FIELD-WIDE LEADERSHIP

INSIGHTS FROM

Five Fields of Practice

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Learning by Looking Beyond Ourselves

Introduction

In *Ready or Not: Leadership Choices in Early Care and Education (Ready or Not),* Valora Washington and I confronted the early care and education (ECE) field with a question: "What defines and bounds early care and education as a field?" Identifying resolution of this paramount, field-defining question as an adaptive challenge,[1] our call for action was branded a leadership manifesto.[2] We went on to state that, "…because of the nature of adaptive work, we will not be able to rely on the wisdom of a few leaders from the field. Resolving the field's adaptive challenges, especially in the context of new realities, necessitates moving beyond reliance on individual leaders and toward creation of a field-wide community of diverse leaders."[3]

This conclusion led me to wonder whether and how other fields of practice exercise leadership related to issues that are of field-wide importance and necessitate a broad swath of the community to resolve. This interest emerged, in part, from realizing that there are no clear auspices for orchestrating field-wide leadership on behalf of the early care and education field—a reality that Valora and I had to acknowledge when proposing next steps in the final chapter of *Ready or Not.*

Others seem to share this conclusion. I queried numerous colleagues about who they would propose to carry forward the adaptive work outlined in *Ready or Not.* Typically, after an extended pause and sometimes a verbal walk-through of the field's prominent organizations, the answer was, "That's an interesting question. I don't know."

So, first and foremost, this study sought to answer the question of whether other fields of practice can provide examples of leadership being exercised on behalf of issues of field-wide import and, if so, how this leadership is exercised. Before the start of this study, I did not know if an affirmative answer existed for this question. Was the early care and education field typical in its seeming lack of a leadership infrastructure for addressing issues of field-wide import?

This investigation revealed that my question regarding the presence of field-wide leadership can be answered in the affirmative. The absence of a field-wide leadership infrastructure marks ECE as different from the five fields of practice that are the subject of this study.

As fascinating as this finding was, even more compelling is the catalyst it offers for thinking more deeply about ECE as a field of practice. For example, why does the ECE field seemingly lack a field-wide leadership infrastructure? How important is field-wide leadership at this pivotal moment in the ECE field's growth? Why, after a history spanning from the early 1900s, has ECE not developed field-wide leadership capacity—in contrast to nursing and social work, both of which are part of this study and have similar long-term histories?

This study, however, does not address these provocative questions. Instead, *Field-Wide Leadership: Insights from Five Fields of Practice* documents the presence and significance of field-wide leadership as a construct and presents lessons learned in the process. It lets the descriptions of field-wide leadership illuminate this issue and stimulate these and other challenging questions.

These "provocations" will not be ignored, though. They will be explored further in a forthcoming publication from Teachers College Press, *Leading for the Future of Early Care and Education* (working title). In it, I grapple with the ECE field's relative inattention to leadership and argue for the need to rethink this historical orientation if ECE is to become more effective as an organized field of practice.[4] *Field-Wide Leadership: Insights from Five Fields of Practice* was developed as part of the research for the aforementioned book, and its findings affirm that the issue of field-wide leadership needs to be considered as part of the field's leadership challenges.

Definitions

The type of leadership targeted for this study is directed internally to the field of practice in question. I have identified four characteristics that exemplify the practice of *field-wide leadership,* a term—to my knowledge—being coined and defined for the first time. Field-wide leadership is:

- Inwardly focused on the field's need to change
- Directed toward transforming the discipline as a field of practice
- Focused on moving the overall field forward as a more viable, coherent, accountable, and respected field of practice
- Usually systemic and adaptive in nature.

The terms *field* and *field of practice* are used extensively. These generic terms encompass both professional and industrial practices. They also characterize a field of practice, like ECE, that does not fall easily under either category. (Although it frequently self-identifies as a profession, ECE has few of the characteristics widely associated with formal recognition as a profession.)

I relied on Margaret Wheatley's work on leadership and her definition of a *field*—an invisible world filled with mediums of connections: an invisible structure that connects.[5] A field's work is about collective—versus individual—action and responsibility, which is not a strong attribute of ECE[6] yet is a crucial feature of field-wide leadership. The term *field of practice* makes clear that the field of interest revolves around performance.

Finally, the findings from this study suggest that field-wide leadership revolves around *adaptive work* and requires *adaptive leadership.* Adaptive leadership refers to the activity of mobilizing people to engage in adaptive work, which is work that requires people to identify what to conserve and to make difficult choices about what to discard as part of accommodating changing circumstances and renewing the capacity to thrive.[7]

A Brief Overview of the Study

Field-Wide Leadership: Insights from Five Fields of Practice describes field-wide leadership being exercised by five fields of practice (listed alphabetically):

- Financial Planning
- Nursing
- Opportunity Finance
- Quality Management
- Social Work.

This study was initiated for two purposes:

1. To answer the question about whether other fields of practice exercise field-wide leadership
2. To inform questions about why the ECE field has not developed capacity to systematically engage in field-wide work to lead on its own behalf.

It focused on two questions:

1. Is field-wide leadership exercised by other fields?
2. If so, how? How do other fields address issues having significance and consequence for their fields of practice overall?

Based on extensive interviews and document review, this study verified the presence of field-wide leadership in five diverse fields of practice. Based on widespread interest generated among those I interviewed and with whom I have discussed this study, it seems likely that the topic of field-wide leadership will generate broad interest. Because

it lacks detailed descriptions and analysis of the field-wide leadership exercised within each of the five fields studied, however, *Field-Wide Leadership: Insights from Five Fields of Practice* should be viewed as a first entry into the question of field-wide leadership.

The five fields of practice are introduced and their selection described in the next section. This is followed by an overview of the five fields and examples of field-wide leadership associated with each. The study's methodology can be found in Appendix A.

Field-Wide Change As Adaptive Work

An operational assumption for this study was that leadership can be an important lever for influencing change. Obvious after the fact, the field-wide leadership exercised within all five fields—financial planning, nursing, opportunity finance, quality management, and social work—primarily revolved around adaptive challenges of field-wide magnitude. Motivated by changing circumstances and/or gaps between the field's current status and visions for its performance, leadership action to confront and resolve field-wide issues occurred to bring each field closer to the aspirations held for its work.

As defined and described by Ron Heifetz and his colleagues, a distinction exists between *adaptive challenges* and *technical problems.* Although few issues can be characterized as solely technical or adaptive, technical problems, regardless of their complexity, rely primarily on the application of existing knowledge and expertise for resolution. The availability of accepted answers to a problem makes it possible to focus attention on finding and applying known solutions.

In contrast, adaptive challenges lack pre-existing solutions and emerge because of changing circumstances/realities. Those attempting to resolve the challenge must engage in the collective and often painful, value-laden work of developing acceptable solutions and making the required adaptations—individually and collectively—that resolution requires.[8] It logically follows that adaptive work is characterized by a learning process through which people in a system achieve successful adaptation. Adaptive leadership is defined as the activity of mobilizing others to engage in adaptive work.[9]

As the following examples make evident, issues of field-wide import go beyond implementation challenges focused on taking technical know-how to scale. Consistent with the nature of adaptive work, issues of field-wide import tend to lack pre-existing answers. They require those who have a stake in the issue to confront conflicting values and work through differences that can result in solutions that "are better adapted to the politics, culture, and history of their situation."[10] In light of the finding that field-wide leadership tends to revolve around adaptive challenges—and drawing from the work of Ron Heifetz and his colleagues[11]—the *exercise of field-wide leadership* can be defined as the activity of mobilizing others to engage in adaptive work on behalf of issues of field-wide import.

Another important distinction can be drawn from the work of Heifetz and his colleagues[12]—the differentiation between *authority* and *leadership.* Authority is the formal or informal power within a system, entrusted by one part to another, in exchange for a service. In this context, doing one's job well—even really well—is not defined as leadership; it's described as fulfilling the expectations associated with one's position and assigned responsibilities. The primary function or expectation for those in positions of authority, according to Heifetz, Grashow, and Linsky, is to provide direction, protection, and order. In contrast, adaptive leadership often involves challenging authority and requires mobilizing people to confront adaptive challenges and engage in the often uncomfortable process of learning, choosing, and changing in order to become more successful in a new environment.

While not trying to underestimate the importance of authority, Heifetz and his colleagues contend that, "People have long confused the notion of leadership with authority, power, and influence. We find it extremely useful to see leadership as a practice, as an activity that some people do some of the time. We view leadership as a verb, not a job."[13]

The majority of individuals interviewed for this study work in senior positions of authority. It would be easy to infer that their authority—and the power and influence that comes with it—explains the examples of successful, field-wide leadership presented later in this paper. Disentangling the use of authority from the exercise of leadership, even when "the activity of leadership" comes from someone in a position of authority, makes it possible to recognize that access to the tools typically associated with leadership—position, authority, power, and influence—can be used to maintain the status quo as well as to effect needed change.

Leading on Behalf of Field-Wide Change: Five Fields of Practice

To learn whether and how other fields of practice exercised leadership on behalf of issues of field-wide import, five fields were investigated (listed in alphabetical order): 1) Financial Planning, 2) Nursing, 3) Opportunity Finance, 4) Quality Management, and 5) Social Work.

These five fields offer a range of insights into the exercise of leadership on behalf of defining issues of field-wide import. Collectively, they present a spectrum of field-wide issues, differences in size and organizational relationships, and diverse histories—both in longevity and in trying to create cohesive fields of practice through the exercise of field-wide leadership. All five of these fields are engaged with issues of field-wide import, making them appropriate tutors on how field-wide leadership can be exercised.

The rationale for selecting the professions of nursing and social work is most easily anticipated. Similar to ECE, both are female-dominated fields of practice, both are identified as "helping" professions, both have struggled with having their work recognized and respected, and both are complex, multifaceted fields of practice. Further, ECE's early history is intertwined with that of social work, the antecedents of which continue to influence the field's occupational and advocacy interests. Additionally, almost since its inception, nursing has grappled with an issue of interest to the ECE field—the level of preparation that should be required to be formally recognized as a nurse—and offers interesting insights in this regard.[14]

The fields of financial planning and quality management came to my attention while weighing which other fields to study. The addition of financial planning to the group brought a field that has spent the past 40 years delineating its role and purpose and structuring itself according to criteria associated with public recognition as a profession.

The quality management field shares ECE's commitment to quality. The industry strives to embed the use of quality principles across diverse sectors. It is associated with a range of practice settings—including education—and expresses interest in adding early care and education to its stable. The industry's most prominent organization, the American Society for Quality, is a membership/trade association and includes elements—such as certification processes—that typically are associated with professional organizations, but its membership is open to all who are interested in advancing the importance of quality. Similar to opportunity finance—and unlike financial planning, nursing, and social work, the quality management industry is not occupation specific. It bands together around a commitment to quality—a construct that lacks boundaries—rather than around an allegiance to criteria associated with membership in a particular profession.

Opportunity finance—often referred to as *community development finance*—was selected because of the industry's reputation for coming together to resolve issues that hinder effectiveness and for seizing new opportunities despite its complex context and diversity. Including opportunity finance added an industry with a particular concern for low-income individuals and communities—a social-justice concern shared by many affiliated with ECE. More pertinent to this study, however, is the industry's attempt to redefine its purpose in light of changing social and economic circumstances and to become more systemic and outcome oriented.

Some colleagues expressed surprise at the absence of medicine/physicians, law, and the K–12 education system. Physicians and lawyers were omitted for two reasons. First, this investigation is about leadership, not professional or societal status, which was the motivational interest of many who asked this question (although such issues can be a focus of leadership efforts). The inclusion of physicians and lawyers would have made it easier to confound status with leadership. Second, the high status and remuneration afforded these two professions make it easier to dismiss findings by those quick to assert that, since these professions are too unlike ECE, they can offer few useful lessons.

The K–12 education system was excluded because its selection would make it easier to confound upward mobility for teachers (i.e., from teacher to principal to superintendent) with field-wide leadership. K–12 education also could be a distraction because of the resistance by many in ECE to embracing the K–12 education system, especially in light of the current debate regarding the validity of four-year degrees for teachers working with children prior to kindergarten.

None of these five fields are without internal acrimony and pressures. None of the organizations exercising field-wide leadership indicated that they have fully accomplished all they wish to achieve. All are in the midst of field-wide change efforts whose endings remain unknown. Yet, it also must be said that their stories offer inspiring examples of leadership and change.

We now turn to these fields and their examples of field-wide leadership.❖

Exercising Leadership on Behalf of Issues of Field-Wide Import

Five fields of practice were studied to answer the question of whether field-wide leadership exists and, if so, how this leadership is exercised and developed. The sections that follow present an overview and examples from each of these five fields of practice in the following order:

- Nursing
- Social Work
- Financial Planning
- Opportunity Finance
- Quality Management

Each overview is followed by a discussion of field-wide issues that have been and/or presently are being tackled. These descriptions document that field-wide leadership is widely practiced and serve as the basis for the findings presented in the What Was Learned section.

