

## Learning to Lead: Developing Dietetics Leaders

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**A**S 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.”<sup>1</sup> 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,<sup>1</sup> 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,<sup>1</sup> 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.<sup>2,3</sup> 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.<sup>4,5</sup>

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<sup>6</sup>—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.<sup>7-9</sup>

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.<sup>10</sup> 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.<sup>11</sup> With 75% of current Medicare dollars spent on patients with five or more chronic diseases,<sup>12</sup> 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.<sup>1</sup> 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.<sup>1</sup> Balancing the two concepts has long been a topic of research in the field of leadership.<sup>1</sup>

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

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

“uncomfortable spots,” none of which are necessarily innate skills, she said.

Burzminski agrees that leaders are made, not born. Some people may possess certain attributes that draw the attention of others, but, ultimately, training makes the difference. Pointing out that different styles of leadership are recognized in the field, she said there is no one right way to lead. Any organization undergoing change needs leaders, and as leadership skills are largely transferable from one environment to another, different types of leaders are required for different situations, and most people use some blend of three distinct styles.

“In my mind there are three,” she said, citing transformational, transactional, and laissez-faire as primary styles. And although transformational leadership tends to be the one that receives the most attention, all three are needed to make an organization work.

**LEADERSHIP STYLE**

Transformational leadership centers around the motivation of followers through idealized influence, inspirational motivation, intellectual stimulation, and individualized consideration, as opposed to transactional leadership, which uses rewards and punishment to influence behavior.<sup>1</sup> Transformational leaders have been shown to

receive better performance evaluations and are often characterized as more “innovative.”<sup>1</sup> Still, Burzminski says there is a place for both, and that sometimes a laissez-faire style, in which leaders take a more hands-off approach, works best for a team, particularly one featuring professionals from different disciplines working together. This can allow leaders to emerge from within the group as needed.

Modern studies in leadership suggest an evolution of sorts, whereby one sees a spectrum ranging from the passive to the transformational through transactional<sup>14</sup> (see the Figure).

Leaders may use all of these approaches but they may use more of one approach than others. Better leaders are more frequently transformational, less adequate leaders are passive or concentrate more on corrective actions.<sup>14</sup>

Laissez-faire leadership—also known as delegative leadership—empowers group members to make their own decisions largely free from oversight or direction by the leader, whereas the transactional leaders lead through social exchange.<sup>14</sup> Examples of transactional leadership include businesses offering financial incentives for productivity and penalties for failure to achieve set goals. Research indicates that laissez-faire leadership offers the lowest levels of productivity and efficiency, and is surpassed by

transactional, which in turn is surpassed by transformational.<sup>14</sup>

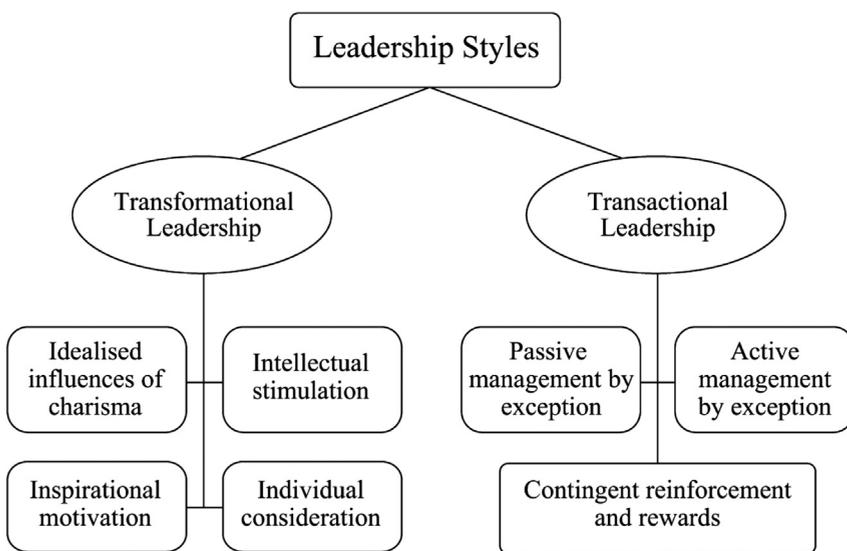
In their book, *Transformational Leadership*, Bernard M. Bass, PhD, and Ronald E. Riggio, PhD, assert that “leadership must also address the follower’s sense of self-worth to engage the follower in true commitment and involvement in the effort at hand. This is what transformational leadership adds to the transactional exchange.”<sup>14</sup> Transformational leadership is characterized by a much broader, multidimensional approach<sup>15</sup> in which followers embrace leaders and a bigger ideal. In that sense, the more tangible reward system offered by transactional styles is augmented by a more abstract, yet still rewarding, sense of purpose.

