Learning to Lead: Developing Dietetics Leaders

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AS THE ACADEMY OF NUTRITION and Dietetics nears its centennial, the need for strong leaders in dietetics only continues to grow.

The Academy has defined leadership as "the ability to inspire and guide others toward building and achieving a shared vision."[1] Former Academy President Susan Finn, PhD, RD, FADA, who is an author and speaker on the topic of leadership, says today's registered dietitian nutritionists (RDNs) need to consider what kind of legacy they will leave future generations, just as the Academy's founders did in 1917. To meet the needs of more than 75,000 members, today's leaders must identify critical issues and help devise ways to address them. Fortunately, compared with the founders, modern professionals have a wealth of resources and information on the topic of leadership, an abundance of which is available through the Academy.

Leadership—distinguished from management—has been studied since the early 1970s,[1] and the literature on the subject provides countless definitions of the term. But even with a substantial volume of research across a variety of fields,[1] common themes emerge that apply no matter the professional context. One important discovery that applies to leaders in any field is that, according to current research, leaders are made—or trained—rather than born.[2,3] Therefore, dietetics practitioners should strongly consider the many programs available that teach leadership skills. Current leaders in dietetics agree that today's challenges require these skills, and research indicates that leadership ability impacts organizational performance, making training on the matter an essential element of success.[4,5]

Finn says leadership skills are needed in all areas of dietetics to address the big issues of health care facing the world. A decade into the 21st century, those skills include the issues of cost and economics, evidence and confusion, and globalization.

"We must help lower health care costs and be leaders in that endeavor," says Finn. Going forward, RDNs must prove their ability to reduce health care costs while demonstrating the value of their service. Finn has pointed out that the United States spends approximately 18% of its gross domestic product on health care—more than any other nation in 2011[6]—a rate she says is unsustainable. She added that the Affordable Health Care Act is structured to reward providers and institutions that achieve good outcomes and penalize those that underperform. In this new era of health care finance, when all practitioners face the same cost-related issues, RDNs can take a leadership role on teams alongside physicians, nurses, and other providers, and thus make significant contributions in the provision of care while controlling costs.

For example, studies continue to show that many patients enter a hospital malnourished or become malnourished while there, she said. This not only impacts quality of outcomes—and therefore costs—it also represents an opportunity for RDNs to polish their communication skills and actively engage in effecting change.[7-9]

Issues affecting the elderly population will also continue to present challenges RDNs can help address. Health officials expect the number of Americans aged 65 years and older will grow 120% by 2050.[10] Statistically, 75% of those individuals more than 65 years have at least one chronic illness, and chronic disease accounts for 70% of all deaths, with half of all deaths attributed to heart disease, cancer, and stroke.[11] With 75% of current Medicare dollars spent on patients with five or more chronic diseases,[12] it is clear that generating ideas to reduce chronic disease incidence is critical to improving patient outcomes and reducing health care costs.

The body of evidence demonstrating nutrition's role in healing, recovery, therapy, and readmissions is substantial, and the role nutrition can play in addressing the problems of malnutrition, chronic disease, and those associated with obesity is obvious to the RDN, and many others as well. Finn says one of the reasons the US Centers for Medicare and Medicaid Services has proposed regulations granting dietitians the authority to prescribe diets to patients is to save physicians' time, which translates into dollars. And with a US population that will require significant medical care as it continues to age, the opportunity for RDNs to take leadership roles will not dissipate anytime soon.

And just as this represents a great opportunity for success through strong leadership, the same is true for failure if the RDN does not act upon it. In 1965, efforts to have dietitians included in Medicare legislation were not as successful as some had hoped, Finn pointed out. Today's health care reform offers a window of opportunity that cannot be missed, and strong leadership within the field will ultimately make the difference between success and failure.

As nutrition leaders, RDNs also need to maintain a global perspective. According to Finn, the movement toward globalization is the biggest change since the Industrial Revolution, as some 95% of the world's consumers are outside of the United States, and America's population is shrinking in areas other than urban centers and the elderly. Finn pointed out that in 1917, the founders, of what would ultimately become the Academy, were propelled by the drive to feed American military personnel. Expanding the mission of RDNs to address a global perspective is not out of line in that regard. Consider

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Ways to Build Leadership Skills

Actively participate in your Dietetic Practice Group.

Serve in leadership capacities in your state dietetic association.

Join community service organizations.

Use professional development resources at your employer.

