Leadership is dynamic, reflective, and contextual. It shapes and is shaped by participants in an ever-changing environment and is understood in the context of motivations, needs, and situational factors. Reflective leadership mirrors the spirit of society and responds to changing group goals and membership. People rise to lead when they believe that their ideas, skills, or talents are needed and find ways for them to be accepted.

Nursing leadership is not unique to a contemporary profession. Throughout the history of American nursing, practitioners successfully influenced healthcare culture, left their mark on practice, and advocated for quality care for patients and their families. At the turn of the century, American nurses walked different paths to realize their leadership potential. They distinguished themselves as ideal citizens and virtuous role models. A nursing leader in Victorian America displayed the ideals of true womanhood in her professional care. She lived the cardinal virtues of piety, purity, domesticity, and submissiveness (Welter, 1979). Victorian nurses influenced through role modeling. The character traits of head nurses became the model behaviors for students and associates.

Ellen Giarelli, EdD, RN, CS, CRNP, Ruth Gholz, RN, MSN, AOCN®, Mary Ellen Haisfield-Wolfe, RN, MS, OCN®, CWS, Annessa Mitchell, BSN, OCN®, and Ann M. Smith, RN, BS, OCN® believe that their ideas, skills, or talents are needed and find ways for them to be accepted.

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