Elizabeth (Betty) Falter, MS, RN, NEA-BC

Workplace Mental Health . . . Manual for Nurse Managers, Lisa Y. Adams, 2015, New York, NY: Springer Publishing Company. Softcover, 380 pages, $65.

This book by a Canadian nurse with more than 23 years in the field of mental health and addictions is both timely and relevant. In leadership circles, we have agreed that nurse managers have a major influence on the work environment. This author brings a mental health perspective to the workplace that will open minds to looking at difficult situations and people in a broader way. Jean Watson, in her forward, said it succinctly:

Workplace Mental Health Manual for Nurse Managers seeks to provide answers to personal and professional challenges and to offer solutions to the problems of post modern violence and incivility, which are the very absence and antithesis of Human caring and health. (page ix)

The book is divided into 4 parts:
1. The Importance of Achieving a Healthy Work Environment
2. Creating and Fostering a Respectful Workplace Environment
3. The Issues That Challenge One’s Mental Health
4. Strategies for Managing the Mentally Unhealthy Workplace

Each of the 14 chapters begins with learning objectives and ends with a list of discussion questions and a comprehensive reference list. While the book would be most valuable shared in a group or course setting, it is user-friendly and could serve as a reference for individual nurse managers.

An excellent example of how this author speaks to the nurse manager is her astute summary of strategies for managing the unhealthy workplace:

When you are faced with personal and professional adversity and cumulating stressors, your own mental health can become compromised. No one knows you better than you know yourself and your own body, but even then, you need clear recognition and effective coping strategies to do so. While workplace negativity, difficult colleagues and workplace conflict can test your mental endurance, you need to maintain your sense of responsibility and accountability as well as use effective coping strategies instead of succumbing to the destruction that negative events can cause. While exercising, eating right, avoiding making assumptions, and taking care of yourself are effective, the extent of the stressor and the impact it can have on your mental health really depend on how you perceive it. (pages 326-327)

Nursing, The Finest Art: An Illustrated History, 3rd edition, M. Patricia Donahue, 2011, 1996, 1985, Maryland Heights, MO: Mosby Elsevier. Extra large hardcover, 380 pages, $64.95.

In this 40th anniversary of Nursing Administration Quarterly (NAQ), I turned to my bookshelf to look again at one of my favorite books on the history of nursing: The 1985 edition of Nursing, The Finest Art: An Illustrated History. What was going on 40 years ago when Barbara Brown founded NAQ in 1975? I found some historical moments, of course, but what struck me was how much I love this book. Over the years, it is one that I have prominently displayed in my home office. Each time I pass by, the jacket art gives me solace, that deeper sense of why I feel...
fortunate to be a nurse. The 1985 edition cover features *The Sick Child*, a painting by Gabriel Metsu, Copyright 1600, on canvas, Rijksmuseum, Amsterdam, the Netherlands. Rather than find a book tied to an event 40 years ago, why not review a new edition of the book itself?

For those of us who have an earlier edition (1985 or 1996) or those who do not yet have any copy of this book, the 2011 edition is worth consideration. At first glance, the jacket art seems cold and scientific than prior versions. Could I like this edition as much as my beloved book of 1985? Well I do. And I want to tell you why.

Once my review copy arrived, I sought to understand the Dust Jacket Art. It is a functioning sundial sculpture by Nancy Schon, titled *Nursing Sundial*, a gift from the Massachusetts General Hospital (MGH) Nurses' Alumnae Association to the MGH, 2004. It sits on the lawn outside MGH's Bulinch Building in Boston, Massachusetts. The figures in the sundial sculpture “depict the profession’s past (holding a lantern to chart the course for the profession), present (holding a book to represent the scientific knowledge base for the profession), and future (holding a globe to represent the far-reaching, global impact of nursing and its universal and multicultural dimensions) (page 1, Unit 1). It is exquisite and dynamic at the same time. It makes a perfect cover for the journey of this book.

More than the jacket art has changed in this book of nursing history. In the 2011 edition, there are 400 illustrations (90% of these are new art). The book is organized differently. The author chose themes as opposed to chronological order. For example, there is an entire section devoted to Military Nursing. It is much more comprehensive. In addition, new units have been added. In the Preface, Donahue writes: “I believe that nursing is an art that defies expression and is equally significant to an understanding of the true essence of nursing” (page x). There is something for all of us in this edition, whether we see our profession through a scientific lens, a caring lens, or both. This book is truly a gift of love to our profession. The author deserves our gratitude for giving us 3 editions.

**Dyad Leadership in Healthcare: When One Plus One Is Greater Than Two**, Kathleen Sanford and Stephen Moore, 2015, Philadelphia, PA: Wolters Kluwer. Softcover, 347 pages, $64.34 at Amazon.

During anniversaries, we not only look back but also gaze forward. The authors of this book, one a nurse leader and one a physician leader, present us with a change in how we should view management and leadership. In “The Dance of Change,” Peter Senge refers to “profound change.” He describes “profound change” as “organizational change that combines inner skills in peoples values, aspirations, and behavior with ‘outer’ shifts in processes, strategies, practice, and systems” (Senge et al, 1990, New York: Currency Doubleday, page 15). The Affordable Care Act requires such change. The authors of “Dyad Leadership in Healthcare” share with us a profoundly different leadership approach as initiated in a very large system (Catholic Health Initiatives) to address major shifts in health care delivery.

Sanford and Moore refer to dyads as “mini-teams of two people who work together as co-leaders of a specific system, division, clinical service line, or project” (page 7). The authors, themselves a working dyad team, end each of these chapters with first person stories from leaders who have been formally paired as dyad managers. Furthermore, “Dyad partners, like all organizational leaders, have a responsibility to understand the vision, contribute to strategy, and utilize tactics in pursuit of the organization’s goal . . . that calls for exquisite communication skills and trust between the partners” (page 10).

In an end-of-the chapter personal story, Shepard and Brandt, one a nurse information officer and one a physician information officer, liken the dyad to a marriage. Some dyads choose their partners, whereas others are arranged (page 107). Just as a marriage is more than a couple in love joining together, a dyad
goes beyond simply being a team. Choosing the dyad partners and creating the structures and organizational support are challenging and complex. The Catholic Health Initiatives has undertaken the enormous challenge of creating dyads throughout its national system while implementing system changes, such as a national electronic health record.

This book is an excellent vehicle for exploring a new way to lead. Each of the 10 chapters provides the reader with a substantial base of knowledge about this form of leadership. Each chapter ends with “Dyads in Action.” There are 32 contributors, most of whom relate their personal challenges and triumphs while learning to lead together. The authors of these stories share lessons learned while providing evidence-based outcomes.

There are gems in this book for all health care leaders, particularly nurses and physicians. The authors wrote the book “for executives considering the implementation of this type of leadership. It is also intended for leaders who are new or experienced Dyads, as a guide for becoming true partners” (page xiv). It is a great read and one that will excite anyone interested in leadership. More importantly, it is an inside look at visible change involving top leadership. It is a courageous move for people, normally seen as clinicians to turn their “white coats” (caring for patients) into “suits” (attending to the business side of health care) (page 3) and to do this in true leadership partnerships.

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