**Psychodynamic Approach with Transformative Approach for Organizational Change**

**Introduction**

In the post-modern world or work and delivery of services, there is an extensive demand for leadership and a niche to stay relevant and competitive and get implicated in complex technical as well as interpersonal frameworks. In a healthcare setting, they contain progressive conflicts, paradox, changes, chaos, and limited resources, and as a result nurse managers get involved in high levels of performance anxiety and survival anxiety: disoriented, vulnerable as well under constant pressure to perform their roles and at the same time manage their connections effectively. Within the healthcare emergency care unit, there is a demand for a form of leadership that is capable of providing necessary support to the emotionally disturbed individuals in conjunction with the capacity to adjust to changes that need increasing adaptability and flexible leadership.

**Psychodynamic Approach to Leadership**

Basically, leadership is all about human character, that is, what humans do, how they do it and the reason behind it. Trehan (2007), claim that it is all about approach people apply to behave themselves in institutions, and a leader capable of effecting the needs of their subordinates and the clients they are serving, by paying careful considerations to team processes; capable of calming anxieties and awakening hopes and endeavors, not leaving out how to emancipate individuals’ energy towards positive organizational change. In other words, leadership in a healthcare setting is meant to harness and leverage the various complex dynamics and forces in action within the framework.

 In this case, Huggler (2012) defines the psychodynamic approach of leadership and identifies it as a multi-complex model involving various ideas that individuals possess their first experiences with leadership from the time they were conceived. The basic ideology in this approach is the personality, advocating that the experiences one possess during childhood influences the various characteristics that are acquired when they are growing up. The approach has its roots in the work of Sigmund Freud’s development of psychoanalysis and being championed by one of Sigmund disciple Carl Jung emphasizing on personality development, while the leading proponent to psychodynamics approach developed by Abraham Zelnick.

**Nursing Management at Emergency Department**

At the ECU, most teams are trained to respond to patients that are experiencing injuries or trauma, where they are expected to recognize life-threatening issues and solve them in the spot quickly. In such a place, there is a high probability of human errors but comprehending various backgrounds of these emergency nurses as a nurse manager, Puccio et al. (2010), proposes that it could promote allocation of responsibilities since the roles need adaptive manner to emergencies, complex issues, and dynamic situations. The capacity to respond to emergent situations, in turn, should solely depend on a nurse manager and a team that is ready to obtain contemporary skills as well as strategies that need both conscious and unconscious readiness and the later most the most in coping with the complexities and change that comes with healthcare provision.

According to Bondas (2010), nurses have been facing issues of over-managed that have consequently led to inadequate healthcare delivery. Yet, nowadays nurse managers are facing unprecedented opportunities and challenges, where they are required to increase adaptability and flexibility; referred to as transformative leadership. Under it, surroundings of shared responsibilities that affect contemporary methods of awareness are developed. This method of leadership, Trehan (2007), emphasizes that it can motivate subordinates by appealing to moral values and greater ideas, whereas a nurse manager must possess a deep set of internal ideas and values in the Emergency Care Unit (ECU) acting towards sustaining a greater delivery of health care, rather than in their own interests as well as supportive surroundings where responsibilities are shared.

**Aligning the Psychodynamic Approach with Transformative Approach for Organizational Change**

Cilliers and Terblanche (2010), affirms that when applying the psychodynamic approach in an organization, the leaders acquire insight from their personality features and comprehending the responses of subordinates, also based on their personalities. For that reason, the approach brings about a significant aspect that there should be consideration and comprehension of the differences between different individuals who must work together.

Based on researches Van Eeden et al. (2008), it brings about a crucial aspect to the leadership by insisting on past experiences, feelings, unconsciousness, personality types and self-understanding. It looks at the first conflicts or annoyances, which embellish clear when one understands the psychological kinds or ego states embroiled. The presumed eventual benediction of the approach is that leaders and the subordinates are better capable of tolerating each other. The approach functions since individuals become knowledgeable of one another’s kinds and thus the differences are brought onto the table where individuals involve discuss them.

**Culture and Gender roles in leadership**

Recently, since the 1990s, the field of health care has incorporated various individuals from different backgrounds, increasing diversity in the setting. It has called for leaders to be careful when identifying various cultural and gender issues, which affect how human unconsciously and consciously behave or respond towards each other while undertaking daily activities. According to Kets de Vries and Korotov (2010), both psychodynamic and transformative leadership approaches on personality characteristics portrayed by the two dimensions; culture and gender, and when both are effectively inducted within the nursing management they could transform the and deliver long-term positive objectives in the healthcare unit and consequently change.

