Exploring leadership in health and social care practice

Today's vibes in healthcare organisation requires individuals who are creative, flexible, and able to empower others to be creative and flexible. Many leadership issues are the same regardless of industry, but healthcare industry presents many unique issues (Robinson, 2005 cited in Mechanic, 2005, p53). The relationships, life and-death nature of the work, emotional demands, and service delivery challenges with much shortage, managed care, higher client acuity, fewer resources, highly diverse demographics, and outside influences in this industry, make it very different from those in other fields. Because of these unique issues, healthcare practitioners need to be more effective leaders than ever as they manage clients in various settings. Regarding to that, this essay will critically analyses my leadership role and style in health and social care practice and how this may be developed to enhance client care. This essay will discuss the concept of leadership in health and social care in my practice, impact of organisational culture on my personal effectiveness, the key leadership qualities required to meet current challenges in my practice and how it will enhance my personal effectiveness, my team and client care.

Development of health and social care organisations in service sector industries require an uptight need for mounting efficiency in the concept of leadership. In my opinion upon my working experience in rehabilitative services, leadership can been defined as the process of envisioning a new and better world, communicating that vision to others, motivating others and enticing them to join in efforts to realize the vision, thinking in a different way, challenging the status quo, taking risks, and facilitating change (Grossman and Valiga, 2005, p45). Leadership has evolved from theories of

the past, which pronounced that only great and noble men could be leaders, to more current theories that look at leadership as a learned process or a changing role depending on the situation (Ilies et al., 2004, p207-19). Organisation strategies are drawn from both leadership and management theories and it involves both the leader and the follower (Burns et al., 2004, p840). As integration of multitasking operational processes and clinical assessment results an improvement in client care outcomes (Graham, 1995, p120-121), valid development in the client care practice initiates by leadership construction, institutes a legitimate for initiating a patient care improvement. In this subject, health and social care leader, lead and manage care for clients and communities in a variety of settings. They also lead and manage care across the health-care continuum, including primary health promotion and prevention, secondary skilled, long term, rehabilitative and tertiary: emergent, urgent, and acute care. Meanwhile, effective followers are entity who support and work with health care leaders. They are individuals who are engaged, suggest new ideas, share criticisms with the leader, and invest time and energy in the work of the group, upholding constructive interaction within the group, and stand-in as potential " leaders-in-waiting" in health and social care legacy (Pittman et al., 1998, p118). Morgan et al. (2005, p110-118) suggest that management is regarded with taking resources collectively, mounting strategies, planning, organizing, controlling and coordinating activities with the aim realize agreed missions. The approach of health and social care towards leadership and management, reflects the dynamic state of social and health care practice. Management has evolved from competing health and social care managerial activities in a hierarchical, bureaucratic organisation to complexity theory involving both

health and social sciences. Therefore, health and social civilizing and ecological context has to be deposit within the concept of leadership that been adopted in the organisation. I consider that all therapists must be looked to as leaders in and for the profession. In leading Neuro Spinal Rehabilitation team in my organisation, I have my role and responsibility in setting the team's goals and built up the teamwork spirit among members. I also lead the team by being a decision maker, team's delegator and mentor for the junior staffs.

Rehabilitative services are a major component of a health-care organisation, and it is important to understand the organisation culture in which to provide effective personal leadership quality in rehabilitative care. Organisational culture can be defined as the assumptions and beliefs that organisational members have in common. It is the " shared values and beliefs within the organisation" (Huber, 2000, p437). The culture of the organisation contains the norms that characterize the environment (Sleutel, 2000, p53-8). The culture consists of things that are not written down but are known by all members, which affects the outcomes of quality for the organisation. The culture is learned through the relationship between behaviors and the consequences (Jones and Redman, 2000, p604-10). Working in the medical centre of choice which serving the globally community, surely have a strong value set, mission, vision, and philosophy in order to meet ever-changing events and the needs of our clients. Staffs were repeatedly been remind that the organisation have a vision and mission in delivering quality tertiary services and best care to the client. Appraisal was vital and we were supervised. Our performance determines our promotions, increment, and

