

Reflective Essay on Nursing Leadership

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Introduction

This reflective essay presents a critical analysis on the concept of nursing leadership, the ideal leadership style and the most important skills necessary to become good leaders in the nursing context. The contextual focus of this essay is on the recent reorganization of service in a surgical unit within a district community hospital in Wales. In this essay, a comprehensive analysis will be undertaken using John Gibbs' reflective cycle focusing on the value of leadership and management styles as drivers for change. Moreover, the specific barriers to change in the identified surgical unit setting will be identified in this essay.

Nursing Leadership

Strong and effective nursing leadership that is founded on the principles of trust, respect and fairness serve as the key characteristics of healthcare organizations that thrive in demonstrating good business practices and maintain healthy and positive organizational environments (Bobbio, Bellan, & Manganelli, 2012). According to Lee, Coustasse, & Sikula (2011), leadership is essential to the nursing field because all nursing healthcare settings are influenced not only by organizational factors but also of personal factors. The kind of leadership style that the healthcare organization adopts strongly influences both the institutional and individual resources and inputs of the entire clinical setting (Gocsik & Barton, 2014). More importantly, the fundamentals of nursing leadership encourages those who are in the nursing profession not only to become more engaged and competent in performing their basic healthcare functions, but also to provide exemplary and quality care while thinking independently and critically within their healthcare settings (Sellgren, Ekvall, & Tomson, 2008).

The essence and primary goal of nursing leadership is establishing positive and healthy relationships that result in a good working environment among all nursing professionals and healthcare staff (Swearingen, 2009; Burke & Friedman, 2011). Ultimately, this also leads on improved and quality patient care and safety outcomes (Swearingen, 2009; Sellgren, Ekvall, & Tomson, 2008). It has been emphasized that good leadership in nursing should not merely be considered as an optional function or role for nurses but instead must exist in all healthcare facilities wherein the implementation of change and the attainment of the highest patient care standards are stipulated (Curtis, de Vries, & Sheerin, 2011). Every clinical/healthcare setting must have good nursing leaders as they have the power to establish an ideal workplace climate and increase the work satisfaction and motivation of the nursing professionals and staff (Swearingen, 2009). Effective nursing leaders have the power to enhance the confidence, performance and overall motivation of their own staff (Sellgren, Ekvall, & Tomson, 2008). Moreover, nursing leaders serve the critical role of providing the nurses a “voice” that lead to change and further development of their respective patient care settings. Furthermore, good nursing leaders help in the creation of an organizational culture that is comprised of deeply satisfied, fully engaged and totally committed nursing staff with shared work values and vision of improving the quality of the patient care they provide (Bobbio, Bellan, & Manganelli, 2012).

Critical Skills needed to become a Good Nursing Leader

According to Curtis, de Vries, & Sheerin (2011), merely taking on the nursing leadership role does not assure quality and effective leadership. It is necessary for the leaders to possess high levels of leadership knowledge and at the same time, apply the right leadership style and skills in all aspects of work in the healthcare setting (Curtis, de Vries, & Sheerin,

2011). Interestingly, nursing leadership is distinguished from the general definition of leadership; apparently, the essence of nursing leadership lies on the emphasis of the responsibility of nursing professionals in improving their practice environment and implementing change necessary to enhance clinical practice (Lee, Coustasse, & Sikula, 2011; Curtis, de Vries, & Sheerin, 2011; Chreim, Williams, Janz, & Dastmalchian, 2010).

The concept of “change leadership”, according to Gocsik & Barton (2014) is one critical tenet of effective nursing leadership. Given that nursing leadership emphasizes on the importance of change, it is essential for all nursing leaders to be fully equipped with the right skills in implementing change as well as communicating vision consistently and clearly to the entire organization (Gocsik & Barton, 2014; Burke & Friedman, 2011). Also, since nursing leaders are expected to be primary “drivers of change”, they need to possess the critical knowledge in evaluating the organization’s current structure and processes and identify its overall readiness for changes (Hewitt-Taylor, 2013). In addition, it is also an important characteristic of all effective nursing leaders to have the ability to anticipate the probable impact or effect of implementing change in an organization (Cork, 2005). Most importantly, effective nursing leaders must have the capacity to plan ahead to ensure effective change and manage any form of resistance that may hinder the implementation of change in the healthcare setting (Hewitt-Taylor, 2013).

