

Leadership and influencing practice

[Business](#), [Leadership](#)



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INTRODUCTION

Effective Leadership is considered as a key component for modernizing today's health environment. A quality leadership is required in each and every field for the profession development. Many people believe that leadership is a way to improve their personal, social and professional life. An able leader is not just a path for development but also an asset for the organisation to which they belong. (Bryman , 1992. Gardner, 1990)

Leadership can be defined as a multifaceted process of identifying a goal or target, motivating other people to act, and providing support and motivation to achieve mutually negotiated goals (Porter-O'Grady, 2003). In the day to day life of a Nurse, this could refer to their communication skill or their skills in co-ordinating the day/night shifts along with the team of nurses or other health care staffs and support staff on duty under the direction of <https://assignbuster.com/leadership-and-influencing-practice/>

that nurse or it can also be applied about their dealings with the patients and their relatives. The successful operation of the shift, staff morale and managing difficult or challenging situations depends largely on the team leader`s leadership skills. In addition, leadership has been defined in terms of the power relationship that exists between leaders and followers. From this viewpoint, leaders have power and wield it to effect change in others. Others view leadership as a transformational process that moves followers to accomplish more than what is usually expected of them. Finally, some scholars address leadership from a skills perspective. This viewpoint stresses the capabilities (knowledge and skills) that make effective leadership possible.

It is very much important to understand and appreciate that leadership roles are different from management functions. In Stephen Covey`s (1999) book *The Seven Habits of Highly Effective People*, he quoted Peter Drucker as saying: ‘ Management is doing things right; leadership is doing the right things. Management is efficiency in climbing the ladder of success; leadership is about determining whether the ladder is leaning against the right wall.’ The management is all about tasks, but the leadership is about skill, perception, philosophy and judgement. We could infer from this that it is much more difficult to be an effective leader than an effective manager. Thus leaders have, for the most part should be concerned with orienting the profession to focus upon developing nursing practice (Salvage, 1989). The leadership discourse within the UK is only recently considering nursing leadership to be a process through which health policy may be influenced (Rafferty, 1995)

Characteristics of an Effective Leader.

Some say great leaders are born, not made. And while there are some born leaders, many more have honed their leadership skills through extensive practice. Leaders are often described as being visionary, equipped with strategies, a plan and desire to direct their teams and services to a future goal (Mahoney, 2001). It is very much important for an effective leader to develop problem solving skills which can be incorporated in solving various work related issues and maintain group effectiveness and develop group identification such that their work has not gone unchecked. The Nurse or the team leader should possess and develop within all the above characteristics in order to win the support of the fellow workers and lead the development of clinical practice. They should also possess dynamic personality, be passionate regarding their job they do, have a motivational influence on other people, and also be solution-focused and seek to inspire others.

By Showing the effective leadership qualities, the nurses can induce a greater influence on their fellow staffs or their sub-ordinates regarding the profession and also ensuring that professional standards are maintained and enabling the growth of competent practitioners. In a study by Bondas (2006), leaders who were described as driving forces were admired. They were regarded as a source for inspiration and role models for future nurse leaders.

A Nurse to be a leader should possess the following qualities

making decisions

delegating appropriately

resolving conflict
and acting with integrity.

The duty of the leader is also to develop the sense of a team work among nurses who are working under them and also encourage them to improve their skills and their relationship with the other members so that a bond of development exists inside the team.

Thus by following the above things the act of leadership can be directly connected to a sense of development among the team members. This is largely achieved by working alongside them in a mentoring and coaching role. A good and successful leader will always try to achieve development of the other staff through their leadership. Saarikoski and Leino-Kilpi (2002) from their study found out that one-to-one supervisory relationship was the most important element in clinical instruction. Various researches have suggested that mentorship facilitates learning opportunities, helping to supervise and assess staff in the practice setting. Terminology frequently used to describe a mentor includes: teacher; supporter; coach; facilitator; assessor; role model; and supervisor (Hughes, 2004; Chow and Suen, 2001).

A systematic way of culturebased continual learning by providing necessary support and best available practice methods will empower and motivate staff. Dynamic clinical leaders and supportive clinical environments in which they can freely work are essential in the development and achievement of best practice models. It is recommended that staff are first shown how to perform a task and then supported to complete it.

Therefore the key factors which are described as effective in nurturing transformational clinical leaders are:

provision and access to effective role models

mechanisms for mentoring and clinical supervision

provision of career pathways

intentional succession planning

organisations that value clinical competence

and promotion of centres of excellence

(Borbasi and Gaston, 2002).

