**Leadership Approaches: Part A**

**Leadership Example**

Leadership in the health care context is dependent on the choice approaches that the leaders adopt in handling emerging situations. In the course of clinical practice, it has been possible to perceive notable elements of leadership that are consistent with particular approaches. The work within the typical hospital is demanding and the pressure to conform to routines undeniable. However, witnessing nurse leaders and other senior health professional that make time to consult the practitioners on the alternative ways of progress is inspiring. For instance, following a situation the nurses and some of the clinical officers experienced excessive fatigue, there was a meeting including several of the practitioner bodies to brainstorm on the best solution. The outcome was an agreement for the consultation of various practice leaders in order to come up with alternative rosters and sharing of responsibilities.

Further evidence has been in the focus on student health practitioners, who receive deliberate pairing with mentors within the institution. The mentoring allows them to learn while practicing and gives them the constancy of a source of consultation. The practice also constantly reaffirms its goals to ensure the health of every patient through holistic care, encouraging every practitioner to follow up on outcomes even after patients leave the hospital. The effort combines with the assurance of every practitioner on the importance of their role, which either takes place through constant verbal communications, notes, or scheduled treats by the administration during breaks.

**Leadership Approach**

Current literature identifies the importance of appropriate and situational leadership styles within all forms of clinical practice. A leader in health care is more than simply the management, and is expected to always act as an advocate for issues of health and human dignity. Leaders influence others to achieve the goals of a given organization; with the difference being the kind of influence they exert (Cowden, et al., 2011). According to Doyle and Smith (2009), leaders are the people that others turn to when they know not what to do or when they are unable to work out things (p.10). The response of the leader to individual situations determines their approaches, which is the basis for the differences among the transformational, transactional, authoritative, and democratic leadership (Doyle & Smith, 2009).

This analysis focuses on the transformational approach to leadership. This leadership approach involves the identification of the need for change, the development of the vision guiding through the change, and the capacity to inspire the commitment of others in order to accomplish the change (Lin, et al., 2015, p. 33). This style draws on more than just the existing goals of the organization, and relies on the capacity to tap into the emotional resources than an organization has (D’Innocenzo, et al., 2014, p. 3). The reliance of the approach on charisma implies that its applicability is subject on the capacity to maintain the commitment to shared values among the members of the organization.

Transformational leadership has specific characteristics. These are inclusive of charisma, which is the ability to inspire other people towards a given goal (McFadden, et al., 2009, p. 391). The charismatic leader is aware of their direction and the role they must play in achieving this direction. Unlike the self-focused leader, their charisma is directed towards other people to cement the notion of idealized influence (Edmonstone, 2011). Apart from charisma, the transformational leader also has the capability to inspire others towards a desired position in the future. This characteristic inherently links the leader to goal orientation, which ensures their capacity to create a shared future among the followers (D’Innocenzo, et al., 2014, p. 3).



Figure 1: Transformational leadership characteristics

Source: Research Gate

Transformational leaders also exhibit individual considerations and intellectual stimulation. The former implies the capacity to recognize the individual potential of practitioners and make use of existing theories and practices to ensure they apply their skills towards self-improvement and achievement of shared goals (Germain & Cummings, 2010, p. 427). At the same time, intellectual stimulation ensures the leader promotes creativity in the development and implementation of practices and strategies for organizational development.

Evidence of transformational leadership is clear in the situation of previous clinical practice. It would seem that in this hospital, transformational leadership practices are so common that it is the norm for all clinical leaders. The clearest elements are the inspiration, charisma, and individual consideration. For instance, the presence of mentors for the junior clinicians not only characterizes charisma but also indicates individual consideration. The more experienced practitioners have the opportunity to guide the newer ones, which ensures their transition to actual practice is easier (Janes, 2008). At the same time, the mentorship gives each person the chance to discover their capacities under individual guidance.

It is also essential to consider the involvement of all practitioners in making decisions to improve the patient outcomes while also improving the conditions of work. Transformational leaders are effective communicators and ensure team work among employees (Kim & Newby-Bennett, 2012, p. 153). They also facilitate collaboration towards developing innovative solutions in the health care contexts (Damschroder, et al., 2009). The decision within this hospital to have all the practitioner teams combine to make suggestions for working rosters and the sharing of some roles enabled the easing of fatigue among particular groups. It was also an opportunity for the leaders to exercise collaborative and innovative solutions that may suit their health context specifically.

