

The Circle Way to authentic leadership

By Kristen Lombard, PhD, RN

There's a gap between prevailing leadership development practices and the urgency to lead authentically amidst the dynamic complexity of modern healthcare. The Circle Way is a potent leadership tool that creates crucial space for developing vibrant learning communities. Using this methodology inspires a collective intelligence, strengthens individual and group commitment to creative solutions and innovation, and encourages authentic leadership.

An enduring practice

The Circle Way methodology is a model of nonhierarchical interaction that values relationship building and encourages consensus-based decision making. Based on an ancient practice, Baldwin and Linnea crafted the Circle Way model from decades of circle practice around the world.¹ What's different and effective about this model is an intentional protection of the interpersonal space, which is an essential component that engenders trust and meaningful connection.² It connects us beyond roles and with our common humanity.

Circle practice has become more mainstream in healthcare because of its identified need and ability to connect people via meaningful conversation. It promotes relationship building and insight, resulting in more desirable and sustainable outcomes from even the most complex challenges. A number of industries are now employing circle practice as a tool for engagement and positive change.³⁻⁸

In healthcare, there can be no more "business as usual." Leaders at all levels of an organization must come together in new, more collaborative ways to create healthy work environments that nurture emotional intelligence and trust, develop relational proficiency, boost morale, and improve conflict resolution. These proficiencies produce better outcomes for patients and families, and happier employees.

In my work around the country, disparate groups of caregivers continually come together in

this new way and leave feeling closer to their colleagues and stronger as a team. As one circle participant recently stated, "I came here with skepticism and a closed heart. I left with an open heart and inspiration to engage again."

The methodology

The Circle Way uses simple guidelines to create an interpersonally safe environment.⁹ A major foundation of the model is that each individual's voice is important and equal. There are three principles: leadership is rotated, responsibility for the quality of each circle is shared, and each person is a part within the whole. There are also three practices: one listens with attention, speaks with intention, and tends to the well-being of the whole circle. In addition, each circle abides by agreements, such as confidentiality, open-mindedness, and agreeing to pause as needed.

Rotating roles include the host, the guardian, and the scribe. The host facilitates a centering breathing practice, the reading of a reflection, and the agenda, working with the guardian to maintain interpersonal safety. The guardian is the timekeeper and observer of group dynamics, and keeps participants engaged according to the principles, practices, and agreements. The scribe records the discussion as necessary. Together, they guide awareness and embody partnering to prepare and maintain a safe and thriving environment for genuine sharing.

Circle practice supports authentic dialogue. The pace slows down to help us really listen to our experiences, stories, reflections, concerns, and



insights. It allows each person to be seen and heard, which in turn encourages engagement and personal accountability. Ultimately, circle practice teaches us all to become guardians of the process, wherever we are.

Typically, each circle has a physical focal point in the center. Often, it's an object that represents why the group has gathered; for example, a mission or vision statement, a mascot of sorts, a candle to represent healing, and so on. This helps group members remember their intention.

There are three council types to serve the needs and energy of the group. The Talking Piece Council is used to slow down a conversation, hear from each person on a particular topic, or ensure an individual can speak without interruption. Here, a talking piece is passed around to indicate who has the floor; others are asked to listen without overt or whispered conversation. In contrast, the Conversation Council opens up the circle to free flowing, respectful discussion. The Reflection Council allows for silence, a designated time and space to reflect on a question or concern.

A transformative experience

In 1996, at a Northeast community hospital, a group of interprofessional caregivers organized an initiative to weave integrative care into the fabric of our patient and family care. At the time, only a few members of the group knew each other professionally. We believed that if we were going to implement holistic care models, how we engaged in the process needed to be more holistic. The model we chose to promote this—the Circle Way—was innovative and unusual. This model turned out to be a way to guide our work and deepen our relationships.

The arrangement of chairs during our meetings had us facing each other without the safety of a table in front of us. Further, the guidelines for how we engaged with each other were very different from traditional meetings and time-driven agendas. We slowed down the pace and learned to listen deeply, speak with intention, and attend to the larger discussion instead of our egos and titles. We began to understand Relationship-Based Care from the inside out; it changed us and, therefore, our professional practice. As we educated ourselves about evidence-based integrative care, we created an interprofessional forum for discussing practice, established integrative care grand rounds, and networked.

Each meeting started with breathing; breaths in honor of letting go, being present, and inviting what came next. We read reflections on art, philosophy, and music to lift our heads and hearts out of the mundane and focus on a greater good. Through check-ins, we came to see each other as people and regard our personal relationships in the workplace as morally valuable. We moved beyond assumptions and judgments, and appreciated each other's human struggles and celebrations. We did this by "presencing" and attuning, wondering and being curious about each other, following what was said, and holding each other within a safe haven.¹⁰ By nurturing this safe interpersonal space, we learned to trust that being seen as a person and sharing vulnerability were okay.