Political context

The Nurse leaders must be ready and able to respond to an ever changing healthcare environment which also includes organisational expectations and changes in the local and national policies. A Nurse should accept the changes but try to follow what is legal and legitimate. These roles have become more specialists, autonomous, accountable and focused on outcome, with both positive and negative consequences for the profession. Demands of the consumers and purchasers of healthcare services are increasing and have a greater expectation of higher standards, particularly in relation to nursing care. Nurse leaders must quickly demonstrate resilience in responding to change and supporting other members in the team to embrace this in a positive way. Effective leaders should be capable of reframing the thinking of those whom they are leading, enabling them to see that changes are not only imperative but are also achievable in an easy manner.

Senior nurses who have relevant experience and knowledge has to find ways of becoming involved in organisational decision-making on issues impacting on clinical care such as:

developing policy

workforce planning

departmental business planning

and clinical and corporate governance.

Sorensen et al (2008) advocate that senior nurses must develop constructive processes through which they become accepted as equal team members.

They are also required to create a good work place environment that provides a quality patient care and must also evaluate nursing expertise and try to represent nursing interests in corporate decision-making forums.

Leadership activities

Senior nurses should also apply leadership skills in encouraging staff to use critical reflection to facilitate new understanding . Senior nurses should act as a role model for their sub-ordinates. They should be able to develop the skills of other staff by enabling them to apply theory to practice and encouraging them to test new skills in a safe and supportive environment.

This, again, is an example of where leadership activities of the seniors combine with developmental ones to create competent practitioners through practice-based learning. These nurses should adopt a supportive leadership style with mentorship, coaching and supervision as core values. Constable and Russell (1986) showed that if the staffs get good support and encouragement from the seniors or supervisors the level of emotional

exhaustion is reduced and it also reduces negative effects of a job environment. Consequently, it would be particularly beneficial for supervisors to provide emotional support to nurses and give them adequate feedback about performance to increase self-esteem (Bakker et al, 2000)..

It is common in a ward environment that there would be misunderstandings or conflicts within the staffs. Resolving the conflicts and to build an effective relationships between multidisciplinary team members is a test for the senior nurses` ability. With nurses becoming more autonomous decision-makers, this must inevitably lead to revising the relationship between professional roles. Senior nurses also have a leadership role in facilitating their organisation`s staff support and development programme, which should aim to reduce stress, burnout, sickness and absenteeism among colleagues. Supervisors have a significant influence on employees` personal and professional outcomes. Bakker et al (2000) reported that senior nurses can buffer the effects of a demanding work environment on staff nurses by thoughtfully maintaining a leadership style that supports staff needs.

A person who is exhibiting a true leadership sees each person as an individual and will try to recognise their individual needs, as not everyone will perform at the same level or respond in the same way to environmental stressors or workplace pressure. Leaders need to support staff in ways in which individuals recognise as being useful.

In the same way, staff will be motivated by different factors. Leaders must focus on the needs of individual staff and use motivational strategies appropriate to each person and situation. They must seek to inspire de-

motivated staff and maintain the motivation of those who are already motivated. Leadership seeks to produce necessary changes in de-motivated staff by developing a vision of the future and inspiring staff to attain this. Leadership is the driving force of the work environment and directly affects staff motivation and morale. West-Burnham (1997) argued that leaders should seek to improve on current practice, and use their influence and experience to achieve this. This includes working within the team to develop goals and a feeling of shared ownership to achieve excellence in clinical practice.

Mentorship

Different people are motivated in different ways. It is the duty of the Leader to recognise it and they must use strategies that individuals find motivating to empower them and highlight the importance of their nursing role. This can be achieved by the Leader by following the process of structured mentorship. A perfect mentorship should foster ongoing role development and be based on the acquisition and mastery of new skills.

Senior nurses should everyday try to spend some time (say like 10-30 minutes) everyday and get involved with the staffs doing some form of mentoring activity, and each activity that has been done should be recorded in staffs book named ' learning log'. The learning log is a simple, task-specific recording method used as documented evidence that mentorship has been given on a particular area of work activity. Later the staff members are required to complete their own log book, which briefly records:

The nature of the activity being coached;
Strengths and weaknesses in performing the activity;
Coaching intervention;
Future goals.

It is important that staff members do not feel over stressed or micromanaged. Learning logs must be viewed as a mentorship tool, rather than a management one. The learning log should be used for reflection purposes to form the basis of a more comprehensive supervision discussion. The log book on which the data is recorded should be used to refresh and remind the staffs and the mentor about the progress they have achieved on a particular issue compared to the previous time and also about the new things they have learnt with the help of the mentorship. It must also record about the new things that as to be achieved by the time of the next assessment.