year on year bonus. Straightforwardly, these principles generated a competitive culture between staffs to strive and earn as much as we can without jeopardising the care of the clients. The working mood was conducive and work satisfaction far above the ground. Interpersonal bond was pleasant in manner, open and constructed on mutual respect. Kouzes and Posner (1990, p29) affirms that good leadership arrives from within one's values, sense of integrity and trustworthiness. Teamwork, respect, comradeship, empathy, honesty, loyalty and integrity were the values projected as our department culture. Russell (2001, p76) believed that good values yield a great form of leadership. With the intention of establishing transformational leadership practices, as leaders I have to scan my own self-awareness and a plan for self-development. This positive self-regard satisfies my self-esteem, needs and will result in " self-confidence, worth, strength, capability, adequacy, and being useful and necessary" (Barker, 1990, p159). By establishing this form of leadership, I will have a better relationship with my team (Morrison et al., 1997, p27-34). Transformational leadership was positively related to empowerment. Thus, as ' the most senior among junior' staff in my department, indirectly I will set an example for the juniors to follow. I understand that initially I should strengthen my personal values before give good quality organisational values to my followers. With these all elements that been mentioned, its help me as a leader to understand my work environment. Me my self as a leader and also other therapists need to be knowledgeable and comfortable within the culture and the climate of the organisation. Our organisation is improving in work environment through shared governance and magnet status for the therapists. This provides autonomy and demonstrates the importance of my personal leadership

effectiveness in a professional practice environment that been offered by my organisation.

Leaders keep the organisation continually moving forward by looking for ways to improve while managing the goals of the organisation. As to describe the important of key leadership qualities required in order meet current challenges within my practice, I need to outlook myself as a leader, build-up my leadership capacity, and hold the obstacles that been faced (Grossman and Valiga, 2005, p122). Communication and teamwork issues have been often cited as shortcomings in the health-care system. Many of the problems that occur within teams are the direct result of people failing to work in a team (Kaissi et al., 2003, p211-18) and communicate effectively (Maxfield et al., 2005). In my team, there are individuals that tend to work outside the team's globe. That individuals always put into account the differences occurs among the team members, refused to take clients that been referred and did not take part in any team brainstorming and team meeting. That individuals display a lack of trust, a lack of tolerance for healthy conflict and lack of passionate commitment toward the organisation. There are also problems of miscommunication. This always happens especially on issue of client's treatment appointment that leads to incompetence in rehabilitation service delivery.

As a leader in the rehabilitation team, I should develop varied formal and informal key leadership qualities, which involve team building, communication, negotiation, delegation, and mentorship in order to lead and manage the challenges successfully. As a leader, I must be able to work as a team builder. I should develop a mission and goals of the organisation unify

the team and should reflect the goals of the team. There also a need for me to set ground rules. I agreed that members need to know expectations for structure and behavior. Ground rules that were considered most important included, clear expectations for time, place and attendance of meetings, communication, collaboration, and mutual respect among members. For example, through the use of attractors, I can help the team focus and move forward in the use of the knowledge and expertise of the team members. Both formal and informal communication is important for effective communicator leader. According to Barnum and Kerfoot (1995, p300), personal face-to-face communication is optimal, so I must make every effort to stagger my hours to allow this communication on a regular basis. Leaders who make time for informal communication will have a more accurate understanding of the issues, will develop more open, trusting relationships within the organisation as well as a greater understanding of factors affecting morale and avoiding issue of miscommunication. Another key leadership quality that will facilitate me to meet my challenges is being a good delegator. I should be able to delegate every job and task in delivering services within the team (Blanchard et al., 2007, p175). This helps to organize time and complete the task within different clients or variations of equipment used. As a ' coach' for the junior staffs in my organisation, I also should have a mentorship quality. Bennis suggest, " drawing out the leadership qualities (of others) is the way of the true leader" (Bennis, 2004). I must mentor juniors and acknowledge their ideas. My protégé definitely will have the same brain and idea as me, as a result, it will establish an effective teamwork and avoid team conflict.