**Underlying Assumptions**

Like each of the existent leadership approaches, transformational leadership has underlying assumptions regarding the carer, the patient, and the healthcare professional. Transformational leadership essentially seeks to bring practitioners to a level where they can accomplish the tasks of the organization without any interference among the leaders (Lin, et al., 2015, p. 34). As such, the leadership style focuses on inspiring the professional to higher levels of motivation and morale. It ensures that practitioners such as nurses have autonomy, access to resources, and acknowledgement of their individual characteristics (Laschinger & Spence, 2008, p. 325). The leadership also seeks to empower the carer, such that they transit from being assistants to acquiring individual competence and commitment (Laschinger, et al., 2007).

Transformational leadership, therefore, is more person-centred than organization centred. Person-centred care focuses on valuing the patient, understanding the individual nature of the patient, provision of socially supportive environments, and understanding the views of the world from the perspective of the patient (Reynolds, 2009, p. 135). These characteristics extend to the practice among clinicians, especially nurses, whereby specific elements should reflect in this care model (Edvardsson, et al., 2008). For the practitioner of patient centred care, the expectation is that their skills match the needs of the patient, a proper environment of care, the capacity to provide care specifically designed for the patient needs, and the focus on the patient outcomes (Rathert, et al., 2013, p. 355). The capacity of the transformational leader to inspire the practitioners towards providing care specifically tailored for the needs of the patient is essential. Nevertheless, this inspiration always accompanies the need for resources to work towards this model of care delivery.

As such, transformational leadership conforms to the principles of patient-centred care. This leadership approach develops support structures that inspire practitioners and caregivers, empowering them towards better patient care (Elwyn, et al., 2014, p. 272). The leadership approach inspires the development of a shared vision of person-centred care and the expected outcomes for patients. The emphasis on the leader inspiring the pursuit of creativity and innovative solutions emphasizes the autonomy that is central to the creation of proper and quality environments for recovery (Germain & Cummings, 2010). Transformational leadership is also hands-on, ensuring the presence of the leader to guide the care giver to higher levels of professional performance (Martin, et al., 2012, p. 78). The presence of the leader is essential to patient-centred care, especially due to their capacity to note resource shortages and make efforts to ensure their provision for better pursuit of health outcomes.

**Contribution to Quality of Care**

The leadership approach provides healthy environments of work, consequently improving the quality of care in situations of its application. One of the clearest contributions of this approach to leadership is its capacity to empower care-givers, enabling innovation, creativity, and overall empowerment (Tomey, 2009, p. 20). The transformational leader has their interest in accomplishing a shared vision, which means they require uplifting the performance and capabilities of every individual within the organization (McCormack, et al., 2010). Transformational leadership especially enables structural empowerment, whereby social structures in the workplace enable the accomplishment of employee personal goals as well as organizational tasks (Wong & Cummings, 2007). Such arrangements include the pairing of employees with mentors, who inspire individuals both to develop their careers and seek higher standards of work performance.

Transformational leadership also improves the quality of care through encouraging team effort and collaboration. Teamwork ensures that practitioners share their positive encounters at work and their struggles, essentially relieving their levels of strain and burnout (Edmonstone, 2011). The use of efficient care teams ensures cooperation among different practitioners, which then increases the eventual quality of care administered to the patient (Harwood, et al., 2016). The reduction of strain levels also improves job satisfaction, which then translates to better patient engagement as well as more attractive patient care settings (Gilmartin & D’Aunno, 2007, p. 414). With team work, less experienced or skilled care givers gain opportunities to interact with individuals of higher work standards. These opportunities improve the skills of employees and their capacity to pursue autonomy in patient decisions or work attendance (Gifford, et al., 2007, p. 127). Similarly, the improvement in the knowledge and skill levels of all employees ensures more commitment to the needs of the patient and eventually boosts the quality of care.

The transformational leader is not only a constant and efficient communicator, but also exemplifies actions of commitment and integrity. The leaders are transparent about the intentions they have pertaining to the organization, as this openness is crucial to working towards the organizational goals (Lin, et al., 2015). This approach ensures that the leaders share information with their employees as suitable, allowing them the capacity to make independent decisions with regards to specific patient care aspects. At the same time, the leaders demonstrate the awareness of the limitations of their individual capabilities and situations where particular practitioners may be more qualified (D’Innocenzo, et al., 2014). This approach ensures that the staff not only understands the goals and visions that the organization works towards, but also recognizes the value of their individual contributions in this context. This approach increases the self-valuation of care givers, which increases their accountability both to the organization and the patients with whom they interact.

