Taking the Mystery Out of Influence

by

Eleanor J. Sullivan, PhD, RN, FAAN

Influence is an elusive quality but a potent force for change.

Taking the Mystery Out of Influence

Influence is no mystery; leaders use it every day. Most of us marvel at the ability some people have to achieve their goals. Often we think they are unusually fortunate, have friends in high places, or know something we don’t. They do. They know how to develop alliances of power and how to position themselves to take advantage of opportunities. They may have been born that way, or they may have paid attention to influential people and adopted their strategies.

“I do good work,” the harried nurse said. “Why would I need any more influence than that?”

Why, indeed?

Nursing’s history is replete with examples of our lack of influence. A health care system focused on money and reputation, a government concerned about the spiraling costs of health care and a nursing profession burdened with years of oppression and infighting are just a few of the reasons nurses have not yet developed their potential to influence health care and, ultimately, their patients.

In a profession focused on clinical skills, nurses are apt to consider influence another one of those nice, academic concepts that sound good in school but are unlikely
to work in real life. Nothing could be farther than the truth. In reality, influence will help you be more effective in everything you do at work and outside of it.

Becoming influential opens doors to affect today’s opportunities and tomorrow’s challenges. Having the ability to present your ideas and have them listened to enables you to affect outcomes for your patients, your organizations, and for yourself. It’s risky, though. Influential people separate themselves from their group, inspire envy and jealousy, and are expected to accomplish more.

Influential people can serve as models for the rest of us. They exhibit several characteristics that we can emulate. First, they have clearly-identified goals that are realistic, but are a stretch beyond what is comfortable. One influential person told me she liked to take on jobs that were just beyond her comfort level, enough to challenge her.

People of influence also have a finely-honed sense of awareness to other people and situations (more about that later), and they have a “presence” that inspires attention. And, finally, they have an exquisite sense of timing, the ability to adjust to situations and people as events unfold. They are not locked in to their initial ideas; they can be flexible, developing appropriate responses as circumstances require. They have many other qualities that are beyond the scope of this article. (See Becoming Influential: A Guide for Nurses for more.)

Becoming Influential

Influence is not a genetic trait; it can be learned. Anyone can learn these techniques just as all of us learned clinical skills: with instruction and practice.

Developing the skills of influence, however, is not easy. It involves assessing your personal effectiveness and deciding to change aspects of yourself. Being honest
without justifying our behavior is incredibly difficult. It takes determination and perseverance. Changing long-established habits is just as difficult. You must decide that you want to become more influential and make a commitment to yourself to do whatever it takes to learn the skills you need. Of the many skills presented in *Becoming Influential: A Guide for Nurses*, following are three to help you begin your journey to become more influential.

**Reading Subtext: Beyond the Non-Verbal**

The first step toward becoming influential is to be able to understand what people really mean, regardless of their words or actions. Fiction writers call this subtext. It’s the “message behind the message.” This ability goes beyond obvious non-verbal behaviors. Understanding subtext requires you to put together words and actions, attend to your and others’ responses, and put the interaction in context of the situation and setting. Lee Glickstein, who counsels speakers to listen to their audiences, calls this ability, “transformational listening” (Glickstein, 1998).

Is it magic? This ability to discern what others are thinking and feeling? Of course not. Is it intuition? Possibly. It is likely the same skill we use with patients, evaluating signs and symptoms and putting them together with our knowledge and past experiences and, in lightening-fast recognition, knowing what’s happening with that patient.

Similarly, you can learn to read people in other situations. For example, have you ever stood in a line at the grocery store and noticed that the person in front of you was in a hurry? Or walked into a meeting and read the atmosphere in the room? Or known that someone was anxious, another bored, or a third angry?
Learning to sense others’ attitudes without words enables you to respond accordingly. Have you ever spoken in haste and then realized, by the person’s response, that you had misjudged the situation? How much better for everyone involved when you are aware of another’s thoughts, feelings, or attitudes early in your encounter.

Some might complain that such conscious awareness of someone’s thoughts and feelings is duplicitous but, rather, becoming more sensitive to others is to hold them in respect. Responding appropriately recognizes that you believe their ideas are legitimate, making a productive exchange possible.

To learn the skill to read others is not easy. We are trained to attend to others’ words, their non-verbal behaviors even, but any attempt to discover what someone is thinking and feeling smacks of deceit or, at the least, trickery. Listening to the message behind the message, however, is a valid method to understand and communicate with others. More importantly, you can develop your ability to listen in this manner by practice.

Try this: Pick a public place—a library, the lobby of a hospital, the waiting area of a restaurant—and find a comfortable place to sit. Simply become aware of everyone and everything around you. What noises do you hear? Or is it relatively quiet? How are people responding to each other and their environment? Can you sense what each person is feeling?