As realizing that there are lots of lacking in my leadership values of practice, assessment exercises definitely help in fixing the missing qualities. Leadership assessment exercises represent a wide range of strategic, organisational, and interpersonal challenges which been measured using coworker ratings (Sloan, 1994, p1061). There are three basic purposes for leadership assessment, which is prediction, performance review, and development. The assessment that been used was multisource (also called 360-degree) feedback surveys which collect anonymous performance ratings from supervisors, subordinates, peers, and sometimes customers for comparison to self-ratings (Smither, 2003, p24).

The development of the key qualities that been mention above is likely will enhance personal effectiveness, team working and client care. I unanimously agreed that my experienced in leading interdisciplinary teams left me with the beliefs that good teams create safer and better patient care, improve resource utilization, improve team collaboration, and contribute to more personal effectiveness satisfaction. I always emphasized that a condition for success was the identification of clear goals and the need for leaders to facilitate the " buy-in" of goals by all team members. As a team builder, by asking each team member to commit to the success of the team was noted as a successful strategy within one team. The importance of leaders having public support of the team from highly regarded influential hospital leaders was also crucial in adopting national quality improvement for patient care issues. Leaders with effective communication always believed the need for good communication was imperative. I noted that willingness to communicate created opportunity to solve problems effectively within the

team. I also noted that when team members became more familiar with each other's roles, communication improved as did respect and collaboration. There is a need to communicate across generations. New team approach seemed to threaten autonomy and " old way of doing things" for some practitioners. My team agreed to enlist key peers of older generation, who were accepting of changes to communicate rationale for changes. This development will directly improve the service delivery to the client, as there is no more miscommunication between therapist and client such as in client appointment issue.

The good delegator leader will recognize the wisdom of members of the health-care team, support the interconnectedness of team members in the health-care delivery system, and embrace a more fluid, innovative system. The leader will foster an environment that supports the notion of associates, which is being partners in the delivery of health care, being accountable for evaluating the outcomes of the interventions, having the equity in the team to make " point of service delivery" decisions, and feeling a sense of ownership in the organisation (Wilson and Porter-O'Grady, 1999, p32-8). Improved relationship and respect for others led to sharing of professional literature and ideas. Assessment tools and protocols were developed reflecting interdisciplinary interests. Team members reported more collaborative care and more satisfaction with their work environment.

Mentorship is the process to accomplish all of these (Byrne and Keefe, 2002, p391). Mutual respect, goal setting, accountability to each other, and open dialogue are hallmarks of an effective mentoring relationship of a leader. The leader with a mentorship quality has the responsibility to create

opportunities for professional growth and involvement, whereas the protégé is responsible for responding to these opportunities. The mentor has the responsibility to provide opportunities for the protégé to gain recognition for the work accomplished; the protégé is accountable for being responsible and reliable with the work accepted. The mentor empowers, encourages, and challenges the protégé.

As a conclusion, health and social care organisations need leadership at all altitudes, from top to bottom. Leaders play very important roles in managing health care organisations, as the cliché goes, " where the rubber hits the road." Leaders translate strategy into action. Leaders responsible to make sure work gets done, services are delivered, and clients are satisfied. Leaders can almost make or break a company by how they lead the workforce and by how effectively their practical decisions respond to any challenges in the organisation. Leadership greatly affects the attitudes and the productivity of workers. As the one who lead platoons into battle, leaders must make critical adjustments to local conditions and terrain, keeping people together, be an effective communicator and a mentor for the junior. With the intention of developing leadership proficiencies, it is essential for me to study professional leaders, work together with all, and get constructive feedback on my performance. Having an outline and experience with a senior leaders, permits me as a ' junior among senior leaders' to comprehend the framework of my organisation, communicate and collaborate effectively, extend negotiation ability, reflect more extensively and be empowered (Grossman, 2005, p266-78) in order to develop my personal effectiveness, team working and service delivery.