These synopses describe the impetus for and responses to tackling issues of field-wide import. They are structured by my focus on field-wide leadership. As summaries, they are not intended to be all encompassing. By necessity, they provide a brief snapshot of these complex fields of practice and their leadership issues.

Each of these five fields is made up of multiple organizations—in the case of nursing, over 100 of them. In turn, each of the five fields sees its work as embedded in a larger context—health care, social welfare, and financial services. These contexts often create momentum for a field's new realities as well as offer a source for allied organizations when tackling issues of broader interest.

Factual information, unless otherwise specified, was gathered from interviews and is not attributed in order to improve the document's readability. Interviewees received draft versions of "their" sections so any errors of fact could be corrected. They gratefully are credited in the Acknowledgements section.❖

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Nursing

Overview of Nursing

Nursing is perhaps the most complex of the fields studied in terms of its organizational infrastructure, number and range of internal and external stresses, and its own internal drive for change. Represented as the nation's largest health care profession, over 100 national organizations coexist (and maybe even more acronyms!), a large percentage of which are associated with the growing number of nurse specialty organizations. Currently there are at least 80 specialty organizations, some aligned with specialty practice and others with the specialty population being served.

Beyond specialty groups, other national nursing organizations oversee nursing as a profession—administering and managing state licensure, certification systems, and accreditation of preparation programs. For example, the National Council of State Boards of Nursing, established in 1977, is a not-for-profit organization whose membership comprises the boards of nursing in the 50 states, the District of Columbia, and four United States territories. Its purpose is to provide an organization through which boards of nursing confer and act together on matters of common interest and concern affecting public health, safety, and welfare, including the development of licensing examinations in nursing.[15] Two entities—the National League of Nursing Accrediting Commission, an autonomous arm of the National League for Nursing (NLN), and the Commission on Collegiate Nursing Education, an autonomous arm of the American Association of Colleges of Nursing (AACN)—accredit nursing education programs, and most nursing specialties have certification as well as membership associations.

Additionally, nursing is the only field studied that includes an organization with the mission of supporting and extending the field's leadership capacity—the American Organization of Nurse Executives (AONE), a subsidiary of the American Hospital Association. Initially an organization focused solely on nurse executives in hospital settings, it has expanded its purview to include all nurses who wish to engage as nurse leaders, a goal articulated in its strategic plan and vision, "Shaping the future of health care through innovative nursing leadership."[16]

Perhaps best known among the profession's organizations is the American Nurses Association (ANA). It was established in 1896 to promote the professional and educational advancement of nurses and to present an effective, united front on issues affecting nursing and the general welfare of nurses. To read the history of ANA from its inception is to journey through America's wars—a repeated impetus for organizing and improving the provision of nursing care (think Florence Nightingale and the Crimean War)—and through nursing's internal skirmishes as the profession sought to organize itself.[17] Hence the telling title of ANA's history: *One Strong Voice.* "To advance we must unite," Edith Draper proclaimed in 1893. After the association's establishment in 1896, its second president declared, "The establishment of the American Nurses Association brought nurses to where they were ready to work for the good of not the individual nurse or individual school of nursing, but the whole profession."[18]

As a result of extensive and protracted internal negotiations with seven other nursing organizations that extended over more than 20 years,[19] ANA became the acknowledged spokesperson for the nursing profession in the mid-1960s. A membership-driven organization, ANA currently describes itself as the only full-service professional organization representing the interests of the nation's 2.9 million registered nurses through its 51 constituent member associations. Structured as a labor organization (from the vantage point of the U.S. Department of Labor), the ANA is not a union nor does it not engage in collective bargaining; yet the right of its members to participate in collective bargaining is a cornerstone principle. Approximately 21 percent of hospital nurses are unionized, and concern that ANA is not adequately serving front-line nursing staff has recently led to disaffiliation and creation of new state-level nursing associations in three states, and possibly three others.

Nurses increasingly are members of specialty organizations. About six percent of the nation's practicing nurses belong to ANA, and some organizations challenge ANA's self-representation as the voice for the overall nursing profession. With the growth of nurse specializations and organizations to represent them, the profession's historical thrust of unifying through a single organization has diminished.

The executives and presidents of four of the profession's overarching nursing organizations—ANA, AONE, AACN, and NLN—participate on what is known as the TriCouncil (the name is a misnomer but has never been changed) and meet regularly in search of issues of common interest. They have experienced limited success because, as expressed by one participating member, "We're so far apart on issues, it's hard to find commonality." Additionally, some specialty organizations with larger memberships than some of those represented on the Tri-Council question the authority of this informal group in terms of providing "leadership from the top."[20]

Many of these specialty organizations were part of ANA originally; they split off to gain greater independence and influence and, some suggest, to more closely model the medical profession. Currently, about 15 to 20 percent of these specialty organizations associate with ANA as affiliate organizations. As a result of these shifting relationships, the ANA now represents itself as the umbrella organization for nursing and sees its field-wide leadership role as bringing attention to emergent (e.g., elevating conversation about the importance of quality in the mid-1990s prior to quality becoming a mainstream issue for the profession) and core issues (e.g., facilitating creation of a single Code of Ethics for the entire profession), and serving as the field-wide convener on systemic issues that impact nurses or nursing, regardless of role, setting, or specialty.

Consequently, in nursing, leadership on behalf of field-wide issues often is more aptly described as leadership on behalf of constituency-wide issues, with centers of leadership revolving around specialty constituency interests. According to the organizational executives interviewed, informal understanding exists regarding whose role it is to serve as convener on behalf of a particular issue based on whose constituency has a majority interest or stake.

Nursing is defined as the "protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, communities, and populations." Professional nursing includes six essential features:

- Provision of a caring relationship that facilitates health and healing
- Attention to the range of human experiences and responses to health and illness within the physical and social environments
- Integration of objective data with knowledge gained from an appreciation of the patient or group's subjective experience
- Application of scientific knowledge to the processes of diagnosis and treatment through the use of judgment and critical thinking
- Advancement of professional nursing knowledge through scholarly inquiry

- Influence on social and public policy to promote social justice.[21]

Recognition as a nurse—and permission to practice within the legal scope of nursing—requires a license. Licensing as a registered nurse (RN) is acquired by successfully passing a national exam administered by the National Council of State Boards of Nursing. Authority to sit for the exam is granted by the state's board of nursing (though its name can vary by state). Similarly, practical nurses (LPNs)—sometimes called vocational nurses (LVNs)—complete one year of training and are required to be licensed. (LPNs/LVNs are not represented by a national organization.) LPNs/LVNs work under the direction of an RN—in hospitals, nursing homes, and home care—or a physician—in office practices. The requirement for direct supervision places LPNs/LVNs in a category that is labeled *dependent practitioner.*

> "We can't continue to allow nursing shortages to hinder progress and undermine the profession. ANA has taken a leadership position on [the BSN], and it is important to our survival as a profession. We have to create the will to achieve this because it is right for the patient and for the profession."
>
> **Mary Jean Schumann**
> Chief Program Officer, ANA

As acknowledged by everyone interviewed about nursing, one of the profession's biggest stumbling blocks is the presence of three pathways to licensure as an RN: 1) the diploma, a hospital-based training program that has receded in availability since the 1970s with the introduction of the associate degree in nursing; 2) the associate degree in nursing (ADN), by far the most common route to the RN; and 3) the bachelor of science in nursing (BSN). Successful completion of any one of these three options grants graduates access to the licensing exam and, if the exam is passed, status as an RN. Consequently, licensure defines membership in the nursing profession—versus education level.

Limited distinction exists in responsibility or compensation for RNs with basic preparation, regardless of the pathway to licensure—RN roles and responsibilities are not tied to academic preparation. This fact, plus the contention of many that the increasing complexity of nursing care requires knowledge that extends beyond technical nursing skills provided at the diploma and associate degree level, is generating increased desire to delineate the BSN as the pathway to licensure and status as an RN.

The ANA took a stance in this regard in 1965. It reaffirmed this stance again in 1980.[22] As expressed by ANA's chief program officer, Mary Jean Schumann, "We can't continue to allow nursing shortages to hinder progress and undermine the profession. ANA has taken a leadership position on this, and it is important to our survival as a profession. We have to create the will to achieve this because it is right for the patient and for the profession."

Toward this end, the ANA took the position in 2008 that nurses entering the profession with less than a BSN would have up to ten years to achieve the four-year degree. (The BSN, however, can sometimes take more than four years to complete.) Since licensure requirements are established at the state level, advancing this position requires state-level action. Two of ANA's constituent member associations—New Jersey and New York—have succeeding in having legislation introduced to this effect. At least two other states are laying groundwork in this regard. Derived from the requirement in some states for public school teachers to achieve an advanced degree within an established time frame (e.g., New York), the ANA adopted this tactic as a win-win approach; it embraces nurses with diplomas and associate degrees while also acknowledging the current nursing shortage. The move's timing is augmented by the recent availability of research documenting linkages between nursing education and patient outcomes,[23] as well as the trend internationally to require BSNs of nurses.

The issue of nurses' formal preparation and education level is long-standing. As expressed by one interviewee, "We've allowed the education issue to paralyze us.…We can't articulate what nurses (RNs) do and the difference in their work at different levels of educational preparation." According to another interviewee, "This (the minimal formal qualifications needed by nurses) has been a discussion topic for as long as I've been a nurse. Frankly, I am getting weary of the debate. It has really befuddled many of us as to why it is such a difficult nut to crack."

Only now, the ante in this regard has risen and extends to preparation issues beyond licensure as an RN. A range of challenging issues is disturbing the delivery and practice of nursing: the dramatic expansion of health care knowledge; the growing role and use of technology in health care generally and in nursing practice specifically; shifting relationships and responsibilities within hospitals; the prevalence of nursing care in settings other than hospitals;

and the increasing complexity of health care and its delivery system—not to mention the hot-button topic of health care reform, including the system's financing.

Leadership on Behalf of Issues of Field-Wide Import

Advancing the BSN as the foundational degree for licensure as an RN is a long-standing and contentious topic. More recently, the creation of new roles and responsibilities linked with graduate degrees at the masters and doctoral levels has been a catalyst for field-wide tension. After more than four years of dedicated, cross-constituency attention, one of these issues—the regulation (licensure, accreditation, certification, and education) of the Advanced Practice Registered Nurse (APRN)—appears to have been resolved. The outcome of the second issue—field-wide support for the newly created role of Clinical Nurse Leader (CNL) and a newly developed clinical degree at the doctoral level, the Doctor of Nursing Practice (DNP)—still is unknown.

Overlaying both of these issues is "nursing's ongoing struggle for professional status,"[24] a struggle intensified by the increasing use of inter-professional teams in health care settings and nursing's desire for its expertise (in terms of responsibility and authority) to be recognized as comparable to that of other team members such as pharmacists, psychologists, therapists, and physicians. Beyond issues of inter-professional respect and status, many also believe that higher levels of nursing expertise are critical to patients' well-being, an opinion bolstered by Institute of Medicine reports documenting unsafe conditions in health care settings. Most frequently cited is the finding that preventable medical errors are the eighth leading cause of deaths, from *To Err is Human: Building a Safer Health System*.[25] Additionally, there is the belief that advanced nursing practice—the RN designation recognizes basic versus advanced practice—can play an important role in expanding access to health care and facilitating health care reform.[26]

Specialization and Credentials in Nursing

"Twice in the last dozen years," according to Schumann, "a critically divisive issue has caused heated debate in the advanced practice registered nurse community. The issue—what level of nursing practice fits the education and credentials of the individual nurse?"[27]

There are four advanced practice nursing roles: certified registered nurse anesthetist, certified nurse midwife, clinical nurse specialists, and certified nurse practitioner. Numerous specialties and sub-specialties exist within these advanced practice roles. While education, accreditation, and certification are under the purview of the profession, licensing boards—governed by state regulations and statutes—are the decision makers regarding who will be recognized to practice in a given state.[28] Consequently, efforts to effect change in the career options available to nurses beyond the RN—and the pathways to get there—ultimately depend upon consensus among nursing's numerous professional and specialty organizations and state licensing boards—necessitating transcendence of constituency-based leadership.

Specializations in nursing emerged in the 1980s, in part as a result of introducing the BSN curricula. Over the past two decades, specialties at the advanced practice level—masters degree and beyond—have proliferated. The lack of a mutually agreed upon framework fostered numerous problems: the development of diverse and unequal definitions, programs, and curricula at the advanced practice level led to uneven levels of educational preparation and practice; different definitions by state licensing boards of individual specialties blocked nurses' ability to practice in different states from the one that accorded them their license; and problems emerged with billing for third-party reimbursements.