**Opportunity for Graduate Nurses to Develop**

It is especially notable that the tenets of transformational leadership provide significant opportunities for the development of nurses. Identifying these opportunities requires focusing on the individual characteristics of this leadership approach and their application in contexts of health care.

The transformational leader ensures to explain the vision of the care context, taking time to explain the specific actions towards accomplishing this vision. The detailing of the approaches to health care goals to the graduate nurse ensures they have the opportunity to identify their role in the framework. Fitting in within a work context becomes difficult where the roles of an individual are unclear (Wong & Cummings, 2007, p. 511). However, in the elaboration of the vision, the possibility of low clarity is eliminated. The detailed roles of every caregiver towards achieving the vision ensure that the graduate nurse contemplates their duties, and occasionally reviews their contribution and personal development in the context of the goals.

Similarly, transformational leadership strives to increase the capacities of every practitioner to meet the standards required for the goals of the organization. The leader deliberately strives to ensure that the practitioners increase their knowledge and skill levels as required for their contribution to the shared vision (Lin, et al., 2015). This presents an opportunity for the graduate nurse to grow their skill-set and probably develop new ones depending on the demands of the organizational goals. The fact that the leadership focuses on the individual development of all the practitioners also includes the graduate nurse, both inspiring and providing the resources for them to grow their capacities.

The opportunities for the graduate nurse to develop also emerge in the form of collaboration and teamwork, which are some of the practices that the approach encourages. The transformative leader motivates team building, resulting in cooperation among practitioners of different skill-sets and levels of experience (Gifford, et al., 2007). For the graduate nurse, team work and collaboration are opportunities to learn from the experienced members of staff and make contributions to creative interventions towards particular patient outcomes. Further, continued exposure in the team context gives opportunities to the graduate nurse to practice individual chances for leadership and recognize their potential in multiple areas of care giving.

As such, transformational leadership not only provides opportunities for graduate nurse development, but also encourages this process. The leadership style strives to drive organizational change, part of which involves changing the skills and capacities of the practitioners within the care context. Therefore, the graduate nurse is not only assured of the opportunity for development, but also for continuous pressure to actively pursue this development.

**Part B: Career**

In the next 12 months, I plan to apply for a career as an aged care nurse. Typically, this role involves working in a nursing home or a residential home and providing care for the elderly. However, the role can also be executed in other capacities from hospitals or through transition care programs involving home care services. The aged care nurse performs multiple roles, including supervising or administering medication to the aged according to their prescriptions, taking care of their dressing and movements, observations, and communications with the each patient’s doctor (Ellison, et al., 2015). The roles also extend to recording the trends in patient health and maintaining liaisons with the families of patients in order to immediately respond to current and emerging problems.

In pursuing this career, there are two essential factors I will require. These factors include understanding of the unique population and the critical reflection of practice. Understanding a unique population is an essential component of person-centred care. The aged, as a unique population, have special needs especially due to their susceptibility to physiological and psychological ailments (Ellison, et al., 2015). As a nurse in this context, monitoring and observation become inherent to the routine care for the patient. Events such as falls may prove catastrophic or even fatal, which increases the demand for the personalized care provision (Ellison, et al., 2015). As a nurse, I would require understanding the health literacy needs for this context as well as the implications of these age-related challenges. To develop this skill, it may be necessary that I engage consultatively with other practitioners in my work context. Continued collaboration will also ensure that I improve my knowledge in this area and provide care according to the identified patient needs.

The critical reflection of practice is also essential to this career. This skill implies critical thinking in the given area of practice, where the practitioner reviews current interventions and feedback and potentially develops improvements in the area (Dubé & Ducharme, 2015). Critical reflection will be important as it forms the basis of mentoring and patient supervision. Particular actions in the course of a shift may result in outcomes typically below the expectations of quality care, and reflecting on the impact of such actions will ensure avoiding them in the future. Reflective practice is essential to improving future interventions either as an individual or as part of a group. In order to improve my capacities in critical reflection of practice, I think the best approach will be ensuring I take part in the team or group activities of review after every shift. These may not be formal, but I am certain engagement with the rest of the care givers will provide the best feedback of my performance and strategies for improvement.

This will be a new journey in the development of my career. A clear understanding of the expectations surrounding my role, as well as the openness to understanding the population that I will serve will be essential. However, I believe that the most critical aspect will be developing the capacity to work collaboratively with colleagues in pursuit of better patient outcomes over time.

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