Participate in Academy leadership development programs.

that by 2050 the world population is expected to grow by another 2 billion people and hunger is now ranked as the top health risk on Earth as deaths related to hunger outnumber those from acquired immunodeficiency syndrome (AIDS), malaria, and tuberculosis combined, she said.

Food insecurity is an issue for all people, and RDNs have the opportunity to lead the integration of agriculture and food production going forward. This stretch into the global discussion not only addresses health care issues, but, as Finn pointed out, it will put RDNs at the table with other scientists and policy makers, expand research opportunities, produce new career trajectories into the world market, and help establish an international network of nutrition professionals for further collaboration.

Finn emphasized that today's leaders must continue the tradition set forth by the organization's founders in 1917. "We have to consider the kind of legacy we want to leave."

LEADERSHIP LEARNING OPPORTUNITIES

Steps to proactively address the need for leadership training date back many years. In the fall of 2003, the Leadership Institute Task Force was created to work in conjunction with the Professional Development Committee and staff to create a program modeled around the "Self as Leader" concept, explained Diane Moore-Enos, MPH, RDN, vice president of Professional Development and Assessment at the Academy. The goals of the original Leadership Institute were, first, to build an aligned, engaged, and diverse membership, and second, to empower members to compete in rapidly changing environments.

The inaugural Leadership Institute was launched in 2004 and was held annually through 2011 as a live seminar and workshop before evolving into a three-tiered online certification program currently under development. Moore-Enos said an eventual return to live Leadership Institutes is being planned, and attendance in that program will require completion of the online certification program as a prerequisite.

Meanwhile, students of leadership are encouraged to consider the idea of leadership as distinct from management. Managers are most often empowered by virtue of a title or position, whereas leaders can be found at all levels of an organization. Compliance with the dictates of management is required of subordinates, whereas leaders tend to be people of influence with the ability to encourage a following. As such, managers are not always the best leaders, nor are they the first sought out as mentors. They tend to be results-oriented and focus on the stability of the organization, whereas leaders thrive on change.[1] Leaders are not always the strongest managers, and they typically keep objectives and goals in mind while balancing them with the bigger concerns of the group.[1] Balancing the two concepts has long been a topic of research in the field of leadership.[1]

Although both functions are needed for any organization to succeed, some argue that leadership has replaced management as the key to successful operations.[1,3] For decades, the need for effective leadership has produced one study after another on how best to achieve it.[1] Names for different styles of leadership are as plentiful as its definitions,[1] but a recurring theme emerges within the body of work that effective leaders incorporate multiple styles to achieve their goals.[1,13]

Nancy Burzminski, EdD, RDN, LD, Kent State University's Dietetic Internship Program director and associate professor, said that in her professional opinion, the skills required to lead well are in fact transferable across disciplines and can be learned. After 25 years as a dietetics practitioner in the clinical setting, she earned her doctorate in education leadership and has since served as both participant and planner in the Academy of Nutrition and Dietetics Leadership Institute while serving on the Professional Development Committee.

Burzminski noted that the Kent State University dietary internship program was among the first in the country to feature leadership training as an area of concentration. Incorporating training programs on leadership is as important at the undergraduate level as it is throughout one's professional career, she said, noting that most nursing programs require three to four courses on what has become a complex subject. RDNs in particular are often thrust into leadership roles early in their careers without much formal training, and some health care facilities may only employ a single RDN, thus accentuating his or her prominence and placing the practitioner in a position in which leadership is expected by default.

"And leadership doesn't end. You don't just start one thing and then you're done," Burzminski said. Her students are taught to incorporate ongoing leadership goals into their 5-year professional study plans, a practice she feels would benefit professionals in the field as well.

Given the volume and diversity of materials on the topic, leadership can be a little fuzzy for scientists. So many definitions exist—with different sources using different terms for similar styles and strategies—that it is easy to get confused. Burzminski favors evidence-based programming, and recommends to colleagues *The Leadership Challenge* by Jim Kouzes and Barry Posner, which serves as the textbook for the Kent State program. "To me, leadership equals change," she said. "If you have change going on, you typically have leadership involved."

The field of health care is undergoing substantial change at present, and Burzminski says employers are very receptive to her students' formal training in leadership, reporting that about 75% have jobs within 3 months of graduation. Classroom experience in leadership helps students see change as opportunity, and teaches them to see the difference between thriving organizations and those that stagnate. Those classroom experiences involve personality inventories and other drills that encourage people to make their own opportunities, open their own metaphorical doors, and seek out