"The lack of a unifying model has brought us to the brink of chaos," decried a former ANA president. Proclaimed Gretta Styles, one of the nursing profession's prominent conceptual leaders, "We must reach agreement on these fundamental questions, or the whole system may collapse. As a profession, we must accept responsibility for the problems and accountability for the solutions. These are matters for us to settle internally. Our decisions will prevail in the external environment if we present them in unity and with clarity and reason."[29]

The four-year process to resolve this field-wide issue began in June 2004 when AACN initiated an in-depth examination of the issues.[30] This was followed by a meeting of advanced practice stakeholders in December 2004 jointly sponsored by ANA and AACN. The meeting began with the charge to find agreement on the process by which specialty and sub-specialty practice at the advanced practice level would be defined, facilitated by existing conceptual work on specialty practice.[31] The meeting's intent was to begin the process of finding a model that would allow the work to proceed.[32] These meetings led to the creation of the APRN Consensus Work Group.

Separately, an APRN Advisory Committee convened by the National Council of State Boards of Nursing was deliberating the same issues. A draft document issued by the APRN Advisory Committee revealed a very different vision for the future than the one emerging from the APRN Consensus Work Group. This divergence led these two, national, multi-organization groups to a two-year, dialogue-intense, iterative, national, consensus-building process to create a single document and set of recommendations. Representatives of each group participated in what was called the APRN Joint Dialogue Group.

In April 2008, based on the deliberations of the APRN Joint Dialogue Group, ANA and AACN convened another national meeting of APRN stakeholders to forge consensus on APRN regulation. In July 2008, agreement was reached on a model for APRN regulation (licensure, accreditation, certification, and education). At its annual delegate assembly in August 2008, the National Council of State Boards of Nursing unanimously passed model rules needed to put the consensus model in place.

Two decades after the issue emerged, a field-wide response was successfully constructed. As of January 2009, 40 organizations have endorsed the agreement.[33] The challenging task of working through each state to get nurse practice acts to come into conformance over the next five years has begun. While some of the required changes reside in rules and regulations, many will require legislative action. In the meantime, the profession's accreditation and certification bodies have moved forward in advancing the changes needed to accommodate the consensus decision.

> "The lack of a unifying model has brought us to the brink of chaos.…We must reach agreement on these fundamental questions or the whole system may collapse. As a profession, we must accept responsibility for the problems and accountability for the solutions. These are matters for us to settle internally. Our decisions will prevail in the external environment if we present them in unity and with clarity and reason."
>
> **Gretta Styles**
> former President, ANA

Advancing the Profession by Creating a New Role and Graduate Degree

Established in 1969, the American Association of Colleges of Nursing (AACN) was created to answer the need for an organization exclusively dedicated to furthering nursing education in America's universities and four-year colleges.[34] Credited by an interviewee as one of the profession's most innovative nursing organizations, AACN is helping lead the effort to make the BSN degree the nursing profession's foundational educational requirement, action aligned with their mission to promote public support of baccalaureate and graduate education, research, and practice in nursing.[35]

AACN also is promoting acceptance of the new Clinical Nurse Leader (CNL) role for nurses and the new Doctor of Nursing Practice (DNP) academic degree, both of which elevate the importance of the BSN as a platform for career growth. These proactive actions coincide with the association's vision for the profession, "By 2020, highly educated and diverse nursing professionals will lead the delivery of quality health care and the generation of new knowledge to improve health and delivery of care services."[36]

The Board's decision to move forward in this way was informed by extensive outreach to nurses in academia and administrative nurses. It provides an example of constituency-based leadership that is driving an issue of field-wide import—the advanced preparation of nurses and the leadership role of nurses in the health care delivery system. Although moving these two initiatives *on behalf* of the nursing profession, AACN is leading the mobilization effort of its constituency and others, offering a contrast to the collective, peer-structured, consensus-building process epitomized by the profession's creation of a unified regulatory system—education, certification, accreditation, licensure—for advanced practice nurses.

The distinction regarding ownership is made explicit by the introduction to the CNL designation: "The Clinical Nurse Leader is an emerging nursing role developed by the American Association of Colleges of Nursing (AACN) in collaboration with an array of leaders from the practice environment."[37] While collaboratively informed, decisions regarding the CNL and DNP are not being collaboratively decided. Decision-making authority regarding the CNL and DNP, including their focus, content—and, for the CNL, credentialing requirements—resides with AACN and its Board. From the vantage point of ACCN's senior leadership and Board, this step and the willingness to assume the associated risk are part of their responsibility as a leadership organization.

Doctor of Nursing Practice (DNP)

Development of the DNP degree built on efforts surrounding the development of nurses as advanced practitioners or APRNs. Member schools affiliated with AACN voted to endorse a position statement on the Practice Doctorate in Nursing in October 2004. This decision called for moving the preparation necessary for advanced practice from the masters to doctoral level by 2015. The decision was preceded by almost three years of research and consensus building by an AACN task force charged with examining the need for the practice doctorate.[38] Its acceptance and probability of success has been enhanced by three factors. First was the fact that educational requirements associated with earning a designation as an APRN approach those required by a doctoral degree. For many, therefore, the DNP acknowledges the level of effort presently recognized by a masters degree. Second, AACN's members are deans of nursing who are well positioned institutionally to effect the necessary changes. Third, the new degree mirrors the trend in other health professions to elevate the formal preparation required by its practitioners. For these reasons, the DNP seemed to be generally accepted by those interviewed, even though implementation issues remain. As projected by one interviewee, "It's likely to endure."

By requiring a DNP for advanced practice, the nursing profession is moving in the direction of other health professions, including medicine (MD), dentistry (DDS), pharmacy (PharmD), psychology (PsyD), physical therapy (DPT), and audiology (AudD). As of April 2009, 92 DNP programs were enrolling students nationwide and an additional 102 programs were in the planning stage.[39]

From AACN's point of view, the DNP acknowledges the rapid expansion of knowledge underlying nursing practice, the increased complexity of patient care, and growing concerns for the quality of care. During her interview, AACN's Chief Executive Officer and Executive Director, Polly Bednash, recalled an Ad Council Campaign of 19 years ago with the tag line, "If caring were enough, anyone could be a nurse." Underlying this campaign, she explained, was the message that nursing is intellectual work—the practice of nursing requires a strong knowledge base. Further, in light of health care's expanding knowledge base and the delivery system's increasing complexity, such requisite knowledge will continue to grow.

Clinical Nurse Leader (CNL)

A similar concern was presented as the basis for creating the CNL role, a registered term,[40] although it was framed more specifically in terms of growing evidence of inadequate nursing care and the need for nurses to assume a new coordinating role on behalf of patients. AACN's development and promotion of the CNL role—similar to its support of the DNP degree—involved considerable data gathering from a wide array of stakeholders, including consumers, nurse administrators, employers, and higher education. Contrary to the DNP, however, the CNL role has provoked a mixed, often strongly negative, response from others.

The first new nursing role introduced in over 35 years,[41] the CNL designation was created to engage highly skilled clinicians as leaders in outcomes-based practice by providing a distinct group of patients with "lateral integration at the point of care."[42] The CNL is described as an advanced generalist—versus the specialization represented by APRNs—who is capable of navigating complex health care settings, informed by outcomes-based practice and quality-improvement strategies, and tasked with coordination of the multiple health services being delivered at the bedside to patients.[43] The CNL's responsibilities represent a new way of thinking about the practice of nursing.

AACN's decision to try and transform the nursing profession by introducing the DNP degree and especially by creating the CNL role has engendered intra-profession tension.[44] Push back comes from those who question whether the CNL brings added value or instead duplicates the existing role and responsibilities of clinical nurse specialists (one of the APRN roles); staff nurses—versus nurse administrators—who were absent at the front-end of the decision-making process, many of whom view the new role as creating another practice layer; and concerns regarding implications for other unit-based leadership roles in nursing.

Successful integration of the CNL role depends on its acceptance by hospital staff nurses, nurse administrators, systems of care (e.g., the military, several branches of which have expressed interest, and the Veterans Health Administration, which has publicly adopted the CNL role), and large corporate and not-for-profit health care systems. So far, interest from schools of nursing and practice sites is notable. More than 100 education–practice partnerships exist across the county. More than 70 schools of nursing are preparing CNLs in advanced generalist programs offered at the graduate level.[45] In addition, a

new association for CNLs has formed.[46] Still, as expressed by almost all of the individuals interviewed, the future of the CNL role remains to be seen.

According to AACN's chief executive officer and executive director, Polly Bednash, however, AACN sees itself as having a fundamental responsibility, "to help people change and think about the way the world is shifting around them and to be responsive to these shifts." She believes this type of leadership is best exercised by being collaborative and engaging in intense dialogue and debate, being strategic, and then moving ahead of the curve in partnership with others. "We're always pushing forward so the whole bell curve moves—changing the shape of the bell curve—and bringing along those at the tail end of the curve."

Readiness for Engaging in Field-Wide Work

Given the timing overlap in these examples of field-wide leadership, this narrative invites the question of why these three issues instigated different approaches—and responses—to the exercise of field-wide leadership. Specifically, why did it take 20 years for the nursing profession to confront the issue of advanced practice specializations and credentialing? Why is the CNL role generating so much controversy, and why is the DNP apparently heading toward acceptance? By way of conjecture—and over and beyond AACN's apparent tolerance for risk—the explanation may, in part, reside in differences among the issues in terms of the nursing profession's readiness to address them.

When engaging in adaptive work (see earlier description), Heifetz and his colleagues talk about "ripening an issue." *Ripeness* is defined as "the readiness of a dominant coalition of stakeholders to tackle an issue because of a generalized sense of urgency across stakeholder groups."[47] For a range of reasons, many of which are outlined in *Specialization and Credentialing in Nursing Revisited*,[48] a generalized sense of urgency across nursing stakeholder groups took two decades to ripen, its culmination fueled by an erosion of levels of independent practice and accountability in many states due to a tightening health care dollar and managed care; the need for increased access to health care; the growing number of nurses affected by the status quo; and the movement in other health care services toward advanced degrees and credentials. A change model based on consensus—while clearly arduous and difficult (it did take four years!)—was made more feasible by the ripeness of the issue.

Introduction of the CNL role, however, represents a new conceptualization of nursing practice at the unit level developed in response to a perceived gap in services. Rather than responding to a sense of urgency among nursing's stakeholder groups, AACN's action *anticipated* an escalating issue of concern for patients in the context of increasing complexity and rapid change within health care practice. Gauging the response, it could be argued that AACN stepped out in front of the nursing profession's readiness for a new nursing role. A sense of generalized urgency does not exist and, as a result, a commitment to engage in adaptive change is not widely shared among nurses—and thus its advocates still are largely constituency based. In contrast, the DNP seemingly necessitates limited adaptation by the nursing community and, consequently, is being more easily accepted.

This analysis suggests that achieving the results desired from field-wide leadership is highly contextualized and especially dependent on the amount of adaptation required by stakeholders. It took more than two decades for the issue of advanced practice nursing to rise to the level of urgency that birthed the APRN Joint Dialogue Group. Even so, the consensus-building model used to help enact APRN regulation provided support and protection for those involved.

In contrast, the form of field-wide leadership being exercised by AACN in promoting the CNL role is clearly more perilous. In the absence of the CNL role being developed by the profession overall, the sense of ownership was diminished. As articulated by one interviewee, "Who gives authority to someone to act on behalf of the profession?" In the context of change processes, rather than being embraced by the field, this approach calls for the field's accommodation.[49] On the other hand, the risk may be worth the consequences by invoking more opportunity—the chance to proactively configure the profession's future and inform the context in which its work occurs.❖

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Social Work

Overview of Social Work

The social work profession identifies 1898 as its beginning. Its primary work is described as enhancing human well-being and helping meet the basic needs of human beings, from birth to death, especially those who are vulnerable, oppressed, and living in poverty. Based on a set of core values that speak to service, social justice, and respect for the individual, the social work profession "has always intended to be the voice of the voiceless and the impetus for social transformation and individual change."[50] "Heirs to the women's rights-reform spirit of the turn of the century,"[51] social workers collectively represent themselves as society's safety net.[52]

Social workers can be found in a myriad of organizational settings, including schools, hospitals, clinics, nursing homes, shelters, the military, social service agencies, corporations, prisons, and private practice.[53] Their work occurs as direct practice, community organizing, supervision, consultation, administration, advocacy, education, social and political action, policy development and implementation, and research and evaluation. Clients include individuals, families, groups, organizations, and communities.[54] This range makes social work one of the most diversified among modern professions.[55]

The profession boasts approximately 600,000 practicing social workers, and according to the U.S. Department of Labor Bureau of Labor Statistics, social work is expected to be one of the nation's fastest growing professions between now and 2016. All states and other jurisdictions require some form of licensure, but requirements vary by jurisdiction and social work specialty. Approximately 32 different licensing titles coexist and, given this variability, only about 320,000 of the nation's 600,000 social workers are licensed.