**Cultural Intelligence**

Focusing on how culture can be related to leadership in what is referred to as cultural intelligence (CQ), a nurse manager while inducting psychodynamic approach and transformative leadership, one requires focusing on the unconscious relationships manifested among the subordinates that enhance effectiveness in dealing with various ideas and perceptions in providing emergency health care. According to Ayman and Korabik (2010), it can originate from various subcultures within one culture or from foreign cultures. Allowing nurses from various cultures to share and practice various knowledge and understanding in the ECU will assist the nurse manager to meet challenges of managing both the workforce diversity and globalization, CQ has been identified to be an effective resource towards delivery of emergency care among the team, the leadership and the managerial in delivering morally valuable health care capable of meeting the arising health issues, thus can easily transform and meet the underlying health care objectives.

**Self-monitoring**

For an effective adoption and alignment of psychodynamic leadership approach with transformative leadership in the ECU is the nurse manager can self-monitor oneself, which is an extent to which a leader regulates his or her self-presentation to attain a more appealing public appearance. According to Haasnootet al. (2013), self-monitoring is an indicator of responsiveness and flexibility, key issues that the two leadership approaches emphasize. In an instance, a leader within the nursing care found himself connect very well with a team once he or she learns to suppress his ego and dictatorial character that initially affected the outcome of the team. As a result, Winkler (2010), affirms that the enhanced collaboration among the team members and consequently encouraged the team to express their thoughts. The approach has been perceived to increase morale and influence team members to have confidence in their respective roles. It also boosts the members of the group to a mental and emotional frame of mind and reduces retention and stress among other feelings.

**The ‘Big Five’**

Another form of aligning psychodynamic leadership approach with transformative leadership form is through inducting studies from several studies during meetings and briefs before or after rule taking in the ECU. The studies should include similarities and differences in gender and cultural practices related to the healthcare setting. To be precise they should include extraversion, openness to experiences, neuroticism, conscientiousness, and agreeableness simply referred to as the ‘big five.’ They are considered to be supersensible and universally personal traits considerate (Haasnootet al., 2013). However, finding the similarities and differences in cultural and gender from various nations and ethnic groups do not show conclusive evidence for the big five (Ayman and Korabik, 2010). Rather, analyzing each team member traits in relation to these other traits could attain meta-analysis of the relationship among these traits and leadership. It can be used to describe to the team about how things are perceived in various cultural settings as opposed to how it should be. If the nurse manager comes to terms with the various traits displayed by team members, it could be more efficient and effective to appreciate past experiences from childhood have influenced perceptions of the team members. Since the psychodynamic approach is characterized by reflecting transference of the individual unconscious desires and response to issues.

**Approaches that cannot be adopted**

**Lassez-Faire leadership**

Lassez-Faire leadership approach is a kind of approach where the leader is hands-off and allows team members to make their own decisions. This approach asks for little or complete lack of guidance from the team leader, where there is complete freedom to make decisions that a team member considers being right and fits his or her needs. For the approach to function, the team is provided with the necessary resources and instrument required to promote the self-drive and solve issues at a personal level. Skogstad et al. (2015) claim that the approach cannot fit in a healthcare setting specifically in an emergency department. In this department, knowledge and experienced need to kept in check at all times, and in a case where this leadership approach is employed in conjunction with transformative leadership approach, poor involvement, low accountability and lack of role awareness would lead to poor performances consequently less group satisfaction.

**Trait Approach**

Trait theory was among the first systemic theories used to research leadership; efforts to identify what innate qualities create a superior leader. The theory claims that leaders are born not made, and are based on personality and including charisma as one of the crucial qualities. However, according to Zaccaro (2007), the theory cannot fit in a healthcare setting since as a nurse manager, most of the leadership traits are learned to fit the roles and programs of health provision. The approach also focuses only on the leader leaving out the team that is led or even the roles and situations led in the process. Finally, the study on the trait fails to identify how specific features affect leadership results such as productivity, employee satisfaction, and performance.

**Skill Approach**

The theory underlying this leadership perspective is it focuses on personality characteristics, which in most situations seen as innate and largely established, to emphasize on abilities and skills that can be educated and advanced. However, Puccio et al. (2010), argues that the issues with this approach are that it extends beyond the boundaries of leadership making it more like it is less precise and more general. It is also weak in anticipative value since it does not explain how these innate skills can be effective in delivering performance.

Conclusion

Psychodynamic approach if effectively aligned with a transformative approach to leadership in a healthcare institute, it can render productivity, positive performance and effective teamwork in delivering health care at the emergency level. It asks for the nurse manager at this department to learn about various cultures of the team members; cultural intelligence (CQ) which contributes to effective leadership and managerial efficiency within a diverse work setting. Secondly, the nurse manager needs to self-monitor him or herself so that an appealing public presentation is attained. Thirdly, when aligning the two approaches, they require the ‘big five’; extraversion, agreeableness, neuroticism, conscientiousness, and openness to experience, that promotes awareness of the differences and similarities among the team members and the team leader that increase effectiveness and emergence in moderating the team during organizational change. However, leadership approaches such as skill, trait and liaise fire cannot conform in a healthcare setting specifically in an emergency department to conform to organizational changes while adopting a psychodynamic approach to leadership.

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