Moreover, successful nursing leaders do not simply impose changes in the healthcare organization which they think are relevant and necessary. They involve people, specifically the primary stakeholders who are knowledgeable of the best healthcare practices, workflow analysis and the overall design requirements of the clinical setting (Gocsik & Barton, 2014). These effective nursing leaders believe in the importance of involving people in their leadership

&management methods as they recognize that they cannot accomplish everything on their own(Gocsik & Barton, 2014; Hewitt-Taylor, 2013; Cork, 2005). These nursing leaders are strongly aware that the succesful implementation of change in the healthcare organization will only be made possible through empowering people, developing and increasing their motivation, satisfaction and knowledge in the nursing practice and working with as well as through them to achieve the ultimate healthcare vision of success (Marquis & Huston, 2009; Chreim, Williams, Janz, & Dastmalchian, 2010).

Leadership Style in Nursing: The Value of Transformational Leadership

The importance of leadership in the nursing context is definitely indisputable. However, there is one specific type of leadership that is deemed to be extremely important in the healthcare field and this is the transformational type of leadership. Clegg (2000) defined the transformational leadership style as a consultative, collaborative and a consensus-seeking type of leadership which ascribes power from the leader's personal contact and excellent interpersonal skills (Burke & McLaughlin, 2013). On the other hand, transactional leadership, which is described as the opposite of transformational leadership, attributes the leader's power from the formal authority and organizational position assigned to the leader (Clegg, 2000). In transactional leadership therefore, it is the leader's formal authority and position which gives him the power to either punish or reward performance (Clegg, 2000; Aarons, 2006).

Burke & McLaughlin (2013), also emphasized that transformational leaders are typically known for their "participatory" and "democratic" styles of leadership. They not only involve people but they also champion and empower them to achieve success. The authors, Curtis & O'Connell (2011) further described transformational leaders as those who share responsibilities

with their members and expect accountability from them. This is often positively viewed as the transformational leaders' method of giving their subordinates and followers the power to attain goals (Burke & McLaughlin, 2013). Moreover, transformational leaders see to it that their staff members are not only encouraged but are also obligated in advancing their practice and knowledge that enable them to fully participate in the important changes in their healthcare setting (Burke & McLaughlin, 2013; Moore, 2011).

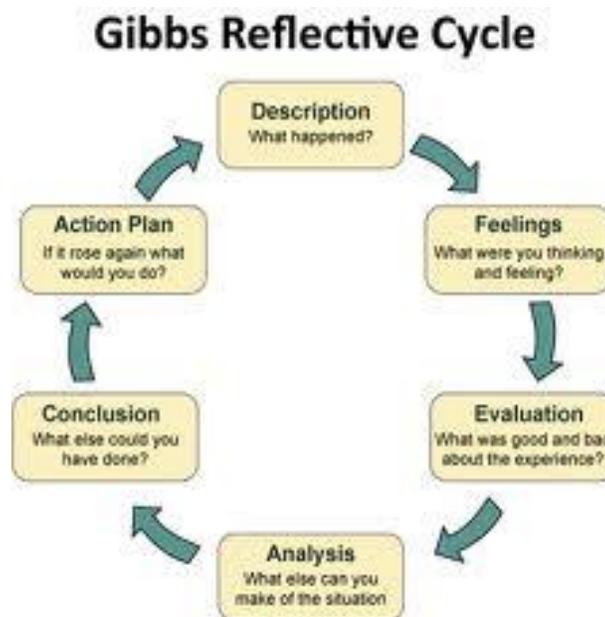
The Change Context: Reorganization of Service in a Surgical Unit

The main context of this essay is on the specific changes and/or reorganization of service in a surgical unit within a district community hospital in Wales. In this surgical unit, the reconfiguration of service was part of an initiative of the Welsh Assembly Government which aims to improve and deliver world-class services for Wales (The Royal College of Surgeons of England, 2006). This surgical unit serves as a catchment area for eight urban areas in Wales. It currently serves an estimated 1,500 to 2,000 patients yearly and provides a wide array of services which include cystoscopy and pain management. Among the major services provided in this surgical unit include sentinel nodes biopsy and breast surgery which require 24 hours of service per patient. As such, these types of surgical operations demand an intensive labor from the workforce in this clinical setting. The surgical unit was comprised of one (1) ward manager, five (5) day staff nurses, three (3) night staff nurses and two (2) healthcare assistants. In this clinical setting, some of the basic roles assigned to the author include preparing patients admitted in the surgical unit and making sure they are ready for their planned surgery and investigation and facilitating immediate recovery and plan safe discharge for the patient.

Gibbs' Reflective Cycle

In analyzing the recent leadership and management-initiated change that happened in the surgical unit, I will utilize John Gibbs' Reflective Cycle which presents a clear description, evaluation and analysis on the recent reconfiguration changes in the surgical unit and formulate an action plan to implement these necessary changes (Gibbs, 1988):

Fig. 1.0 Gibbs' Reflective Cycle



- **Description**

The total reconfiguration of the services mainly includes the changing of the services from a 24-hour inpatient services to a straightforward day cases. These changes are aimed at creating major surgical day case centre that are not only for the district community hospital but for the whole local health board. Some of the specific ideas for change in this surgical unit include the following:

- Expanding the theatre in this district community hospital and transforming the surgical unit as a facility for day case services. It is deemed that the surgical unit may serve as an ideal facility for the day case surgery in the local health board; and,
- Removing the breast surgery operations service in line with the reality that the surgical unit has no 24-hour operating theatre, no surgical high dependency facilities and will no longer have surgical or medical doctor at night.