Social work distinguishes *licensure* from *professionalism.* Since licensure has as its purpose the protection of the public—versus elevating the social work profession, social work relies on degrees and advanced national certifications to mark a social worker as professional and to increase the quality of individual performance. Only those who have earned social work degrees—at the bachelor's, masters, or doctoral levels—and completed a minimum number of hours in supervised fieldwork are deemed "professional social workers" by the National Association of Social Workers (NASW).[56] Given NASW's position as spokesperson for the profession, this standard is widely accepted.

The profession's formative years as an emerging field were influenced by individual leaders whose accomplishments shaped its development. Referring to the profession's formative history and her chronicle of the lives of 51 elders and exemplars, Elizabeth Wichers DuMez concluded, "The accounts of their lives form a composite picture of social work's development over [its first] seven decades.… The bold beginnings of social work are captured in the recollections of these persons who helped build its foundations and define its myriad fields and roles."[57]

The profession's current and future development is less tied to individuals and more tightly coupled to the work of its associations. Recent advancements are best viewed through the lens of organizational leadership, most specifically NASW, which has gained capacity and influence as the largest membership organization of professional social workers.

As the practice organization of the social work profession,[58] NASW works to enhance the professional growth and development of members, create and maintain professional standards, and advance sound social policies. Since its inception, the organization's focal point has been the development of social work as a profession and of NASW as a professional association.[59]

NASW's representative, decision-making body is the Delegate Assembly, which generally meets every three years. Comprised of 277 elected delegates—all of whom are NASW chapter members, executive directors, or NASW board members, the Delegate Assembly is charged with thinking through issues of the profession and its policy agenda. It provides the mechanism through which NASW members set broad organizational policy, establish program priorities, and develop a collective stance on public and professional issues.[60] This governance structure provides NASW with a vehicle that is both democratic and inclusive when exercising field-wide leadership on behalf of the social work profession and its field-wide issues.

Founded in 1955, NASW was a merger of seven social work organizations representing different practice areas:

- American Association of Social Workers
- American Association of Medical Social Workers
- American Association of Psychiatric Social Workers
- National Association of School Social Workers
- American Association of Group Workers
- Association for the Study of Community Organization
- Social Work Research Group.[61]

Supporters saw the new organization as offering better services to members, providing a united approach to common concerns, and eliminating overlapping efforts. Advocates saw the merger as a sign of the profession's growing maturity.[62] According to NASW's executive director, Elizabeth Clark, the merger represented a decision to ensure the profession's future.[63]

NASW wields an influential position on behalf of the field, in part, because of its current attributes: size—150,000 members, 90 percent of whom have masters degrees; capacity—135 headquarter staff, including five full-time lobbyists, plus 23 lobbyists in the states and staff for chapters funded by NASW; and resources—$18 million budget with assets of $100 million, including those of the NASW Foundation.[64] Unifying the social work profession is central to NASW's purpose and reflects the history of its formation.[65] Its bylaws state that one of NASW's three purposes is to provide "opportunity for the social work profession to work in unity toward maintaining and promoting high standards of practice" and that one of its three responsibilities is to "promote activities appropriate to strengthening and unifying the social work profession as a whole."[66]

As a result of its capacity, the profession's 48 special interest organizations frequently look to NASW when leadership on the field's behalf is required. This shapes NASW's approach to exercising field-wide leadership and its leadership on behalf of the overall field. Some of these 48 organizations represent targeted interests (e.g., Action Network for Social Work Education and Research; the National Association of Deans and Directors); some support the functioning of social work as a profession (e.g., Association of Social Work Boards that represent state licensing boards; the Council on Social Work Education, the sole accrediting agency for social work education; and the American Board of Examiners in Clinical Social Work, which issues an advanced practice credential); and others represent social work practice areas (e.g., the American Association for Psychoanalysis in Clinical Social Work; Association of Oncology Social Work).[67]

Leadership on Behalf of Issues of Field-Wide Import

NASW senior leaders note that the foundation for the profession's leadership is embedded in the profession's values, code of ethics, and core knowledge and skills. This foundation is viewed as integral to members' identities as social workers. "This is when the profession made the leap," explains Becky Corbett, former special assistant to

NASW's executive director and presently the association's chief operating officer, "when leadership became bigger than an individual's interpretation of the field and its core values and so forth.…It's about seeing beyond one's own agency to see the larger issues."

NASW takes a similar view of its role and responsibility as it relates to the overall social work profession. It is sensitive to the influence associated with its organizational assets and equally aware that advancing the profession as a whole necessitates the collaboration of NASW's members as well as members of its sister organizations. As expressed by Clark, "NASW realizes that the strength of social work relies on all of the parts being strong and working together." Following a recent, and now defunct, nine-month exploration to create a "unified profession with one social work organization,"[68] the profession now is shifting its view to think in terms of "one hymnal versus one voice" according to senior NASW leadership.

Although NASW frequently serves as the convener and staff provider for field-wide leadership efforts, it carefully creates structures that enable field-wide leadership to function as a collective endeavor. This approach has fortified its ability to exercise leadership on behalf of the overall profession and is exemplified by the 2005 Social Work Congress and current efforts to secure U.S. Congressional approval of the *Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act,* a centerpiece of the Social Work Reinvestment Initiative.

2005 Social Work Congress

In November 1979, the sixth NASW symposium had as its theme "Social Work Practice: Directions for the 1980s," with the goal of promoting awareness of societal forces that would need to be confronted by the social work profession in the next decade. Based on the premise that decisions made in 1980 would shape the 21st century,[69] the chair of the NASW Commission on the Future of Social Work that preceded the 1979 symposium stated, "If the profession wishes to be proactive rather than reactive, it needs a map, however crude, of where the road it travels goes, and it needs to correct that map whenever explorations reveal the profession's assumptions about explored terrain to be faulty."[70]

With the intent of ensuring an opportunity for professional social workers to shape their future and that of the context in which they work, seven social work organizations—Association of Baccalaureate Social Work Program Directors, Council on Social Work Education, National Association of Deans and Directors of Socials of Social Work, Group for the Advancement of Social Work Research, Association of Oncology Social Work, and NASW—came together in late 2004 to develop a vision statement for the next decade.[71] Then, in March 2005, with the support of additional sponsors, four national social work organizations—NASW, the Association of Baccalaureate Social Work Program Directors, the Council on Social Work Education, and the National Association of Deans and Directors of Schools of Social Work—convened the two-day Social Work Congress of 2005. Bringing together over 400 social work leaders drawn from all areas of practice, the congress had three goals:

- To advance the profession of social work
- To develop a common agenda for the next decade for the social work profession
- To launch an action campaign to transform the social service landscape.[72]

The charge was to forge a unified direction for the profession of social work through the use of two lenses:

- The lens of issues—aging, behavioral health, health and health disparities, and children and families
- The lens of social work education (which refers to pre-service education), research, practice (which refers to the conditions of practice like continuing education, reimbursement), and policy.

The meeting's first goal was to determine what was most crucial to meeting the challenges facing social work in the present, and the second goal was to determine what had to happen for the profession to be successful—without reliance on help from outside sources.[73]

"The course of our profession does not depend on the decisions and actions of others," insisted NASW executive director Elizabeth Clark, "It depends on us. Can we unify the profession, work in concert, speak with one voice, address our shortcomings, and challenge the status quo? Can we make the vision for 2015 a reality?"[74]

Preparations for the 2005 Social Work Congress spanned two years. Identifying attendees was a major component, a process that relied on the profession's social work

According to senior NASW leaders, the social work profession is shifting its view from speaking in terms of "one voice" to singing from "one hymnal."

organizations. In addition to preparing a draft vision statement in advance of the meeting, two special reports were prepared: 1) *A perspective on the future of the social work profession* compiled from a written survey of the over 400 invitees and 2) key findings from the *National Study of Licensed Social Workers: Assuring the sufficiency of a frontline workforce.*

Following the Social Work Congress' identification and adoption of a collective vision and 12 social work imperatives for the next decade, 40 Social Work Congress participants engaged in a structured process to identify and prioritize action steps to move forward with the 12 social work imperatives. After the basic action plan was completed (with a decision to focus initially only on the first five years), it was sent to the convening organizations for comment and input. Once their comments were incorporated, the *Social Work Congress Imperatives Action Plan* was posted on the NASW Web site for further vetting, resulting in an *Action Plan for 2005–2010.*[75]

Subsequently, each convening organization took responsibility for those elements most relevant to its mission and reported back to the convening organizations via periodic reports; NASW assumed responsibility for the plan's ongoing monitoring. NASW's most recent Delegate Assembly began its 2008–2011 goal setting with the *Social Work Congress Imperatives.* While the practice of other convening organizations in this regard is not known, a follow-up Social Work Congress is planned for April 2010, which is the action plan's five-year juncture. For many, the focus has been on passage of the *Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act.*

The Social Work Reinvestment Initiative

First introduced in the 110th United States Congress and re-introduced in early 2009 to the 111th Congress, the *Dorothy I. Height and Whitney M. Young, Jr. Social Work Reinvestment Act* is an outgrowth of the 2005 Social Work Congress. Generated by concern for the social work profession's future stability and viability, the *Social Work Reinvestment Act,* which is the centerpiece of the Social Work Reinvestment Initiative, is designed to address the profession's recruitment and retention issues through the establishment of:

- A Social Work Reinvestment Commission charged with providing a comprehensive analysis of current trends within the academic and professional social work communities and presenting recommendations for ensuring the viability and effectiveness of the profession to the U.S. Congress and the Executive Branch
- Demonstration programs that prioritize activities in three areas: 1) workplace improvements; 2) research, education, and training; and 3) community-based programs of excellence.

> "The course of our profession does not depend on the decision and action of others. It depends on us. Can we unify the profession, work in concert, speak with one voice, address our shortcomings, and challenge the status quo? Can we make the vision for 2015 a reality?"
>
> **Elizabeth Clark**
> Executive Director, NASW

Beyond the Reinvestment Act, the initiative includes 56 state—including Washington, D.C.—and territory plans created by NASW chapters to address issues of recruitment and retention.[76]

NASW spearheaded the Social Work Reinvestment Initiative. It laid the groundwork with two Pioneer Listening Conferences that captured the experiences of social work pioneers involved in early, federal investments in social work during the 1950s, 1960s, and 1970s.[77] The Action Network for Social Work Education and Research (ANSWER) coalition serves as the Social Work Reinvestment Initiative's steering committee. Comprised of seven social work organizations—and staffed by NASW, the ANSWER coalition works to unify and advance the social work profession through legislative, policy, and regulatory work that recognizes the contributing role of social work to the nation's well-being.[78] Staffing responsibilities assumed by NASW represent still another example of the association's efforts to facilitate collaborative, field-wide leadership.

According to NASW executive Elizabeth Clark, the legislation is about hope and the future of social work. In closing a recent keynote address, she told attendees, "As a profession, we have the capacity to change society for the better. We have the potential—the social work potential—to make a great difference. However, to do so, we must craft a bolder and broader vision—a vision of social work today that will carry us into the future. We need to recognize how essential and important our profession is, and that there is a crucial need for social workers today.…Instead of yearning for the past, we must craft the future."[79] ❖

Financial Planning

Overview of Financial Planning

Financial planners offer financial literacy to the public, effective planning methodologies, and guidance to help individuals make sound financial decisions. The knowledge and skills embedded in these three services are used to help individuals meet life goals through proper management of their financial resources. Based on this intent, the financial planning profession views itself as an essential component of an individual's financial well-being.[80]

Financial planners identify themselves as the world's newest profession.[81] For the past 40 years, financial planners have been working to 1) distinguish themselves from other financial services, especially those associated with the sales of financial products such as insurance and stocks or other commission-based equities, and 2) develop ways to identify and publicize for the public those individuals who have the requisite knowledge, skills, and fiduciary accountability to offer financial planning guidance.

The difference between expanding one's career and financial success through product sales versus focusing on clients' needs, especially by exercising the profession's "fiduciary standard of care," differentiates the profession of financial planning from its industry roots. Step by arduous step, under the leadership of what is now called the Financial Planning Association (FPA®) and the Certified Financial Planner (CFP®) Board of Standards (CFP Board), financial planning has sought to perform and be recognized as a profession by instituting the classical requirements of professionalism.