In an article on transformational leadership among clinical nutrition managers, Arensberg and colleagues write: “In transformational leadership theory, leadership is viewed not as a single factor, but rather as resulting from several interacting factors. Leadership reflects personal characteristics of the leader, such as power and influence, and situational or organizational contexts in which the leader and followers interact, thus accounting for the leader’s ability to affect the organization’s functioning.”<sup>15</sup>

This dynamic relationship between leader and led swirls about with participants changing roles, meaning that leadership is not just the province of those at the top of the organizational chart, but can occur at all levels by any individual.<sup>14</sup> One of the hallmarks of transformational leaders is thus the development of leadership skills in those serving beneath them on such charts.<sup>14</sup>

Sources agree that most leaders use a mix of styles in any given situation, but research also suggests that these same leaders grow and change during the course of their lives.<sup>16</sup> Whereas one view of leadership development might be along a horizontal line, Constructive Development Theory posits that a vertical axis exists simultaneously.<sup>16</sup> Leaders are individuals and as such develop during the life course in predictable ways.

Writing on Constructive Development Theory in the *Journal*, Hunter and colleagues explain that, “Most growth in adults is objective or horizontal—that is, learning new skills, new methods, new facts, or pursuing advanced



**Figure.** Distinguishing features of transformational and transactional styles of leadership. From reference 23: Taleb HM. Gender and leadership styles in single-sex academic institutions. *Int J Educ Manage.* 2010;24(4):287-302. Used with permission.

degrees. Subjective development or vertical growth is transformational growth manifested by changes in our form rather than content of understanding, and focuses on how people tend to reason and behave in response to their experience.”<sup>16</sup>

Vertical human development thus represents a continually widening spiral of stages working in conjunction with the horizontal advancement, both of which serve to alter the worldview and thus leadership style of the person.<sup>16</sup> Particularly in the case of transformational leadership, where one’s own charisma and personal characteristics are involved, the changing life experiences of a leader will certainly come into play.

Learning to identify and use these principles requires training and education. In addition to participation in the Academy’s new online leadership certification program, Burzminski said RDNs should think creatively and seek out opportunities to learn these skills. RDNs can feel isolated in the workplace, particularly if they are the lone nutrition specialist on a team with other health care professionals. But most small business organizations and civic groups provide leadership training programs within the communities they serve. University employees are afforded myriad opportunities, from coursework to campus positions, all of which help RDNs market themselves professionally while learning critical skills.

Today’s dietetics students need to realize that their careers will hinge greatly on quality outcomes and their ability to communicate the value they bring to an organization, says Burzminski. Leadership training can assist in that ability.

## LEADERSHIP IN THE FIELD

Opportunities to develop leadership skills are abundant in the field and span the practice of dietetics. Whether working in the private sector, public, or in a consultative capacity bridging the two, RDNs are leading the nation’s efforts toward wellness and prevention in areas as diverse as long-term care, sports nutrition, and weight management.

Onaney Borromeo, RDN, LDN, says she has found numerous opportunities to develop such skills within the Academy. A nutrition support

## Academy of Nutrition and Dietetics Resources on Leadership

The Academy of Nutrition and Dietetics has launched a new, online leadership certification program that can serve as Continuing Professional Education Units. Information about the free Level 1 Leadership Program presented by Academy Partners. It can be found on the Health Professionals page at <http://www.eatright.org/cpd/online/>.

The New Level 2 Leadership Program, offered by the Academy’s Center for Professional Development as part of its new online certificate program, was introduced in March of 2014. The program includes Module 1—Emotional Intelligence: The Chemistry of Leadership; Module 2—Coaching and E-Mentoring: Advancing Your Core Leadership Skills; Module 3—Blurred Lines, Clear Head: Ethics and Leadership; and Module 4—Crucial Conversation Success.

For more information, visit [www.eatright.org](http://www.eatright.org).

dietitian working in the private sector, Borromeo’s past experience includes leadership roles within Florida’s state and local affiliates, as past vice-chair of the Student Advisory Committee, and as a current member of the Member Value Committee for the Academy.

“I was fortunate to participate in the last Leadership Institute training in 2011. It was truly a unique and amazing experience,” she said.

Borromeo said that, to her, being a leader is about engaging people and motivating them to work toward a common goal. Positive leadership is more about inspiration than simple direction. Direction comes once trust in leadership is earned and those involved begin to believe in the bigger purpose. “In our profession, we lead people toward positive, healthy change. We do so by educating, empowering, and role modeling,” she said.