Mentors must also ensure that more junior staffs should have the freedom to seek information, through an open exchange of opinions and ideas and they must also keep in mind that the communication gap between the juniors and themselves is not widened. Staff should also be given the opportunity to show initiative, thus promoting confidence in decision-making and underpinning knowledge and competence in their own skills. creating a stable and supportive environment should be the goal of the perfect mentorship which encourages professional growth through effective role modelling. Murray and Main (2005) said that the notion of decision making

should be passed on from more experienced nurses to the less experienced ones so that there is continuity in professional development.

Leadership models

There are a number of useful models which can be used to guide senior nurses in leading other staffs. transformational and transactional models are the two most common models(Bass, 1985; Burns, 1978).

The effects of transactional leadership are short-lived, episodic and task based, with the transactional leader only intervening with negative feedback when something goes wrong. This form of leadership would have a place where there is a specific short-term directed project or piece of work to be completed.

When working in a ward it is always better to have a leadership model which offers stability in the relationship between senior nurses and juniors. In these kinds of environments the transformational model is more complex but has a more positive effect on communication and teambuilding than the transactional model (Thyer, 2003). The goals and values of other staffs are shaped and altered to achieve a collective purpose to benefit the nursing profession and also the organisation in which they are employed. Bass (1985) found out that than transactional leaders, transformational leadership factors were more highly correlated with perceived group effectiveness and job satisfaction, and contributed more to individual performance and motivation.

A different kind of a model was proposed by Adair (2002). This is the three-circle model of strategic leadership, with the circles being the needs of the task, the individual and the team. Adair believed that knowledge or expertise alone is not enough to lead; however, without it, leadership is impossible. Leaders should be aware of the both group and individual needs, and should harmonise them to support common goals and achieve it in a successful manner.

According to Adair, Each of the three needs in the model interacts with the others. One must always be seen in relation to the other two (Adair, 2003). This is a democratic model of leadership, in which there is consideration for the opinions of those who have to carry out the task. Each individual or the group they belong is involved to do the decision making concerning their work. The valuing of people, their knowledge, experience and skills is the strength hold to this model.

These nurses should not be concerned about using concepts from various models and developing an eclectic strategy . Leadership models are a useful tool for senior nurses and help to put the function of leadership activity into perspective. The models should be used as a framework on which to build an effective leadership style which suits the individual leader and those whom they are leading.

Professional socialisation

Supervised learning in clinical practice fosters emotional intelligence, responsibility, motivation and a deeper understanding of patient relationships and nurses' identity and role (Allan et al, 2008).

Much of the attention should be given in encouraging post-registration education and practice development in order to improve the health care standards. Clarifying role expectation and developing a professional identity is also included in this. Professional socialisation is a learning process that takes place in a work environment, of which junior nurses are an integral part. Effective leaders who are determined in their job will generate opportunities which create potential for professional self-development for junior staff. It is during this socialisation period that junior nurses develop opinions, attitudes and beliefs about their role which form the basis of professional growth. The role-modelling behaviour of senior nurses during this process is critical in transmitting appropriate professional values from one generation of nurses to the next. With proper Professional Socialization a more powerful team of workforce can be built and care standards can be increased.

The role of senior nurses is dynamic and multifaceted. Nurse leaders in practice settings have unique opportunities to influence and even create the environment in which professional nursing practice can flourish. Marriner-Tomey(1993) suggested that, in this highly influential role, nurse leaders have a major responsibility to change behaviour to provide an environment that supports the preparation of competent and expert practitioners. It is part of nurse leaders' role to serve as a model in providing effective socialisation experiences that impart the appropriate values, beliefs, behaviours and skills to staff.

Better outcomes for patient care

The Ultimate goal of any healthcare organisation is to deliver a quality patient care and this can be influenced through good nursing leadership. Junior staffs should be encouraged to be good leaders to gain a better understanding of their patients and their needs and values. Overall, these strategies will lead to increased patient satisfaction, more effective nurse-patient relationships and quicker recovery times. Good leadership could produce better patient outcomes by promoting greater nursing expertise through increased staff ability and a new level of competence. Empowered nurses are eager to implement evidence-based practice. They are highly motivated, well informed and committed to organisational goals, and thus deliver patient care with greater effectiveness (Kuokkanen and Leino-Kilpi, 2000).

Aiken et al (2001) argued the hospital practice environment has a significant effect on patient outcomes. Junior nurses should be encouraged to seek maximum rather than minimum standards, and be expected to achieve and maintain high-quality benchmarks.

Conclusion

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