As a field of practice, financial planners are identified by diverse designations and characterized by multiple business models and methods of compensation. In the absence of federal regulation, anyone in the U.S. may identify themselves as a financial planner and an estimated 300,000 do.[82] Thus, perhaps not surprisingly, the dominant action for distinguishing financial planners from other financial service providers has been the creation of voluntary certifications.

The CFP® certification, under the aegis of the CFP Board, is the profession's most stringent and well-recognized certification. Endorsed and supported by the FPA, the CFP® certification is the driver being used by these two organizations to professionalize financial planning. Given current thinking regarding the political improbability of it becoming a mandatory certification, advocates now are hoping that the CFP® certification will eventually be seen as the gold standard for all who identify themselves as financial planners. Toward this end—and as part of the national conversation on regulatory reform of financial services propelled by the current economic crisis, three financial planning organizations have joined forces and forged a coalition to advocate federal oversight of financial planning advice.[83] This most recent step towards full professionalism has three overarching goals:

- To recognize and regulate financial planning as a profession
- To establish baseline standards of competency and enforce a fiduciary standard of care for the delivery of financial planning
- To enable the public to easily identify qualified and ethical financial planners who are subject to professional standards.[84]

Successful completion of CFP® certification requirements permits applicants to identify themselves as a CERTIFIED FINANCIAL PLANNER™, a trademarked term. (Use of all capital letters is part of trademarked term.) The CFP Board regulates the CERTIFIED FINANCIAL PLANNER™ and CFP® marks. Certificants (the term used for those who have achieved CFP® certification) are required to make a commitment to uphold the profession's code of ethics, which gives the CFP Board authority to take action if the code is violated, thus meeting the professional norm of self-regulation.[85] As of August 2009, 60,000 financial planners held CFP® certification.

In line with Margaret Mead's well-known quote, "Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has," two men issued an open invitation to everyone they knew to attend a meeting held in December 1969 to overhaul the financial services industry. Largely comprised of people who sold financial products (such as life insurance policies) and earned their livelihood from sales commissions, they sought to improve the provision of financial services by making it more accountable to clients.[86]

Following the December 1969 meeting, three organizations were created to further the pioneers' goals of building a profession: an institute to foster financial counseling, a membership organization, and an educational institution/college for financial planning. Core to their work and reinforced over time—though not without acrimony—were three principles: 1) commitment to an objective financial planning process, 2) prioritization of clients' interests, and 3) moving financial planning from an ill-defined construct to a unified profession with one recognized credential promulgated in the public interest.

According to Gale Quint, a College for Financial Planning historian, "The emergence of the CFP designation began to chip away at the public perception that all financial representatives were salespeople interested chiefly in the accumulation of sales commissions in a product-oriented industry."[87] As the aspirations of these pioneers spread to others and the concept matured, the three organizations evolved. Their identities changed individually, in relation to other financial services groups, and jointly, in the context of changes such as variations in the financial market, the economy's status, and federal legislation.

Two organizations currently lead the charge to transform financial planning into a profession—the CFP Board and the FPA.

Founded in 1985, the CFP Board assumed its current name in 1994. It is a professional, nonprofit organization acting in the public interest by fostering professional standards in personal financial planning. The CFP Board's mission is to benefit the public by granting the CFP® certification and upholding it as the recognized standard of excellence for personal financial planning. It establishes and enforces education, examination, experience, and ethics requirements for CFP® certificants. Financial planning practice standards are developed by a subsidiary board, the Board of Practice Standards.[88]

The FPA resulted from a merger in 2000 of two founding organizations of the emerging financial planning profession. FPA identifies itself as the leadership and advocacy organization representing the financial planning community and was formed to represent those who provide, support, and benefit from financial planning. As explained by Marvin Tuttle, who became FPA's executive director in 2004 after several years in other positions inside the association, "As we began to rethink our role as a traditional membership association and asked whether we could posture ourselves as a leadership organization, we realized that leadership itself should be a new and integrated component of our work—over and beyond traditional activities of a membership organization… We realized that if FPA was to be in a position to be an agent of change, we had to assume leadership responsibility—to be proactive rather than passive about it."

Toward this end, FPA actively and regularly engages members with issues of field-wide import using a town-meeting format based on the World Café process, which is based on a methodology for "awakening and engaging collective intelligence through conversations about questions that matter."[89] Town meetings invite members to inform their futures and that of the profession. A similar approach is used for interacting with allied organizations—and sometimes organizations with competing interests—to try and forge compatible positions on the advancement of financial planning as a crucial public service and distinct profession.

Acting on its desire to be proactive in its leadership, the FPA's board has been willing to step out in front of its members and/or potential allies to advance its principles-based approach to financial planning. A recent example was the board's decision, following years of discussion with other groups, to challenge the U.S. Securities and Exchange Commission (SEC) regarding the need for all who give financial advice to the public to be held to the same standard of disclosure and fiduciary responsibility. According to Tuttle, "Rather than accountability to the bottom line of one's company, there first should be fiduciary responsibility to the client. If the public is to be able to trust those who use the title financial planners, this needs to be spelled out in law." (Recall that currently anyone may call themselves a financial planner because it is an unregulated term.) FPA filed a law suit against the SEC in 2004 and won, substantially elevating recognition of FPA's leadership and advocacy role on behalf of financial planners and financial planning.

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>
> **Marvin W. Tuttle, Jr.**
> Executive Director, FPA

While other financial planning membership groups exist—often for financial planners with different views of what it means to professionalize financial planning, FPA views itself as the professional association for financial planners. It acts as the primary "keeper of the vision" for a financial planning profession that is recognized as a formal discipline with a coherent knowledge base and a prescribed financial planning process. Following its formation in 2000, FPA cultivated this role through a multi-year effort to create a sense of community among its members and shared ownership of the profession's future.[90]

FPA assumes responsibility for cultivating the body of knowledge for financial planning, sharing best practices among its members, and facilitating professional development. Fostering the value of financial planning and advancing the financial planning profession is the organization's primary aim.[91] All financial planning members are required as a condition of membership (there presently are 27,000 members[92]) to ascribe to the association's *Code of Ethics,* which mirrors the CFP Board's *Standards of Professional Conduct*, thereby further unifying the profession.

While the FPA and CFP Board's position on the appropriate credential for financial planners dominates, other viewpoints exist. Beyond organizations supporting related financial services associated with insurance, brokerage, and investment advisors, the **National Association of Personal Financial Advisors** (NAPFA), a 1,000-member organization formed in 1983 (and a Financial Planning Coalition member urging regulatory oversight of financial planning), has a mission of fee-only compensation so that the provision of financial advice is not clouded by the purchase or sale of financial products. NAPFA financial advisors adhere to an independently developed set of standards, code of ethics, and fiduciary oath, all of which are associated with the commitment to fee-only planning.

The American College is an accredited, nonprofit educational institution dedicated to leadership in innovative training and development of financial services professionals. It issues the voluntary Chartered Financial Consultant® (ChFC®) credential. A well-recognized credential within the industry, it includes a continuing education requirement and a code of ethics.

The **International Association of Qualified Financial Planners** (IAQFP), a self-anointed renegade group, was created in response to concerns that the FPA, in conjunction with the CFP Board, was unresponsive to member concerns and that the CFP® certificate was becoming exclusionary, unwilling to recognize comparable designations. On April 1, 2003, the IAQFP created its own

designation—Qualified Financial Planner (QFP). With the expressed goal of "One Profession–One Designation," IAQFP has recognized what it considers five comparable certifications, condensing "the 'designations alphabet soup' from five down to one, and unifying the Financial Planning profession under QFP."[93] While seemingly having little standing or impact, the IAQFP also has as its purpose to distinguish the discipline, methodology, and profession of financial planning from the generalized field of finance and professional services. It has its own code of ethics and professional conduct, QFP usage requirements, advertising guidelines, continuing professional education requirements, and disciplinary procedures and complaint process.[94]

Leadership on Behalf of Issues of Field-Wide Import

In shifting financial planning from salesmanship to professionalism, the FPA and CFP Board—in conjunction with their collaborating organizations—helped orchestrate the field's evolution toward a profession by moving from:

- An ambiguous concept to a well-articulated purpose focused on citizens' financial well-being through access to competent and objective financial advice
- A focus on marketing and sales to a defined client-centered process
- Indifference to practice based on an organized knowledge base to an embrace of academic preparation and professional certification
- Lack of attentiveness to conflicts of interest inherent to financial counseling to an enforced code of ethics focused on fiduciary responsibility and transparency[95]
- Relative apathy toward public accountability to pursuit of uniform regulatory oversight that recognizes a single certification as the appropriate standard for professional financial planners.[96]

FPA views leadership as a core organizational competency that, according to Tuttle, is exercised through three anchor pillars: 1) knowledge—this is how people come together in a common bond, leading to shared ideals and aspirations; 2) community—where individuals come together to show strength and power; and 3) advocacy. "Collectively, we are one big FPA, and this is the focus of our leadership. To imbue the spirit of accelerating the profession, we need to drive it locally, aligning how we look at and contribute to the world.…We need to make sure that we're in sync and in alignment operationally and in terms of the vision." Towards this end, the FPA's board uses its meetings to deliberate strategic questions—versus information sharing and serial decision making.

In considering how financial planning came to this point in its evolution as a profession, five core elements stand out:

- **The role of individuals within the context of organizations**
  The history of the financial planning profession is of individuals forming themselves into organizations to leverage their efforts and achieve desired results.

- **The power of a clear vision**
  The vision of financial planning as a profession, unified by a single mark, the CFP® certification, has been both a divider and a unifier. Presently, its power as a unifier seems more salient than its function as a divider. This vision has bound many of the profession's leadership, as well as CFP® certificants. It also has provided a platform for deepening financial planners' commitment to other elements of professionalism such as a strong, enforceable code of ethics and monitoring professional performance.

- **Attentiveness to creating a shared vision based on clearly articulated principles**
  Following the historical merger that resulted in FPA's formation, intensive focus was given to creating a new organizational and membership culture, what Tuttle talks about as "how FPA wants to be in the world." Informed by the thinking of change experts such as Margaret Wheatley and Jim Collins, the strategic and systematic use of conversations—a hallmark of the World Café[97] process—was applied over a four-year period to engage diverse viewpoints, confront difficult issues, and unify members around a shared vision. FPA continues to rely on conversations to retain the profession's sense of community and ensure that the FPA's board and staff are aware of members' concerns and interests.

- **Commitment to a vision over time**
  A core group of individuals and what is now FPA has never strayed from its long-term intent. Achieving recognition as a profession alongside accountants, physicians, and lawyers has been a mainstay since its inception in 1959. Change

and creation of this magnitude has required not only long-term commitment, but also fortitude and perseverance.

- **Willingness to take risks and make difficult decisions**
  In exercising field-wide leadership to advance their vision, the profession's organizations have accepted the mantle of leadership and been willing to make difficult and consequential decisions, even in the face of potential financial, membership, and collegial losses.

While their 40-year odyssey[98] for recognition of financial planning as a profession has yet to be fully realized—either in terms of acceptance by all financial agents who present themselves as financial planners, other financial services, financial regulators, or the general public—what has been achieved by the field's leaders has been transformative for those who practice financial planning and those who are its beneficiaries. A profession with clear goals and aspirations is being created, and thousands of others have been galvanized to be part of the movement.❖

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Opportunity Finance

Overview of the Opportunity Finance Industry

The opportunity finance industry provides capital and financial services that benefit low-income and low-wealth people—building homes, schools, small businesses, and community facilities. Commonly known as *community development finance*—the name still preferred by some, the new name is promoted by the Opportunity Finance Network (OFN) to improve the industry's ability to communicate with key audiences such as investors, funders, and policy makers. Derived in part from market research conducted by OFN in 2005, the name was chosen to create a new category that could improve the effectiveness of communications and drive attention to the industry's primary intent: to generate equal opportunity for economic and individual growth for low-income/low-wealth individuals and communities.[99]

Opportunity finance is described as "a category of financing that helps people and communities just outside the margins of conventional, mainstream financing join the economic mainstream—and helps the economic mainstream enter emerging opportunity markets."[100] The opportunity finance industry is made up of four sectors:

- Community development banks
- Community development credit unions
- Community development loan funds
- Community development venture capital[101]

While these four sectors rely on different business models and legal structures, they share the common vision of expanding economic opportunity and improving the quality of life for low-income people and communities.[102] The institutions providing these services, commonly called *community development finance institutions* (CDFIs), specialize in areas like affordable housing, child-care facilities, micro enterprise, and rural waste-water systems. They function as intermediaries between financial capital and community development. Membership in the industry is defined by doing the work of opportunity finance.