Don’t be discouraged if you aren’t immediately sensitive to these obscure signs. In some situations people reveal little of themselves because the environment is so mundane or because they are restraining themselves. Watch a drama or comedy on
television with the sound muted. See what you can glean by facial expressions, body language, gestures, and the responses of others in the scene.

Keep trying this exercise in various environments as you go about your daily experiences. You may be surprised how quickly you can pick up nuances of behaviors. As you acquire these skills, try fashioning your response accordingly.

**Presenting Yourself: The Art of Presence**

The mirror opposite to reading others is presenting yourself. Your presence conveys the meanings behind your words whether or not you are aware of it. How you perceive yourself is paramount to the message you send.

Accepting yourself just as you are today without judgment or remorse or pride frees you to respond to the immediate situation. Bogged down with concerns about the past or worry about the future is futile and self-defeating. If you feel you need help in these areas, consider professional assistance.

“Who we are speaks more loudly than what we say,” according to Glickstein (1998, p. 46). How others feel in response to our words is important, but the subtext of our message determines whether they can trust what we say and how they will respond. Being present to the person and the moment helps. If our mind is elsewhere, it shows. Have you ever been talking with someone and realize that they are not paying attention? Just as we can see someone’s mind wander away so can others notice our inattention.

Additionally if we mask our true feelings, people will feel uncomfortable even though they might not know why. Likewise if we are less than honest, they may suspect something is wrong but not know what. Many a corporate executive has suffered more
from lying about wrongdoing than from admitting misconduct, even illegal acts. Can we do more than be honest with our colleagues?

One caveat about honesty: You don’t need to be forthcoming with people or in situations you don’t trust. Avoid answering, deflect the question, or defer until later; just don’t lie.

So much for our internal presence. External characteristics also speak to who we are. Your exterior presence is like a photograph; it’s not you, only an image of you. It is, however, a powerful one.

Alas, appearances do count in the image we project, but they are only a fraction of our external image. Our education, our workplace and our job, our family’s circumstances, our religion and ethnicity, and even what car we drive and the neighborhood where we live reveal aspects of ourselves. Most of these characteristics we have little control over nor would we want to change, but it helps to recognize that these characteristics affect our image.

What image do you project to others? Do they see you as a competent professional? Does your presence convey reassurance to your patients, their families, and your colleagues? Do you represent a positive image of nursing to people outside of nursing? Most importantly, how do you feel about yourself?

Unleashing Your Power

“What power?” one nurse asked me. “I don’t have any power.”

She couldn’t be more wrong. Billye Brown (personal communication, 2004) pointed out to a nurse at the bedside who had just instructed a patient on his post-hospitalization care that indeed she did have power. Look at what she had done. Her
work was helping someone recover from his illness and maintain his health. What could be more powerful than that, Dr. Brown asked?

Being a victim, however, runs rampant in nursing. Complaints abound, but to whom do nurses share them? To each other! This does little to change the situation whether it’s an uncooperative patient, an argument with a physician, or an unreasonable demand from administration. Telling each other our problems does, however, help us to feel better, which is not a good thing. Our anxiety about the issue has been assuaged, leaving us unlikely to take our complaint to someone who might be able to change the situation. To her numerous audiences, nurse consultant Marie Manthey admonishes nurses to “Deliver the mail to the right address.” It behooves all of us to heed her advice.

Nurses have vast reservoirs of untapped power. We are the professional the public deems the most honest, the most ethical, and the most trustworthy, rating nurses highest out of all professionals on these qualities for the fourth time out of the past five years (Gallup, 2003). Only firefighters scored higher in 2001.

Why don’t we use our power? Does our collective opinion of ourselves differ from that of lay people? Why else would we be reluctant to voice our opinions, speak to the public about our profession, or answer questions from the media? Leaders have urged nurses to speak out about our work, become involved politically, and develop the skills to influence policy in our institutions and government (Gordon, 1999; Mason, Leavitt, & Chaffee, 2002; Sullivan, 2004). The potential collective power of nurses is unfulfilled and untapped. What if every nurse acquired the skills to be influential? What would health care be like then?
Becoming influential is a career-long endeavor. Each encounter offers an opportunity to assess how well we used our skills and to envision ways to improve in the future. Furthermore, influence skills are not confined to the workplace; we can use them in our professional organizations, in our communities, and everywhere we encounter other people, helping to shape perceptions of us and our profession.

Persistence separates the successful from the unsuccessful in any pursuit, and becoming influential is no exception. Accept the risks, seize the opportunities, and persevere. You, and your profession, have everything to gain.

References


