

Examining concepts of leadership and reflection in nursing essay



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Western (2008) says that, the term leadership has different meanings and we will aware of leadership when we see it. By the estimates of Durbin (2000), in academic literature there are 35, 000 definitions for leadership (Pye, 2005; P. 32). According to Stoddyill (1974; p. 257), there are as many people tried to define the idea of leadership as many definitions of leadership as there are.

Hemphil and Coons (1957, p. 7) defined leadership as " the behaviour of an individual..... directing the activities of a group toward a shared goal".

Clark (2009) says that the change in the definition of leadership occurs according to the person, whom we ask to define the term. Houser and Player (2004) concluded in their study of a dozen nurse leaders as that, the nurse leaders have some common characteristics such as innovative, courageous, visionary, scholarly, resilient, creative, committed, responsive, and thoughtful. Tan (2006) suggests that the concept of leadership as, to influence a person or follower, to do what is critical to achieve societal and organizational goals.

Nurses are particularly aware about the necessity of reflective practices among health care professionals (Duffy, 2007; Manthey, 2001, et al.). Same as that practice of reflective leadership have an equal importance in this profession (Deutsch and Sherwood, 2008). Oestreich (2009) says that, reflective leaders must know about, how they are opening paths for clear communication and goal fulfilment, where they are in the progress of their own and organizational goals, and how they connect with others. " Great leaders have to walk alone sometimes, such aloneness can facilitate

reflection”(Drucker, 1996, p. 9). Qualitative researchers says that , more distant reflection is possible through the observation of the participant. In a nutshell, both the individual leader, more than that the organization benefited by the reflective practices.

LEADERSHIP CHARACTERISTICS

According to Nanus, B (1985), integrity, passion, and vision are the fundamental characteristics of a good leader. Sociability, integrity, determination, self-confidence, and intelligence are the characteristics belong commonly to leaders (Stodgill, 1948, 1974). Research among 46 magnet hospitals clearly defined the value of leaders as they are knowledgeable and supportive, enthusiastic and visionary, have expectations and high standards, value professional development and education, demonstrate status and power in the organization, are responsive and visible, are active in professional associations and communicate openly (Mc Clure & Hinshaw, 2002; Scott et al, 1999; Kramer, 1990; Mc Clure, Poulin, et al, 1983; Kramer & Schmalenberg, 2005). Murphy and DeBack (1991) identified nurse leader have leadership characteristics such as learning and taking initiative, designing organization structure, mastering change, and managing the dream.

LEADERSHIP THEORIES

Many leadership theories are useful to nursing (Burns, 1985). By Patricia Kelly (2010) the major leadership theories classified in to the following approaches: Behavioural, contemporary, and contingency approaches.

BEHAVIOURAL APPROACH

In behavioural approach the leadership studies by Kurt Lewin et al.(1930) gave information about three widely existing leadership styles. That are autocratic, democratic, and laissez-faire leadership styles. Autocratic style of leadership the opportunity to make decisions centralized in the leader and the leader has the power to control and command the team members. In democratic style the team members have the authority to take decisions and there is a close inter personal relationship between the leader and the individual team members moreover there is sharing of opinions. By Lewin (1939) laissez-faire leaders postpone decision making and are characterized by freedom of behaviour. In this group the negative points are the low productivity and the feeling of dissatisfaction.

CONTEMPORARY APPROACH

This approach gave importance to the development of learning organizations and lead the process of transforming change. Charismatic theory, transformational leadership theory, knowledge workers, emotional intelligence, and wheatley's new science of leadership are under this approach (Kelly, P, 2010).

CONTINGENCY APPROACH

In this theory the factors in the environment influences the leader's outcomes. This approaches include the situational theory of Hersey and Blanchard, Feilder's contingency theory, path goal theory and the idea of substitutes for leadership

Among these theories one theory that has become relevant to nursing is the transformational leadership theory (Burns, 1985). Transformational leadership is defined as, " One who inspires and empowers everyone with the vision of what could be possible"(Hood, 2010, p. 460). The suggestion by IOM (2003, b) is that, the transformational leadership acts as a safety net for the patients. According to Clark (2009, p. 17) transformational leadership and authentic leadership are the two different types of leadership styles significantly important for nurses.

THE IMPORTANCE OF REFLECTIVE PRACTICE IN NURSING LEADERSHIP

The maintenance of a personal professional profile is important for the attainment of maximum reflection in education and practice after the registration of a practitioner, by UKCC. The regularly recording of daily events and preplanned learning activities as a part of reflective process are the bias of this profile (UKCC, 1997). One of the inevitable processes in clinical supervision is the reflection. Moreover, clinical supervision helps the practitioner to up bring the standard of care and thus it support in their practice (UKCC, 1996).