Albeit an industry small in size, the nation's approximately 700-plus CDFIs—operating in all 50 states and located in urban, rural, and reservation-based markets[103]—have originated more than $20 billion in financing in under served urban, rural, and reservation-based communities.[104] The future envisioned for the opportunity finance field is directly tied to this figure's significance and its potential for growth.

The opportunity finance industry is embedded within the much larger financial world of banking and lending institutions and connects with developers, government, and activists. As a result, opportunity finance might more accurately be understood as a sub-industry within the much larger set of organizations and institutions engaged in community development and affordable housing—for-profit and nonprofit development corporations, commercial banks, community lenders, public and private sector entities, consultants, and more.

Community development finance emerged in the mid-1980s as a grass roots movement based on the realization that improved conditions in low-income neighborhoods relied on the capacity of residents—both individuals and organizations—to borrow money. The movement was initiated when groups such as community action programs and community development corporations sought ways, with backing from foundations such as the Ford Foundation, to make loans to low-income communities to promote affordable housing, community centers, and so forth—all neighborhood and poverty based. The movement's roots can be traced to the 1960s when activists began thinking about change at the local versus national level. It revolved around seeing neighborhoods as viable environments for social action and change, and was embedded in the zeitgeist of the Great Society.[105]

This led to passage of the *Community Reinvestment Act* in 1977, which was designed to encourage commercial banks and savings institutions to halt discriminatory lending practices and to meet the credit needs of borrowers in all segments of their communities. Then, in 1986, the world of affordable housing finance blossomed with passage of the *Low-Income Housing Tax Credit,* which was part of the *Tax Reform Act of 1986.* This federal legislation created tax credits for those entities investing in the development of affordable housing that met certain requirements. Because tax credits—versus tax deductions—are an attractive financing tool for offsetting earnings, new players were attracted to the affordable housing arena. The legislation initiated a dramatic shift from a smattering of nonprofits involved in this work to an industry subject to economic analysis of revenue generation as investors figured out how to use the tax credits, created new investment tools, and attended conferences and joined networks in order to learn from one another. According to Nancy McLaughlin, a long-time community development finance consultant, the (larger) industry's evolution is "…all about money. Once it became profitable for folks to become involved, new players emerged and participants fought to the death to preserve their money."

Opportunity finance first identified itself as an industry in the 1990s. This intentional and political decision by community development activists—albeit not all of whom identify with community development—was designed to create a collective identity and enhance the credence of its work with other institutions.

Despite a collective identity defined by interest in making a difference for low-income communities, the opportunity finance industry is best described as a loose aggregation of individuals, in part, because it is an industry made up of many, small, local organizations. Its fragmentation is increased by individual specializations (e.g., affordable housing, child-care facilities). While on the plus side, these specializations are small enough to convene themselves around issues of mutual interest and concern, the industry's loose connectedness can be a disadvantage as the landscape changes from the one that launched it. Recognizing the leadership gap in this young and growing (sub)industry, OFN stepped into the void. (When founded in 1985, OFN was named the National Community Capital Association.)

Leadership on Behalf of Issues of Field-Wide Import

The Opportunity Finance Network is attempting to take the community development finance industry into a new era, even as it attempts to shape the new era's context. It seeks to do this by uniting CDFIs around a common purpose and core set of values[106] that will align capital with justice under the banner of opportunity finance. As expressed by OFN executive director, Mark Pinsky, "Opportunity has been the touchstone of our industry's vision. Every time you reach your hand into the fertile, rich soil of community development you come up with a handful of opportunity. Opportunity is the bedrock principle behind our core purpose and the driving force behind our work."[107]

Beginning in 2004, with the launch of its 2004–2010 strategic plan, the Opportunity Finance Network (then named the National Community Capital Association) put forth an ambitious six-year agenda to transition the field from a loose collection of community development

organizations largely dependent on government funds and individualistic solutions to a cohesive industry unified by 1) core values, 2) systemic capacity to become a high-volume financing system, and 3) government policies supportive of low-income and low-wealth individuals and communities, thereby facilitating alignment of capital with social, economic, and political justice.[108]

The systemic and policy elements being promoted by OFN go beyond the industry's boundaries. OFN is striving to drive a national response proportional to the problem of poverty and to impose the viewpoint of opportunity finance on the country's larger financial system. To promote exploration of the policies necessary to create stronger alignment between capital and social, economic, and political justice, the OFN took "the policy offensive"[109] by recently publishing an edited volume of policy papers, *The next American opportunity: Good polices for a great America.* It is the product of CDFIs from across the country, steered by an advisory board established to review the recommendations put forth.[110]

OFN describes itself as the leading national network of CDFIs. Reflecting increased clarity regarding purpose and a growing focus on outcomes, the OFN Web site home page recently was revised and now presents the organization as "the leading network of private financial intermediaries with a proven expertise in lending prudently and productively in unconventional markets often overlooked by conventional financial institutions. Working in urban, rural, and reservation-based markets, we deliver sound financial returns and real changes for people and communities."

This carefully worded description evolved out of the organization's 2004–2010 strategic plan, which has been foundational to its recent work. This plan emerged from the conclusion in 2000 that the industry needed to "grow, change, or die." This mantra summarized the realization that structural and systemic changes in the external operating environment and within and among the community finance development industry were transforming the industry's work:

- The economic justice issues of concern to the industry were growing, not diminishing
- The industry was in the midst of dramatic internal changes and current business models no longer worked or were associated with mixed results, leading to the demise of many pioneer CDFIs
- The U.S. economy was in decline; federal and state resources were drying up; philanthropic resources had decreased; and the conventional financial services industry had changed.[111]

Recognizing these as enduring structural changes, OFN argued that the time had come for the finance opportunity industry to take greater responsibility for its future and for the context in which its work occurs. The field needed to institute the systemic and structural changes necessary to achieve the industry's core value of aligning capital with social, economic, and political justice. Key to this effort has been clearly identifying the industry's core purpose and values and then relying on them to inform and drive the OFN's efforts and CDFIs' future. According to Pinsky, "If you affiliate with us, you are linking yourself with our core purpose. If you want to play with us, you have to agree with our core purpose."

In the opportunity finance era, success increasingly is measured by financial results as well as community development successes. It is becoming recognized that CDFIs have to be more financially accountable to their customers and funders. At a practical level, this change has become necessary in order to open access to new sources of private capital. In 2004, to maintain investor confidence and maximize the flow of private investment, OFN (then known as the National Community Capital Association) created the CDFI Assessment and Ratings System (CARS™), a comprehensive rating tool that assesses CDFI's investment risk and community impact for potential investors. With time, increasing numbers of CDFIs are participating in this intense assessment process.[112]

In addition to finding and financing opportunities that mainstream financing institutions tend to bypass, Pinsky argues that accountability to investors and consumer markets versus government—a prominent source of earlier funding—is what distinguishes opportunity finance from community development.[113] Recognizing the transformational change embedded in the new nomenclature, OFN intentionally chose to respond to its name change in 2005 (from National Community Capital Association

Development of the 2004–2010 Strategic Plan emerged from the conclusion in 2000 that the industry needed to "grow, change, or die." This mantra summarized the realization that structural and systemic changes in the external operating environment and within and among the community finance development industry were transforming the industry's work.

to Opportunity Finance Network) as a leadership issue rather than merely as a name change amenable to a brand campaign.

The name change was preceded by the OFN board's decision in 2004 to identify its purpose as leading the community development finance system to scale through capital formation, policy, and capacity development.[114] Toward this end, it has confronted members with the industry's changing context. It entered into a comprehensive—and what Pinsky termed "disruptive"—strategic planning process, and stuck by its results. In the process, OFN clarified and deepened its sense of purpose, placing its purpose more clearly within a moral framework that reaffirmed the industry's historic foundation. It is challenging old boundaries and building on existing strengths, relentlessly communicating its new framework, and openly orchestrating a change agenda.

Toward this end, OFN has confronted members with the industry's changing context. It entered a comprehensive—and what Pinsky termed "disruptive"—strategic planning process, and stuck by its results. In the process, OFN clarified and deepened its sense of purpose, placing its purpose more clearly within a moral framework that reaffirmed the industry's historic foundation. It is challenging old boundaries and building on existing strengths, relentlessly communicating its new framework, and openly orchestrating a change agenda

Pinsky recognizes that the shift promoted by OFN involves adaptive change by its members and the industry as a whole, a change that alters the industry's identity by repositioning the figure–ground relationship of its financing and community development roles—reorienting the relationship from a programmatic to more systemic focus and marrying its neighborhood/community focus with a transformational role in restructuring the nation's financial system.

At OFN's December 2008 Annual Financial Network Conference, Pinsky stated,

> "I believe our role is greater than we sometimes want to allow because opportunity creates the heavy weight of responsibility. It is one thing to see ourselves as responsible for local communities and something else altogether to bear the weight of our nation's social, economic, and political responsibility. But that IS our responsibility, and our opportunity."[115]

As inspiring as these words are, not everyone concurs that the structural changes necessary to go to scale can be achieved primarily through leadership. Kirsten Moy, director of the Economic Opportunities Program at the Aspen Institute, contends that taking community development finance to scale requires moving beyond mission and vision to building increased operational effectiveness at the infrastructure level. She is exploring how to create a field-level operational infrastructure. She visualizes this as a functional, operational platform for the industry—providing, for example, services such as group buying, marketing materials, human resource basics, and professional development that individual CDFIs cannot provide for themselves and potentially don't even know they need—that can undergird and elevate CDFIs' day-to-day effectiveness[116] and compensate for the industry's structural and operational limitations.

Although capacity building is part of OFN's agenda, in the context of this study, Moy's point of view highlights that sometimes technical solutions, as well as adaptive leadership, is needed to effect field-wide change.❖

Quality Management

Overview of Quality Management

Quality management is the development and application of knowledge and techniques that can advance the presence and impact of quality improvement across diverse sectors in practices, operations, services, and products to achieve performance excellence. In the U.S., and increasingly on a global scale, the American Society for Quality (ASQ) has taken responsibility for serving as stewards of the quality movement as a key component in its relationship with and support of members.[117] With more than 100,000 individual and organizational members and extensive networking activities with quality organizations around the globe, ASQ identifies itself as the world's leading authority on quality management.

According to Laurel Nelson-Rowe, ASQ's managing director, the unique status of the quality management industry derives from the absence of a singular occupational focus. Within its membership, from education (K–16), service industries, health care, and manufacturing, the scope of its target audience is expansive: quality professionals (individuals who work full time in quality management applying quality principles and techniques), quality practitioners (those individuals whose primary work is other than quality management but who use quality management tools and techniques to improve quality), and everyday consumers.

ASQ emphasizes that members are joining more than an organization; they are joining a community—united by its focus on the knowledge, tools, and methodologies that can advance the use of quality principles in education, service industries, health care, manufacturing, and government. Its vision states, "By making quality a global priority, an organizational imperative, and a personal ethic, the ASQ becomes the community for everyone who seeks quality concepts, technology, and tools to improve themselves and their world." This broad framework reaches beyond other quality-related associations, which tend to be industry and market specific and can be found, among others, in government, health care, engineering, and the software industry.

Founded in 1946 by members of 17 quality-related associations, ASQ has 25 divisions and forums focused on different industries using or fields of study related to quality. It administers 19 different certifications in various spheres or applications of quality such as quality management, quality assurance, quality control, quality engineering, quality inspection, software quality, pharmaceutical manufacturing, and Six Sigma. These certifications confer formal industry recognition of an individual's knowledge base and proficiency—versus licensure or regulatory approval.[118] According to Nelson-Rowe, ASQ's certifications are viewed as a "market differentiator and key credential" in the quality management industry. Increasingly, these differentiators are becoming more field specific, acknowledging the fact that a growing body of customized knowledge exists for quality management within discrete sectors.