The power differentials among nurses, physicians, unlicensed assistive personnel, and housekeepers dissolved as we recognized that each of us brought experiences to

the circle that were equally important. Sometimes, just the right answer came from our unlicensed professionals. We challenged traditional nursing roles and, through honest conversations, we learned to work through conflict and our trust deepened. Historical physician-nurse discord and distrust began to heal. We were embodying congruence with our values and our commitment to each other and the organization.

When making decisions, we heard from every person and voted by consensus. Did it take longer? Yes. Was everyone involved and dissent aired? Yes. Did that promote negotiation, increase investment in the outcome, and raise responsibility and accountability? Yes. Was the outcome sustainable and strong? Again, yes.

There were those of us who were struggling with compassion fatigue. Suddenly, we didn't feel so alone. Such collegial care and communal healing inspired us with renewed passion for our work and compassion for others. That fact seemed to exponentially deepen our practice with patients and families.

We participated in a type of interaction rarely experienced in healthcare, even today, 20 years later. We practiced mindfulness, open-mindedness, and unconditional positive regard, and challenged sacred cows. By letting go of obstacles, we were able to tap into amazing creativity and potential because of this group synergy. We also had fun!

What did we accomplish? We went on to create a financed division of integrative care and a successful outpatient private practice. The interpersonal process was also a goal in and of itself. Most of us worked together for many years.



Some individuals went on to bring circle practice into their next clinical areas, nursing education, business, and even their family lives. Circle practice made us stronger leaders individually and collectively.

Leadership literacy

In our increasingly complex healthcare system, there's confusion about who the leaders are and what leadership is. Traditional leadership models posit that those at the top of the organizational chart are the leaders; decisions are made there and those on the ground are expected to operationalize the decisions. In contrast, the literature tells us that we need to look for our leaders at all levels of the organization, in all roles, and that decisions about work need to be made by the individuals doing the work.¹¹

Within the chaos of our healthcare system, how can we nurture thriving work environments? Today's leaders must look through the lens of complexity.¹² This means having an understanding that change is constant and strong mindfulness and relationship skills are paramount to successfully negotiate such continual evolution. It's our relationships that keep us centered, grounded, and aligned with our values.

It's been recommended that leaders become more comfortable with uncertainty and let go of control by deconstructing hierarchy and supporting interdependence.¹³ In addition, shared decision making and vulnerable expression need to be promoted. Further, research demonstrates that organizations that allow time and space for authentic dialogue benefit from better collaboration and partnerships. Leaders must embrace emotional intelligence and recognize that leadership is a deeply personal journey.^{14,15} Work then becomes more sustainable

than the hope of a new program or a policy fix.

There are external prompts nudging us in the direction of caring-healing environments for healthcare professionals. The American Nurses Credentialing Center's Magnet Recognition Program® guides us to create structures for partnerships, empowerment, optimal communication, and improved care quality.¹⁶ The Institute of Medicine encourages nursing to lead healthcare transformation through developing leadership skills, creating infrastructure for information sharing, and partnering with the interprofessional team.¹⁷ The Circle Way is one example of infrastructure that allows these recommendations to flourish.

More recently the annual American Organization of Nurse Executives conference has engaged The Circle Way cofounders, Baldwin and Linnea, to teach circle practice to nursing leaders. Circle practice has also been introduced to the Center for Nursing Leadership. Our nursing leadership organizations are noting the benefit of circle practice and incorporating it into leadership training.

Leadership is a path toward shifting "the inner capacity from which a system operates," meaning that nurturing individual thriving heralds organizational thriving.¹⁸ The Gallup report informs us that for employees to thrive and commit to their work, they want the following from their work environments: meaningful and reliable communication; interpersonally safe environments; genuine relationships, where they feel seen and appreciated; and meaningful connection with a larger vision.¹⁹ Employees desire an accountable, strengths-based culture in which there's an equal expectation for everyone's performance. With the environment

ripe for growth, individuals can be strong leaders in their own right. Circle practice is a learning ground for such inner strength.

The Circle Way strengthens authentic dialogue, which, in turn, fosters deeper perceptions and an appreciation of diversity. It's the richness of developing relationships that enhances knowledge sharing and the translation of new knowledge into practice.²⁰ Leaders learn how to nurture and model successful relationships, manage anxiety, self-regulate, recognize patterns and outcomes, and share information.^{21,22}

Coming full circle

The Circle Way nurtures mindfulness and authentic connection, and builds trust and appreciation through reflection and genuine dialogue. Using the Circle Way grows these crucial proficiencies that are needed for effective leadership in our complex healthcare system. Largely, the work of a leader is to cultivate a community of learning that attends to richness in relationships with self, patients and families, and colleagues. By attending to safe interpersonal space, caregivers can connect on equal footing, develop trust, and allow themselves to do the emotional and reflective work needed to develop as leaders. **NM**

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