Participating in leadership development programs helps to strengthen skills in those born with natural instincts, and according to Borromeo, even those without an inherent proclivity for leadership can develop strong methods to engage people. In addition to leadership techniques, participation in such programs strengthens professional skills such as public speaking, networking, and social interaction.

“The Academy offers countless ways for RDNs to develop leadership skills. There is an opportunity for just about any interest in the field for people to choose from. [RDNs] can become involved with their local state affiliate associations and volunteer on committees that interest them. They can volunteer at the national level and get a feel for the process from a wider perspective. There are webinars, books, articles, and conferences available that can be of benefit to those wanting to gain leadership skills,” Borromeo said.

Across the country, RDNs in every practice category are leading their patients along the path to better health through nutrition. In some cases, including those involving the practice of community health, that path might be lined with vegetables and fruits, as was reported to be the case in Pittsburgh, PA, where more than 60 community gardens are maintained as part of Grow Pittsburgh.<sup>17</sup> Judith Dodd, MS, RD, LDN, FAND, an associate professor at the University of Pittsburgh, advises patients to take up gardening as a form of complementary exercise.<sup>17</sup> The American Community Garden Association estimates that more than 18,000 community gardens operate in the United States and Canada, giving RDNs an opportunity for leadership positions within those organizations, as well as locations for research, practice, and innovation.<sup>18</sup>

RDNs practicing in the field of school nutrition might consider the US Department of Agriculture’s Farm to School Program webinar series launched in January 2013.<sup>19</sup> Topics range from locating producers to procurement basics, as well as the fundamentals of forward contracting. The US Department of Agriculture states that approximately 43% of public school districts report having a farm to school program in place,<sup>19</sup> meaning opportunity exists for RDNs to take a leadership role in introducing such a program to new schools.

Obtaining grant funding for a new project is a great opportunity to take on a leadership role. RDNs in the field of renal nutrition might consider grant funding announcements issued by the National Institute of Diabetes and Digestive and Kidney Diseases, which include Small Business Innovation Research grants for qualifying projects.<sup>20</sup> Potential collaborators on a

joint project of interest might include RDNs from the Dietitians in Business and Communications or Nutrition Entrepreneurs dietetic practice groups (DPGs); also, perhaps, the Food and Culinary Dietitians DPG if nutrition experts from these groups devise a plan to introduce improved nutrition into the foodstream offered in restaurants. Once again, issues of nutrition topped the list of the National Restaurant Association's annual "Hot Trends Survey."<sup>21</sup> Interest in healthy eating is being recognized as a driver in consumer choice of restaurants, and opportunities to lead the way through education are noted.<sup>21</sup>

### THE DIFFERENCE A LEADER MAKES

The value of good leadership is recognized in every field of endeavor, and the manner in which one leads has proven to be a significant dynamic.<sup>2,3</sup> Surveys taken in professions from American nursing to Asian business executives indicate that individuals using a transformational leadership style receive different results compared with those using a transactional style.<sup>2,3</sup> But leadership studies represent an evolving field in their own right, meaning dietetics practitioners can make their own mark by learning more about how to lead.

Communication is essential to the learning and development of leadership skills, particularly in terms of guiding others toward realization of a shared vision. RDNs should place themselves in a position to receive quality communication on the topic, through reading or instructional programs, and in turn, help pass that along to colleagues. Visionary leadership behaviors are crucial, as they inspire excitement in others about the leader's goal.<sup>15</sup> "Ways to enhance the implementation of leadership behaviors could be to strengthen the role of communication in management practice and to develop undergraduate and continuing education programs that provide training in communication skills."<sup>15</sup>

Ultimately, leaders can only lead when followers are willing to follow and, in that sense, leaders must provide something in return for their position. The symbiotic nature of that relationship conjures yet another term "servant leadership." Coined in 1970 in the Robert Greenleaf essay, "The Servant as Leader," servant leadership manifests itself in the care taken by a servant as they elevate the needs of others above their own.<sup>22</sup> Past Academy president Judith C. Rodriguez, PhD, RDN, LDN, FADA, observed that the concept of the leader as servant is an important one to the dietetics profession:

"Isn't dietetics a serving profession? Aren't we committed to helping people become healthier through foods? But implicit in that commitment is an underlying goal: Helping people be wiser about their choices so they can grow to be more active in their own care."<sup>22</sup>

Inspiring and guiding others toward building and achieving that shared vision of optimized health through food is the act of a nutrition leader, and the ability to do so can be strengthened through learning to lead.

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