ASQ advertises its certifications as helping members "gain an advantage over their competition," and as "an investment in your own career."[119] Their development typically is requested by industry members, initiating a structured process to identify the knowledge base to be tested by a certification exam; the exam is derived from job analysis surveys implemented every five years to identify the knowledge and skill areas being used in a particular field.[120] Additionally, ASQ administers the prestigious Malcolm Baldridge National Quality Award, which is awarded annually to companies and organizations that demonstrate performance excellence.[121]

ASQ traces its beginnings to the end of World War II when quality experts and manufacturers sought to sustain the quality-improvement techniques used during wartime. Its roots reside in mass production concerns about the product created at the end of the manufacturing line. By the late 1970s, the application of quality principles gathered influence; they were used to meet technical specifications and to inform how industrial products and services should be defined. In the 1980s, quality principles were applied beyond manufacturing, resulting in the growth of a broader discipline focused on achieving excellence. In 1997, in light of this shifting focus and following completion of its first Future of Quality study (see below), ASQ changed to its current name (from the American Society for Quality Control) and simultaneously adopted a new mission to promote performance excellence across a broad range of organizations and activities in the U.S. and worldwide.[122]

According to Nelson-Rowe, "ASQ is a nondenominational house of quality [that] embraces, supports, and evangelizes all quality tools, techniques, and disciplines." It is not ideological, although some of its members are. As a result, quality-related definitions of leadership vary, depending on the quality expert being followed. These variations—along with resistance to the increasing globalization of ASQ—have been issues for the quality management industry. Gregory Watson, a past ASQ president and incoming president of the International Academy for Quality, expressed it thusly, "Above all, we have to realize that we have to be altruistic, public minded, and ethical in everything we do. If we succeed, we might achieve what eluded Dr. Albert Einstein—a 'unified field' theory. This unified field of quality will have no more warring factions based on philosophical differences or guru leadership. The global quality community will be known as a caring community, not a dysfunctional profession."[123]

Leadership on Behalf of Issues of Field-Wide Import

ASQ describes its vision as twofold: 1) as being stewards of the quality profession by providing member (customer) value and 2) as being stewards of the quality movement by providing increased societal value from ASQ activities. This vision bounds two roles, one traditional and one a "departure."[124] As a result, ASQ views its leadership as operating on two interrelated tracks. The first track is guided by the needs and interests of its members, responding to their requests for information, training, certifications, networking opportunities, innovation, and so forth. The second track—the "departure"—provides leadership on behalf of the quality movement. When on this track, ASQ identifies itself as a "vehicle of global change."[125]

ASQ has presented itself as at the forefront of the quality movement since its inception in 1946. Over the past 13 years, it has maintained this status through the periodic development and issuance of Future of Quality studies, which identify forces that offer opportunities

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>
> **Paul E. Borawski**
> Executive Director and
> Chief Strategic Officer
> American Society for Quality

for and/or will impinge on the future of the quality movement—and then using this information to further the quality movement, including how quality is advanced in practice.

ASQ has conducted five Future of Quality studies since 1996 with the most recent completed in October 2008. Except for the first two, the studies have been conducted every three years. Each is organized around three tasks:

- Identify key forces that are most likely to shape the future of quality
- Develop alternative scenarios describing how these forces might unfold
- Determine implications for quality, for organizations in the quality field, for quality practitioners, and ultimately for ASQ.[126]

The forces shaping the future of quality are identified via a systematic, all-electronic process involving an expert panel of almost 100 international thought leaders from the quality movement, representing every sector of the economy. A rank ordering of forces is created by panelists though three rounds of consideration and online dialogue. The choice of seven driving forces in the latest study was somewhat arbitrary, but loosely based on the Paetos Principle, which conveys that the top 20 percent of issues listed represents 80 percent of the forces being exerted on the future of quality.[127]

The ASQ's 2008 Future of Quality study, *No Boundaries,* identified seven forces, each of which are multidimensional, complex, and increasingly systemic. These forces are seen as potentially moving quality management outside the boundaries of organizations and into the realm of larger social issues. Because they are interesting to contemplate, the list of seven is presented below.

- **Globalization**
  Globalization is the first and most significant force identified as influencing the future of quality, the only force that has shown up in each of the previous four ASQ Future of Quality studies. As expressed by ASQ executive director and chief strategic officer, Paul E. Borawski, "The old boundaries have been obliterated." The boundaries between work and the world, the world and work have been dissolved,[128] with implications for national identity, country of origin, the need for global platforms across multiple organizational sites, and the rising importance of standards as organizations become independent of location and space.

  This issue, in the last decade in particular, has been internally contentious as some U.S.-based members raise the specter of outsourcing and its impact on their work. In response, the ASQ leadership stresses not only the ubiquity of globalization but also the importance of quality standards being developed and universally applied, and indeed quality itself being valued globally if it is to have the desired eminence, prominence, and oversight.

- **Social Responsibility**
  Social responsibility rose to second position, anchored by concern for the fate of the planet.

- **New Dimensions for Quality**
  New dimensions for quality, the third force, presents the need for a new collection of competencies that go beyond the field's traditions of quality control and quality improvement if quality is to have relevance in a world changing at ever accelerating rates.

- **Aging Population**
  Aging population, the fourth force, references increasing life spans and the impact of an aging population on markets and services as well as the shift from a youth-oriented society to one dominated, in terms of numbers, by 60-plus adults.

- **Health Care**
  Health care—or more accurately, demand for health care—surfaced as the fifth force.

- **Environmental Concerns**
  Environmental concerns rated as the sixth force.

- **21st Century Technology**
  21st century technology ranked seventh.

The third component of the study—implications—is viewed as just as important as identifying key forces. This step moves Future of Quality findings into the realm of practice and shifts the quality management community "to the edge of doing something—change." As Borawski explains, "Change will happen. The hope in preparing this study is to move us from reacting to change to leading the change, or if nothing else, to forestall being caught by surprise when change arrives."[129]

Toward this end, for the next three years (2009–2012), ASQ will use the 2008 Future of Quality study as the focus of a series of stakeholder dialogues to discuss the future of quality and possible responses to the driving forces that were identified. The Future of Quality key forces list, and the future scenarios they generate, are aimed at provoking

questions and, even more so, dialogue that will engage quality professionals in the work of shaping their individual futures and the future of quality management.

Stakeholder dialogues are convened all over the world. The patterns and themes identified from these conversations are used by ASQ's board of directors to develop strategic direction in the service of its two steward roles.[130] As stated by Gregory Watson, who authors the future scenarios that test the applicability of findings from Future of Quality studies, "We study the future in order to make better decisions about how to prepare for it."[131]

These dialogues, which rely on World Café principles,[132] are aligned with what ASQ calls its "Living Strategy" approach to discovering ASQ's future—not just as an organization, but as a community "thinking about who we are, what we are about, and what we want to be."[133] At its heart, the Living Strategy is a "continuous, adaptive strategic planning process (versus event) to direction setting that involves all community members with an emphasis on identifying strategic success criteria and strategic themes."[134]

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ASQ believes this ongoing inquiry approach is more appropriate to the strategic leadership it wants to provide on behalf of the community it serves. "Through this approach we're slowly discovering ways to create engagement environments that work in concert with the organization as a living system to coevolve our future in ways that are worthy of our best effort."[135] ❖

What was Learned

This study sought answers to two questions:

1. Is field-wide leadership exercised by other fields?
2. If so, how? How do other fields address issues having significance and consequence for their fields of practice overall?

As the examples just shared make evident, the answer to the first and overarching question of whether these five fields of practice exercise field-wide leadership is "yes." Leadership exercised on behalf of issues of field-wide import is practiced in each of the five fields studied.

For the second question—What is field-wide leadership in practice?—the answer is found, at least partially, in three, interlocking traits common to each of the five fields of practice:

- Membership organizations serve as the vehicles for exercising field-wide leadership
- Organizations facilitating field-wide leadership provide "holding environments" for the work
- Organizations providing field-wide leadership are sensitive to the field's context and are future- and action-oriented.

1. Membership organizations serve as the vehicles for exercising field-wide leadership.

Advancing an overall field of practice occurred through organizations—not through individuals acting independently. When performing this function, these organizations provided the field's leadership infrastructure.

Each of the five fields studied included prominent membership organizations that viewed the exercise of leadership as an explicit function and expectation—as a declaration of their relationship with their missions, members, and other organizations. Each of the examples of field-wide leadership was enabled by an organization (or organizations) that saw itself in a leadership role on behalf of its field of practice.

Membership organizations typically are created to perform functions that members cannot carry out in their separate capacity as individuals. As noted by Kagan and Neuman[136] in introducing the idea

of *conceptual leadership,* a concept allied with field-wide leadership, durable structures are needed to carry out work that is dependent on collaborative relationships. Further, the organizations spotlighted either had or built organizational capacity to perform this role.

Conceptual leadership often played a catalytic role in helping identify possible ways to resolve field-wide issues, but the work of orchestrating and advancing field-wide change took place through facilitating organizations acting on behalf of an overall field of practice. While varying in their organizational structures from the expansive policy-setting groups convened by the ANA (675-member House of Delegates) and the NASW (277-member Delegate Assembly) to the more typically sized boards of other organizations, these groups seemingly fulfilled prerequisites that permitted them to represent their members and, in turn, to be granted authority[137] by members—and often others—to act on behalf of field-wide issues (not to be confused with using authority to dictate change).

The organization or organizations that partnered to exercise field-wide leadership recognized the need, accepted the responsibility, and navigate the risks associated with mobilizing others, thereby creating the "container" for field-wide work. What varied was the extent to which they moved ahead of members' understanding of and readiness for changing realities and/or opportunities to press for field-wide change.

A mission-oriented determination suffuses the organizations facilitating field-wide leadership. Their leadership is directed toward systemic outcomes connected with fulfilling the field's values and actualizing societal benefits accrued from their special knowledge and skills. While open to challenge as a rhetorical flourish, this expressed altruism serves as an important motivator for change.

Finally, as a field of practice became larger and more differentiated, the leadership infrastructure became increasingly complex with structures organized around specialties, often generating tension between the whole and its parts that has to be continuously charted and navigated. Under these circumstances, leadership on behalf of issues of field-wide import was observed to be exercised in two ways: 1) through coordinated effort across specialties and 2) by one sector stepping up to act on behalf of the field as a whole.

2. Organizations facilitating field-wide leadership serve as holding environments for field-wide work.

The organizations facilitating field-wide leadership were highly mission- and value-oriented, characteristics that are associated with creating strong holding environments for adaptive work.[138] As described by Heifetz, Grashow, and Linksy, "a holding environment consists of all those ties that bind people together and enable them to maintain their collective focus on what they are trying to do."[139] These organizations are finely tuned to the purpose of their field's work (e.g., Nursing—patient care; Social Work—responding to social needs, especially of the under served) or to the purposes they are advancing (e.g., Financial Planning—serving as stewards of individuals' financial futures; Opportunity Finance—creating an alternative financing system for low-income and low-wealth individuals and communities; Quality Management—advancing the application of quality principles in all realms of effort).

Tactically, field-wide leadership was exercised largely through the convening function, conversational leadership,[140] consensus building, strategic collaborations, and extended commitment—often years in duration—directed at moving toward a clearly articulated outcome or vision. Taking responsibility for the future was a common thread. During the process, the convening organization(s) creates a holding environment by orchestrating the work, plotting the course and course adjustments, and maintaining sustained attention and focus on the work.

3. Organizations providing field-wide leadership are sensitive to the field's changing context and are future- and action-oriented.

As change-agent organizations, each was attentive to shifting social, economic, and political circumstances that would impact present and future practice. Each used current and forthcoming changes as tools for motivating change—shifts that often emerged from the larger realm of which it was a part (e.g., Nursing—health care; Social Work—social welfare; Financial Planning and Opportunity Finance—financial services; Quality Management—any context in which safety and quality matters, such as food and water safety by way of example). Internal change efforts tended to be practice oriented and were based on an assumption that any vision for the future had to be a shared vision.

Each saw its vision being achieved through the high performance of its members and by restructuring the environments that shape the context for the work. The former provided the impetus for *exercising internal leadership,* and the latter structured the focus of advocacy and policy activities. Important to the purposes of this study, these organizations consciously and proactively attended to issues associated with their field's unity and collective competence, issues that tend to be reliant upon field-wide leadership if they are to be addressed.

Strategic and anticipatory thinking were commonplace. Repeatedly, upon my mention of a strategic plan I would be told, "and we follow it, too." Change and the importance of adapting to changing realities were consistent themes, with the intent of identifying what will be required to maintain and/or advance the field as a whole and ensure that members can competently respond to what will be expected of them in the future.

Interestingly, leadership development as a topic seemed to be a nonissue except in the context of succession planning—recruiting and nurturing new leaders to replace a field's aging leadership. Characteristics associated with leadership development at the individual level were embedded in preparation requirements and/or intentionally included as part of association activities. An exception was in the nursing profession, where one specific organization, AONE, is devoted to leadership development.❖

Afterword

Over the past two decades, tremendous energy and enormous new resources have gone into building public will and into increasing the ECE field's capacity, and that of unlikely allies, to advocate for public policies supportive of early care and education. Notwithstanding efforts directed toward quality improvement in ECE programs, considerably less attention has been given to building the field's capacity to organize and lead itself—to the hard, decidedly unglamorous, internal work of developing a unified stance on collective responsibility and collective competence as a field of practice.[141] Yet this work is essential if the ECE field is to engage in effective systems building and ensure its preparedness to fulfill the promise that provides the basis for its exponential growth.

