Philosophy of nursing leadership



Philosophy of Nursing Leadership There might be no single leadership approach which is best to be used for the nursing profession, transformational leadership bears promise, being widely used and the predominantly preferred leadership style. Many revealed its effectiveness in increasing job satisfaction, wellbeing of nurses, and patient outcomes while reducing job burnout and stress). Moreover, it also allows fewer managerial problems than other styles. Its popularity in nursing eventually included in the nursing curriculum as a required skill that a nurse should possess. Having these positive acceptance and application of this theory to the nursing profession, I would like to discuss transformational leadership for this paper which best suites my own philosophy. According to Burns (1978), transformational leadership is an approach that gears to a collective purpose in empowering one another to achieve a preferred future, transforming both the leader and the follower into a higher level. According to Kelly-Heidenthal (2003), the team is geared to work together for a collective purpose by empowering others to achieve a preferred future which is the transformation of both the leader and the follower to a higher level. According to Bennis and Nanus (1985), the goal of the team is to convert followers into leaders, and leaders into "change agents". There are literatures that manifest the principles of this theory. The study of Kennedy and Lyndon (2008) shows that in spite of the existence of tensions in maternity care, an improvement of evidence-based practice can be resolved by the partnership of the nurse and the midwife in resolving differences in philosophies in caring, safe practice, communication and respect. Another one is the study of Silen et al (2008) wherein seeking support from the team and acceptance of the situation (compromise) will manage the nurses' distress and dilemmas, so as

to prevent its negative consequences to the quality of care. In addition to that, the study of Miller et al (2008) sees emotion work issues as a causative factor why some nurses refuse to collaborate with the team, and resolution of the issues will lead to inter-professional collaboration leading to a better quality care. This leadership theory eventually changed my philosophy in leadership and management. In a less-managed working environment, the usual management style is the transactional leadership approach wherein the team is concerned of their day-to-day activities and would only collaborate if it is required by the hospital policy. However, it is not seen as effective since every individual is focused on doing his own job as written in their respective job descriptions. There are times when the head nurse seem to enjoy pointing out her member's medication errors, charting mistakes, patient communication, and other small details that can be resolved if she did something for those errors not to occur. The members, on the other hand, enjoys discussing their head's frequent absences from the ward, arrogant behavior to her subordinates and disinterest in ward's minor concerns, as long as the duties are performed as written in the "black and white". I believe that the transformational leadership approach will emphasize the role of the leader in improving her members, as well as the members to their leader. This style will expand their commitment beyond their self-interests but will be collaborating with each other for the common interest of the team. Through this leadership style, the role of the leader is not simply supervision and evaluation, but also a direct participant on improving the performance of her followers and also to act even before her followers make an error. The followers, on the other hand, have an obligation to support their leader in fulfilling her function in leading. I believe that

transformational leadership will bring a positive change in improving the working environment, and eventually, the patient outcomes. References Kennedy, H. P. & Lyndon, A. (2008). Tensions and Teamwork in Nursing and Midwifery Relationships. Journal of Obstetric, Gynecologic, & Neonatal Nursing, 37(4), 426-435. Miller, K. et al (2008). Nursing emotion work and interprofessional collaboration in general internal medicine wards: a qualitative study. Journal of Advanced Nursing, 64(4), 332–343. Silen, M. et al. (2008). Workplace distress and ethical dilemmas in neuroscience nursing. Journal of Neuroscience Nursing, 40(4), 221-231. Bibliography Bennis, W. & Naus, B. (1985). Leaders: The strategies for taking charge. New York: Harper & Row. Burns, J. M. (1978). Leadership. New York: Harper & Row. Kelly-Heidenthal, P. (2003). Nursing leadership & management. Singapore: Delmar. Larrabee, J. H. et al. (2010). Influence of stress resiliency on RN job satisfaction and intent to stay. Western Journal of Nursing Research, 32(1), 81-102. Lindholm, Sivberg, B. & Uden, G. (2000). Leadership styles among nurse managers in changing organizations. Journal of Nursing Management, 8(6), 327-335. Lobo, V. M. (2010). Transformational leadership to promote cross-generational retention. Nursing Leadership, 23(2), 21-31. McIntosh, J. and Tolson, D. (2009). Leadership as part of the nurse consultant role: Banging the drum for patient care. Journal of Clinical Nursing, 18(2), 219-227. Munir, F. & Nielsen, K. (2009). Does self-efficacy mediate the relationship between transformational leadership behaviours and healthcare workers' sleep quality? A longitudinal study. Journal of Advanced Nursing, 65(9), 1833-1843. Nielsen, K. et al. (2008). The importance of transformational leadership style for the well-being of employees working with older people. Journal of Advanced Nursing, 63(5), 465-475. Suliman, W.

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