kindness (Woods, 2010). By practicing the principles of civility and inclusion in all personal and professional interactions, a leader can promote an environment where people are expected to treat each other with dignity and caring, essentials for effective work environments during disruptive times.

Strategic communication

The unusual nature of the business and clinical environment during turbulent times calls for leaders who are expert communicators. Strategic communication outlines the goals and the process of communication to reach the right people in the right way (Jones et al., 2013). The days of holding onto to information and talking to, instead of with, people are long gone in a world that is digitally connected and rapidly changing. Attention to content clarity and one's own emotional intelligence are two essential leadership communication skills.

Communication clarity

Communication that is consistently clear helps others understand and react in ways to facilitate change. Clarity infers an understanding of the current situation that diminishes uncertainty. An academic leader must be able to explain the parameters of a crisis or challenge, for example, the impact of budget reduction on the school and the people who are part of the organization. Transparent communications require honest interchange of what is known about a situation and what is unknown or cannot be made public. The leader's capacity to be open about situational challenges contributes to his or her credibility when it is time to make difficult decisions. When possible, sharing the nature of decisions that have to be made and time lines for action can help allay undue fears about the immediate and long term future of the school and its fiscal and human resources. It is important to communicate information simply, using good teaching skills to help people understand complex fiscal environments and factors that influence today's economy and nursing education. When appropriate, describe how people will or can be involved in decision-making or how each person can support and facilitate the organization through change. Those staff members, managers and faculty members who work closely with the academic leader depend on that individual to be clear about what work is needed and what the leader needs from them in order for the organization to be

successful. Academic leaders need to check in frequently with staff and faculty to ascertain the perceptions and beliefs held by individuals and groups. Clarity of message is a process, uncovering and responding to what individuals "hear" and "perceive" will complete the process.

Building personal emotional intelligence is probably the single best asset for successful leadership. A leader may have many other managerial and strategic skills that provide a solid framework for success, but a single misplaced outburst or insensitive interaction will quickly turn success into failure. Fortunately emotional intelligence is an ability that can be improved over time. Insightful leaders work to build their personal emotional intelligence skills. Complex environments, difficult problems and thoughtful decisions require psycho-emotional strength and the ability to intercept one's own errant behaviors before they result in negative outcomes. This section defines the concept of emotional intelligence (EQ), explains the importance of emotional intelligence in leadership and offers ways to build emotional intelligence skills.

Emotional intelligence is the ability to recognize and take into account one's emotions and the emotions of others in interactions (Goleman, 1995). This awareness allows individuals to manage their own behaviors so that interpersonal interactions lead to positive outcomes and avoid unnecessary conflicts. The concept of emotional intelligence or emotional intelligence quotient (EQ) was defined in the early 1960's by social psychologist and researcher, Daniel Goleman. Goleman purports that emotional intelligence may be more critical to personal success than intelligence level or IQ, which is a measure of one's capacity to learn. While IQ is relatively stable over a lifetime, awareness and management of emotions (EQ) can be significantly improved with knowledge and practice.

In leadership roles, individuals who can quickly assess their own and others' emotional responses to challenging situations have better ability to handle stressful moments and resolve conflicts in ways that support others while achieving the goals of the leader. Emotionally charged interactions often lead to longer term hurt feelings and behaviors that hinder effective future collaborations. The way a leader behaves is highly influential among employees and colleagues. Most people can recall instances when a leader has reacted with anger or insensitivity during an interaction with another person that had long lasting impact on the organization. The saying that leaders often find themselves "living in a fishbowl" comes from the reality that leaders are closely observed by the people around them almost all of the time. Behaviors of the leader create the standards for expected behavior by everyone in an organization. Unfiltered responses or insensitive behaviors leads to more of the same by others and subsequently an inability to reach strategic goals, poor productivity, lack of a therapeutic environment for healing, and lower quality of educational programs. The negative impact of a leader's low emotional intelligence ultimately affects an organization's ability to adapt and respond.

In their useful book, Emotional Intelligence 2.0, Bradberry and Greaves (2009) describe EQ as having two components: self-awareness and social awareness. Both components are core to building one's own emotional intelligence. Self-awareness is the capacity to understand yourself, your own motivations and passions, and the issues of daily life that can cause you to behave in ways that are disruptive to your interactions with others. Leaders with high EQ are aware of their limitations and strengths. Key to self-awareness is that the mere act of thinking about and paying attention to these emotions can help to improve your emotional intelligence skills. Modification of your own negative emotions and impulses can be a learned skill, one that, with practice, can improve both personal and work interactions and prevent ineffective leadership communications.

Social awareness is the ability to evaluate the emotions of other people and to use others' perspectives in managing interactions in positive ways. Social awareness requires listening closely to what another person is saying, as well as how something is said or what is not said in an interaction. Good leaders are highly aware of individuals and groups during interactions. They can modify their own

responses and behaviors based on how others are reacting in any situation. A leader who takes into account how others are feeling has a much better chance of communicating effectively, including being perceived as helpful and supportive. This is possible even when the message itself is negative. Most important to personal leadership development is that social awareness is a skill that can be practiced and improved over time.

Conclusion

The demands of leadership often present challenges that are daunting. Higher education today is characterized as disruptive, chaotic, uncertain, and turbulent. There are natural tensions between the traditional, long-held values of higher education and disruptive models that are emerging. Future effective models remain undefined; however, successful leaders will be those who commit to developing and practicing skills that open the future to new possibilities.

The authors present four skills for successful leadership: agility, interprofessionalism, civility, and strategic, emotionally intelligent communication. These four skills are not mutually exclusive. Civility and inclusiveness could be considered a pre-requisite to all others, as an organization can not engage in constructive, open dialogue without these behaviors. Leadership agility requires emotional intelligence. Self-awareness is a core component of agility and allows the leader to understand how self is perceived, how one is influencing, for good or bad, a particular situation, or when one's own biases are influencing decisions. Social awareness is a key element of engaging with diverse stakeholders, understanding contextual factors, seeing value in differing opinions, and fostering alignment. Agile leaders develop a sense of purpose that underpins clear communication and also understand that even the best attempts at clarity can be perceived in multiple ways. Agile leaders practice civility even in the midst of troublesome encounters. Interprofessional leadership skills are necessary to improve health outcomes and also solidify a leadership place for nursing. Using diplomacy nurse leaders must know when to negotiate and compromise or when to be more assertive. Diplomacy and collaboration intersect with civility, strategic communication, and emotional intelligence.

In summary successful and effective leaders will intentionally ground themselves in new and emerging leadership skills such as interprofessional diplomacy, agility, and emotional intelligence. As the profession of nursing answers the Institute of Medicine (2010) call to be leaders, reflect on the following questions: What leadership skills are important to you and how will you intentionally cultivate these skills? What is the level of civility within your own organization and what behaviors do you role model? Where do you use assertive or receptive power stances? How often do you elicit opinions from stakeholders with whom you disagree? How comfortable are you with making decisions in the midst of uncertainty?

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