It can be argued that the consequences of this neglect include increased fragmentation in terms of purpose and service delivery, heightened partisanship and divisiveness, and relative stagnation in terms of the level of program quality that children experience in ECE programs. Internal, adaptive work would arguably permit the ECE field to transition from a fragmented to more organized field of practice and to shift from a largely programmatic to more systemic orientation.[142]

This paper began by noting the ECE field's lack of a clearly identified organization (or cluster of organizations) that exercises field-wide leadership on its behalf. This study's findings challenge us to question why, as a field of practice, ECE lacks the leadership infrastructure found in other fields of practice. Beyond the jolt that comes from confirming that field-wide leadership is, in fact, exercised by other fields, the study's findings are not particularly surprising. While informative, more meaningful are the questions they provoke about ECE's leadership infrastructure (or lack thereof).

More than a decade ago, Bowman and Kagan argued, "We have underestimated the importance of leadership to the advancement of the field and to the children and families served. Moreover, we have been unclear about what is meant by leadership and where it can and should exist."[143]

Their conclusion was aimed at the ECE field's lack of an organized approach to individual leadership development. *Field-Wide Leadership: Insights from Five Fields of Practice* lifts Bowman and Kagan's concern to the level of field-wide infrastructure—from the *individual*

to the *systems* level, to recognizing that building a coherent early care and education system requires *internally* as well as *externally* focused leadership. This study's findings open up yet another avenue for contemplating how the adaptive work called for by *Ready or Not*—and for adaptive issues yet to be identified—might be facilitated, thereby increasing opportunities for the ECE field to more effectively influence its future and the future it wishes to create for young children and their families.❖

Appendices

Appendix A: Methodology

This study sought to answer two questions:

1. Do other fields of practice exercise leadership on behalf of issues of field-wide import?
2. If so, how is this leadership exercised?

The answers to these two questions are based on in-depth, semi-structured interviews with 17 informants: 12 association leaders, plus five non-association leaders familiar with community development, financial planning, and nursing. Interviews were supplemented by extensive study of their and related organizations' elaborate Web sites, as well as careful reading of documents provided by interviewees (see References section). Questions asked of interviewees evolved as information was gathered, and it was possible to ask more refined questions. The Initial Interview Protocol can be found in Appendix B.

Detailed handwritten notes were taken during interviews, which also were audio taped. A transcript of the exchange was produced following each interview and sent to the interviewee for verification of accuracy and answers to follow-up questions, accompanied by encouragement to elaborate upon initial responses. With the exception of four of the non-association interviewees, who were not asked to engage in this follow-up exercise because of the free flowing nature of our conversations, all interviewees generously responded to this additional request of their time. All of the interviewees also were asked to review drafts of the section summarizing their field of practice to ensure I had accurately captured their thinking. Follow up conversations with several of the interviewees took place prior to and following the review process.❖

Appendix B: Initial Interview Protocol

Leading for the Future of Early Care and Education, to be published by Teachers College Press, examines the leadership of early care and education during the last 50 years of the 20th century and, in light of new realities, makes the case for the field's need to find a new leadership paradigm for the 21th century. The early care and education field is in the midst of dramatic and disruptive change. A primary focus is the field's need to unify around a core purpose and to create a leadership infrastructure that can address field-wide leadership challenges and the issue of leadership development. In support of this investigation, the McCormick Foundation has awarded me a small grant to examine other fields and how they approach field-wide leadership issues and leadership development.

Questions Asked During Initial Interview

1. How does your industry/profession define leadership?
2. Is a distinction made by your association and members between being a "field of work" and being an industry? And being a "profession"?
3. How does this (field/industry/profession) address leadership issues that are field wide in their import? Is there an established process or mechanism for addressing field-wide issues?
4. Does your field/industry/profession have a leadership infrastructure? If so, how would it be described and how does it function?
5. How is the field/industry/profession's future leadership developed and supported?
6. How is membership in the field/industry/profession identified?
7. What readings or additional conversations would you recommend to assist me with understanding how the association and related organizations exercise field-wide leadership?❖

Endnotes

Learning by Looking Beyond Ourselves

1 Heifetz 1994; Heifetz & Linsky 2002.
2 Goffin & Washington 2007, p. 3.
3 Goffin & Washington 2007, p. 3.
4 Kagan & Bowman 1997.
5 Wheatley 1992, p. 8.
6 Goffin & Washington 2005.
7 Heifetz, Grashow, & Linsky 2009, p. 303.
8 Heifetz 1994; Heifetz, Grashow, & Linsky 2009; Heifetz & Linsky 2002.
9 Heifetz, Grashow, & Linsky 2009, p. 303.
10 Heifetz, Kania, & Kramer 2004.
11 Heifetz 1994; Heifetz, Grashow, & Linsky 2009.
12 Heifetz, Grashow, & Linsky 2009, pp. 23–26.
13 Heifetz, Grashow, & Linsky 2009, p. 24.
14 A paper with a senior staff person within ANA is planned to explore these insights further.

Nursing

15 National Council of State Boards of Nursing n.d.
16 American Organization of Nurse Executives n.d.
17 Flanagan 1976.
18 Flanagan 1976, p. 174 for both quotes.
19 Flanagan 1976.
20 With 165,000 members, no nursing organization exceeds ANA in size.
21 American Nurses Association 2003.
22 Flanagan 1976.
23 See, for example, American Association of Colleges of Nursing 2003.
24 Schumann 2008a, p. xiv.
25 Cited in White & Bickford 2008, p. 15.
26 These points were mentioned across several interviews. See also Chapters 1 and 3 in Styles, Schumann, Bickford, & White 2008; American Association of Colleges of Nursing 2007 and n.d., "Doctor of Nursing Practice."
27 Schumann 2008a, p. xiii.
28 APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee 2008.
29 Blakeney 2008, p. ix; Styles 2008, p. xii.
30 Schumann 2008b, p. 38.
31 Styles, Schumann, White, & Madden 2008, see Chapters 2, 4, 5, and Appendices B and C.
32 Styles, Schumann, White, & Madden 2008, p. x.
33 APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee 2008; Schumann 2008b.
34 American Association of Colleges of Nursing 2008a.
35 American Association of Colleges of Nursing n.d., "About AACN."
36 American Association of Colleges of Nursing 2008a.
37 American Association of Colleges of Nursing 2008b, p. 1.
38 American Association of Colleges of Nursing n.d., "The Doctor of Nursing Practice."
39 American Association of Colleges of Nursing n.d., "The Doctor of Nursing Practice."
40 Long 2003.
41 American Association of Colleges of Nursing 2009.
42 American Association of Colleges of Nursing 2008a, p. 1.
43 American Association of Colleges of Nursing, 2007.
44 See, for example, Donley & Flaherty 2008.
45 American Association of Colleges of Nursing 2008b and n.d., "Introducing the Clinical Nurse Leader."
46 American Association of Colleges of Nursing 2009.
47 Heifetz, Grashow, & Linsky 2009, p. 307.
48 Styles, Schumann, Bickford, & White 2008
49 Appreciation is expressed to Polly Bednash, Jean Johnson, Mary Jean Schumann, and Pamela Thompson for helping me think through this issue.

Social Work

50 DuMez 2003, p. v; National Association of Social Workers 2009b.
51 Sanders 1957.
52 National Association of Social Workers 2009a; Action Network for Social Work Education and Research 2009.
53 National Association of Social Workers 2009b.
54 National Association of Social Workers 2009b and n.d., "Social work history."
55 DuMez 2003.
56 National Association of Social Workers n.d., "Social work profession" and "NASW Credentialing Center."
57 DuMez 2003, p. v; see also National Association of Social Workers Foundation 2007.
58 Goldstein & Beebe 1994.
59 Goldstein & Beebe 1994.
60 National Association of Social Workers n.d., "About NASW."
61 National Association of Social Workers n.d., "General fact sheet."
62 Andrews 2001.
63 Clark 2005.
64 National Association of Social Work 2009b and n.d., "About NASW" and "General fact sheet."
65 Andrews 2001.
66 National Association of Social Workers 2008, p. 2.

67 National Association of Social Worker n.d., "Social work organizations" and "Social work profession."
68 deSilva & Clark 2007.
69 Clark 2005.
70 As cited in Clark 2005, p. 2.
71 Clark 2005.
72 Clark, Weismiller, Whitaker, et al. 2006.
73 Clark 2005; Clark, Weismiller, Whitaker, et al. 2006.
74 Clark 2005, p. 2.
75 Clark, Weismiller, Whitaker, et al. 2006.
76 Action Network for Social Work Education and Research 2009.
77 Clark 2007; National Association of Social Workers Foundation 2007.
78 Action Network for Social Work Education and Research 2009; Stoesen 2007.
79 Clark 2009, p. 11.

Financial Planning

80 Financial Planning Association n.d., "Statement of understanding."
81 Brandon & Welch 2009.
82 Keller 2009.
83 Financial Planning Association April 27, 2009.
84 Financial Planning Association April 4, 2009.
85 Financial Planning Association n.d., "About the profession."
86 At the time, sale of financial products occurred through bank trust services, salespeople of life insurance, mutual funds, and securities, attorneys who created trusts and sometimes gave tax advice, and certified public accountants.
87 Brandon & Welch 2009.
88 Certified Financial Planner Board of Standards, Inc. n.d.
89 The World Café n.d.; Brown (with Issacs, D. and the World Café Community) 2005.
90 Porto & McCallen 2004; McCallen, Jetton, Porto, & Walters 2005.
91 Financial Planning Association n.d., "Who we are."
92 Financial Planning Association n.d., "Membership–Individual."
93 International Association of Qualified Financial Planners n.d., "IAQFP-QFP history."
94 International Association of Qualified Financial Planners n.d., "International association."
95 National Association of Financial Planners n.d., "FPA president unveils."
96 Salmen 2009.
97 Brown (with Issacs, D. and the World Café Community) 2005.
98 This "odyssey" is described in *The History of Financial Planning: The Transformation of Financial Services*, to be published in October 2009.

Opportunity Finance

99 Opportunity Finance Network n.d., "Opportunity finance–Brand"; Pinsky 2006.
100 Opportunity Finance Network n.d., "Industry brand."
101 Opportunity Finance Network n.d., "The four sectors," and "Industry statistics."
102 Opportunity Finance Network n.d., "The four sectors."
103 Kropp, 2009; Opportunity Finance Network n.d., "Opportunity finance–Brand"; Pinsky 2009.
104 Dubb 2009.
105 Pinsky 2006.
106 Commitment to the importance of purpose/mission is informed by Jim Collins and his writing.
107 Pinsky 2006.
108 National Community Capital Association 2004; Pinsky 2006.
109 Pinsky 2008.
110 Kerr & Neas 2008.
111 Pinsky 2006; National Community Capital Association 2004.
112 Kropp 2009.
113 Pinsky 2006.
114 National Community Capital Association 2004, p. 10.
115 Pinsky 2008, p. 13.
116 Moy 2007.

Quality Management

117 American Society for Quality n.d., "ASQ's Vision."
118 American Society for Quality n.d., "Who we are."
119 American Society for Quality n.d., "What is certification?" and "Why become certified?"
120 American Society for Quality n.d., "How is the body."
121 American Society for Quality n.d., "Who we are."
122 American Society for Quality n.d., "The ASQ timeline"; Watson 2009.
123 Watson 2009, p. 6.
124 American Society for Quality n.d., "ASQ's vision."
125 American Society for Quality 2008a.
126 American Society for Quality 2008a and n.d., "How we do."
127 Borawski 2008.
128 American Society for Quality 2008b, p. 2.
129 American Society for Quality 2008b, p. 16.
130 American Society for Quality 2008a; Borawski 2008; Watson 2009.
131 Watson 2009, p. 2.
132 Ward (with Borawski & Case) 2005.
133 Ward (with Borawski & Case) 2005, p. 183.
134 Ward (with Borawski & Case) 2005, p. 184; also American Society for Quality n.d., "Storytelling."
135 Ward (with Borawski & Case) 2005, p. 185.

What Was Learned

136 Kagan & Neuman 1997.
137 McCollom 1955.
138 Heifetz, Grashow, & Linsky 2009.
139 Heifetz, Grashow, & Linsky 2009, p. 155.
140 Brown (with Issacs, D. and the World Café Community) 2005.
141 See Dreeben 2005.
142 Goffin & Washington 2007.
143 Bowman & Kagan 1997, p. 157. ❖

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About the Author

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Stacie Goffin is recognized for her conceptual leadership in early care and education and her oversight and management of significant change initiatives spanning higher education; local, state, and national organizations; organizational development; and advocacy, resulting in change for both policy and practice.

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