

Examining models of reflection on leadership and management



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“ The final test of a leader is that he (sic) leaves behind him in other men the conviction and the will to carry on.”

[Lippmann , 1945]

The quote from Walter Lippmann above highlights a major part of what a leadership entails. The ability to inspire others to carry on with work once we have moved on or are not there to lead ourselves is a skill that many of us have to work hard to acquire. Being a leader is not as easy as it sounds. Sometimes a leader has to make unpopular decisions for the good of all. How this is achieved is also a skill that good leaders display.

The leadership styles in management also vary on the type of people that the leader works with. Some need the iron fist, others need the velvet glove. Leadership styles in management hinge on two things, the leader himself and the people around him. The leadership style which the leader chooses ought to ideally be the one which will help him extract the best out of the people around him. So having said that, here are the dominant leadership styles in management.. Good leaders are made not born. If the one have the desire and willpower, he can become an effective leader. Good leaders develop through a never ending process of self-study, education, training, and experience (Jago, 1982). While leadership is learned, the skills and knowledge processed by the leader can be influenced by his or hers attributes or traits, such as beliefs, values, ethics, and character. Knowledge and skills contribute directly to the process leadership, while the other attributes give the leader certain characteristics that make him or her unique.

Leadership and management are essential skill for all qualified healthcare professionals. when leadership comes to nursing, it is recognised that nurses who have leadership capabilities can improve motivational levels of others in the work environment, this helps nurses to have a positive attitudes about their work, and to run their daily tasks and responsibilities more effectively. Treat the patients and other staff members with respect, and be able to reach personal goals and objectives. It involves an individual's efforts to influence the behaviour of others in providing direct individualised one in that the primary responsibilities of the nurse and health care personnel's in the delivery of nursing care. The process of leadership and management are based on a scientific approach called problem solving method. The function of these scientific method is to increase the probability of success for a nurse manager's action, given the particulars of a unique environment. In a typical nursing environment, there are staff members, clients, managers, situational variables such as polices and norms, and material resources, there are unique science it would be impossible to find this exact environment in another place or time. The goal of nurses manager is to identify the environment's resources and put them to work as a whole system in accomplishing goals and facilitating growth.

“ Reflection involves describing, analysing and evaluating our thoughts, assumptions, beliefs, theories and action” [Fade 2005]

The educationalist and philosopher John Dewey developed his ideas on thinking and learning and focused on the concept of thinking reflectively, defining it as; “ Active persistent and careful consideration of any belief or

supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends” [Dewey 1933. p 9]

He says reflective thinking as a thinking with a purpose and focused strongly on the need to test out and challenge true beliefs by applying the scientific method through deductive reasoning and experimentation. He implied the emotions and feelings are part of reflective thinking but , interestingly, this is not something on which he expanded. He made some important assumptions about people emphasising our tendencies towards quick solutions, tradition and ‘ mental ruts’ and the pervading influence of culture and the environment upon our thinking. He also emphasised the need the need for thinking to be directly linked with action, demonstrating the pragmatic nature of his philosophy, and suggested that any thinking can be intellectual. Thus emphasising the importance of practical as well as the theoretical.

Reflection starts with the individual or group and their own experiences and can result, if applied to practice, in improvement of the clinical skills performed by the individual through new knowledge gained on reflection. Clamp (1980) noted that nurses’ attitudes largely govern how care is administered to their client and the commonest causes of poor care are ignorance and inappropriate attitudes. This process of reflection, if then related into practice, can assist the individual in gaining the required knowledge, leading to a potential improvement in the quality of the care received from that individual. The outcome of reflection as identified by Mezirow (1981) is learning. Louden (1991) describes in ordinary language reflection as serious and sober thought at some distance from action and has <https://assignbuster.com/examining-models-of-reflection-on-leadership-and-management/>

connotations similar to “ meditation” and “ introspection “. It is a mental process which takes place out of the stream of action, looking forward or (usually) back to actions that have taken place.

Reflective Practice

Reflective practice is associated with learning from experience, and is viewed as an important strategy for health professionals who embrace life long learning. The act of reflection is seen as a way of promoting the development of autonomous, qualified and self-directed professionals. Engaging in reflective practice is associated with the improvement of the quality of care, stimulating personal and professional growth and closing the gap between theory and practice.

Models of reflection

In the models of reflection, I would like to discuss about Gibbs Frame work for Reflection and Johns Model of Structured Reflection

1. Gibbs Framework for Reflection (Linked with the core skills of reflection)

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Stage 1: Description of the event

Describe in detail the event you are reflecting on.

Include e. g. where were you; who else was there; why were you there; what were you doing; what were other people doing; what was the context of the

event; what happened; what was your part in this; what parts did the other people play; what was the result.

Stage 2: Feelings and Thoughts (Self awareness)

At this stage, try to recall and explore those things that were going on inside your head. Include: How you were feeling when the event started? What you were thinking about at the time?, How did it make you feel?, How did other people make you feel? , How did you feel about the outcome of the event? , What do you think about it now?

Stage 3: Evaluation

Try to evaluate or make a judgement about what has happened. Consider what was good about the experience and what was bad about the experience or what did or didn't go so well

Stage 4: Analysis

Break the event down into its component parts so they can be explored separately. You may need to ask more detailed questions about the answers to the last stage. Include:

What went well?, What did you do well?, What did others do well?, What went wrong or did not turn out how it should have done? . In what way did you or others contribute to this?

Stage 5: Conclusion (Synthesis)

This differs from the evaluation stage in that now you have explored the issue from different angles and have a lot of information to base your judgement. It is here that you are likely to develop insight into you own and

other people's behaviour in terms of how they contributed to the outcome of the event. Remember the purpose of reflection is to learn from an experience. Without detailed analysis and honest exploration that occurs during all the previous stages, it is unlikely that all aspects of the event will be taken into account and therefore valuable opportunities for learning can be missed. During this stage you should ask yourself what you could have done differently.

Stage 6: Action Plan

During this stage you should think yourself forward into encountering the event again and to plan what you would do – would you act differently or would you be likely to do the same?

Here the cycle is tentatively completed and suggests that should the event occur again it will be the focus of another reflective cycle

2 Johns model of structured Reflection

. Chris John's (1994; 1995) model arose from his work in the Burford Nursing Development Unit in the early 1990's. He envisaged this model as being used within a process of guided reflection. His focus was about uncovering and making explicit the knowledge that we use in our practice. He adopted some earlier work by Carper (1978) who looked at ways of knowing in nursing. According to his model of reflection the ways of knowing are

Aesthetics – the art of what we do, our own experiences

- What was I trying to achieve?

- Why did I respond as I did?
- What were the consequences of that for the patient? Others? Myself?
- How was this person (people) feeling?
- How did I know this?

Personal – self awareness

- How did I feel in this situation?
- What internal factors were influencing me?

Ethics – moral knowledge

- How did my actions match my beliefs?
- What factors made me act in an in-congruent way?

Empirics- scientific

- What knowledge did or should have informed me?

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