REFLECTION

The concept of reflection is difficult to define (James & Clarke, 1994; Clarke et al., 1996). John Dewey (1933, p. 9) defined the term reflection 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". By Dewey (1933) the application of scientific methods are possible through experimentation and reasoning and there by <https://assignbuster.com/examining-concepts-of-leadership-and-reflection-in-nursing-essay/>

challenge and test out true beliefs. His studies influenced the educational ideas and work of Schon, D (1983, 1987); Boyd & Fales (1983); and Boud et al.(1985). According to Boyd & Fales (1983) reflection is the process of internal examination and exploration of a concerned issue, by an event, that self clarify and creates meaning and resulted in a different conceptual perspective. In definitions of reflection, most of them support the ideas of intellectual skills and creativity development, self awareness raising, and new knowledge development (Hancock, P, 1999). By Boud et al. (1985), to becoming a reflective practitioner, one should consider an issue, triggered by an experience, go back through it, and ponder over it and then they will get a new insight about that particular situation.

TYPES OF REFLECTION

Schon (1987) noticed two types of reflection in his studies. Reflection-on-action and reflection-in-action. He identified that practitioners use reflection, when they met with unique situations, when they may not be able to use previously learned theories or techniques by formal education. By the concept of his reflection-on-action, to develop as a practitioner or person, critical thinking and construction and reconstruction of events are important. On the other hand, by his reflection-in-action, action from a practitioner reshaped due to his thinking while he is doing it and with out disturbing it.

SKILLS NECESSARY FOR REFLECTION

By Atkins & Murphy (1993) the skills such as description, synthesis, evaluation, judgement, critical analysis, and self-awareness are necessary for reflection. Front-runners in nursing have established some models of <https://assignbuster.com/examining-concepts-of-leadership-and-reflection-in-nursing-essay/>

reflection, significantly those of Schon (1983, 1987); Kolb (1984); Boud, Cohen et al.(1993); Boud, Keogh et al.(1985); and Johns (1992). Their levels of explanations are different, while the retrospective phenomenon of reflection has three fundamental processes. That are retrospection, reorientation, and self-evaluation (Quinn, F, M,). DATE

MODELS OF REFLECTION

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Reflective Practice was introduced by Donald Schon in his book *The Reflective Practitioner* in 1983. There are different models of reflection in practice. In that I would like to discuss about the two models of reflection – Gibbs model, 1988 & Johns model, 1995.

GIBBS MODEL OF REFLECTION – 1988

Gibbs' model is a cyclic process of reflection, in that a practitioner describes the experience and must evaluate and analysis of how they were feeling during the experience. By the evaluation and analysis of the emotions associated with the situation give the practitioner a chance to understand the situation and come to a conclusion of what else could be done, or what other options could have been taken. Most importantly, in Gibbs model of reflection the final stage is the formulation of action plan, that give an idea about what actions would be taken if the situation happened again (W http://en.wikipedia.org/wiki/Reflective_practice).

JOHNS MODEL

It is a structured mode of reflection that provides a practitioner with a guide to gain greater understanding. In this model of reflection, reflection carried <https://assignbuster.com/examining-concepts-of-leadership-and-reflection-in-nursing-essay/>

out through the act of sharing of emotions with colleague or a mentor and it provides a faster rate of learning than reflection alone. In order to achieve reflection 'looking in' on ones thoughts and emotions and 'looking out' at the situation experienced are important steps in this model of reflection.

Mainly five patterns of learning are included in to the guided reflection, that are the practitioner's analysis about the aesthetic, personal, ethical, empirical, and the reflexive elements experienced through the situation.

REASONS TO PREFER JOHNS MODEL OVER GIBBS MODEL

I think Johns model of reflection is better than that of Gibbs model because, in Johns model practitioner get an opportunity to share with a colleague or mentor, about their thoughts and emotions of their own and about the situation experienced. It seems to me that by the sharing of emotions definitely, we will get a clear cut idea about the feelings of the self and about the situation in a faster rate. 'Looking in' and 'looking out' become easier when the structured questions shared between a colleague or an experienced person. In Gibbs model of reflection, evaluation and analysis of the emotions associated with the situation experienced is important and there is no sharing of ideas or emotions with anybody. I feel that with out the sharing of emotions reflection occurs in a slower rate.