My main role, in line with these changes, is to act as the “team leader” (in the absence of the ward manager) and be in charge of managing the day to day activities in the surgical unit and also, help out the ward manager in dealing with the changes of service from 24-hour in-patient services to day-services which exclude breast care surgery.

- **Feelings**

Personally, I felt that in implementing these changes, there was resistance among some stakeholders in the organization which include the ward manager and the district community hospital board. This is because the surgical unit changes entailed additional cost and the loss of some important surgical services that the unit used to offer (e.g., breast case surgery). The nurses however were relieved of their long hours of duty/shift and the loads of work tasks and functions they needed to do. Majority of the staff in the surgical unit were happy with the recent changes made in the clinical setting.

- **Evaluation**

Based on my evaluation, the expected results from these change initiatives are positive given that the surgical services will be more focused and thus, will improve in terms of quality and efficiency. It is necessary for the surgical unit to remove the breast surgery operations as these are among the types of surgical operations that demand an intensive labor from the workforce. And since there was not too many staff in the unit, this type of operations causes too much stress, pressure and work overload for the staff which leads them to not perform well in their other critical functions. What was not so good about the change initiative was that the ward manager was often confused and pressured in delegating the tasks to the staff probably because he had difficulty adjusting to the changes. Also, the ward manager seemed resistant to the changes and was always blaming the staff for being inefficient and incapable of doing their tasks well.

- **Analysis**

Since the ward manager and some members of the district community hospital board were resistant to the changes in the surgical unit, it would be best for them to undergo an orientation wherein they will be informed of the “pros” and “cons” of the proposed changes. They need to be made aware of the advantages of changing the surgical units’ services from a 24-hour inpatient services to handling straightforward day cases especially its impact on the staffs’ efficient and quality of care. In this way, those who resist these new changes will come to realize how it would also help them improve their day to day functions and maximize the quality of care services they provide to the patients.

- **Conclusion**

Proper orientation is needed to enable the ward manager and some members of the district community hospital board to understand the benefits of changing the surgical units' services from a 24-hour inpatient services to limiting it to day cases. Most importantly, the surgical unit must be led by a transformational type of leader who will be able to influence all staff members of the unit including the ward manager, with regard to the right direction and vision that the unit aims to achieve.

- **Action Plan**

To better implement the proposed changes in the ward, I will exercise the transformational type of leadership especially in the absence of a ward manager. I will delegate specific tasks to each staff member in line with the recent changes in the unit and empower them to perform their best and contribute to the success of the implementation of these changes. I will also involve them and explain to them why it is necessary to implement such changes and what could possibly be the benefit of these changes to them.

Lewin's Model of Planned Change

According to Kritsonis (2005), Kurt Lewin presented a three-step "change model" which is comprised of three stages: (1) the unfreezing, (2) movement and (3) refreezing. In essence, the unfreezing stage is the act of applying force to overcome resistance against the proposed change. In this case, it is necessary to have a transformational leader who will apply this force that would prevent people from going back to what they were used to do. Movement on the other hand is the stage wherein the act of moving to the desired changes will transpire. This will require the transformational leader to persuade the staff members especially those are resistant to change, to

submit to these new changes and get out of their comfort zones (Cork, 2005; Suc, Prokosch, & Ganslandt, 2009). Finally, in the refreezing stage, stability is once again established in the organization after the changes have been fully adopted and the benefits of these changes are beginning to manifest. The task of the transformational leader in this stage is to assess and monitor all the outcomes of the changes and take note of the learnings in the change implementation(Suc, Prokosch, & Ganslandt, 2009).

Barriers to Change

Resistance was indeed one of the most important barriers to change in the reconfiguration of the services in the surgical unit. There was evident resistance among some stakeholders in the organization which include the ward manager and the district community hospital board. Hence, it was necessary to have a transformational leader who will serve as the primary driver of change in the organization and will be able to influence and persuade the resistant staff members with regard to the benefits and advantages of the reconfiguration of services, specifically, how this will help improve the quality of patient care and surgical services being offered by the unit both in the short-term and long-term(Lee, Coustasse, & Sikula, 2011; Bobbio, Bellan, & Manganelli, 2012; Hewitt-Taylor, 2013; Moore, 2011).

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