Nursing leaderships ethics research paper

Introduction

Introduction

The healthcare profession is one of the most demanding professions in the world. Ethical dilemmas in the workplace are a common norm and the professionals in this field usually find themselves in compromised positions. However, health professionals like nurses can successfully overcome these ethical dilemmas by assuming leadership roles. Leadership does not necessarily involve the assumption of formal positions. It can come from within an individual. A nurse can assume a leadership role by partaking in initiatives designed to improve the operations of the health care sector. This can for example involve assisting patients and also their families in making difficult decisions or helping them formulate goals that are realistic when it comes to their healthcare (Fry &Veatch 2006).. Alternatively a nurse can assume leadership responsibilities among his or her colleagues by encouraging them or making sure that they abide to the established nursing ethics.

However, it has been found that very little healthcare professionals take action for example in confronting concerns like incompetence from fellow professionals. This could be due to fear of reprisals from their colleagues, isolation and is some situations, lack of general concern or care (Childress 2001). However, is the duty of all professionals including me to intervene in such situations? I personally have been in a situation where a fellow professional was violating the nursing ethics by not adequately caring for a coma patient. He was a personal friend and so I tried to talk to him about my concerns but it was to no avail. I was faced with the ethical dilemma of

deciding whether to report him or not, but I was ultimately forced to do the former. I think that any heath institution should establish a safety culture where ethical matters can be taken care of or addressed, for example by establishing an ethics department where professionals who violate ethics are discretely warned or counseled to reform and given room for improvement. However, as with any other form of leadership, there comes a shadow side. Being a member of the health care profession, I can personally attest to this. I have found that the shadow side of leadership usually emanates from the human nature of spirituality. This is the human's inexplicable and complex caring for one another. In all my nursing endeavors, I have tried to indeed incorporate ethical practices and leadership behaviors but I have found that they are five sources of shadow when it comes to the assumption of leadership roles in this profession. One of them is the functional atheism. This is the deep belief that everything actually depends on me. For example, when I observe a fellow profession engaging in unethical practices like patient neglecting, I feel personally liable. I feel that is my duty to rectify that, otherwise something bad might happen. This feeling may overwhelm an individual particularly in situations where one has no power to do anything.

Another source of the shadow side of leadership role in the nursing profession is fear of public failure or fear of negative evaluation (Redman & Fry 2000). This can ultimately lead o destructive rather than constructive leadership behaviors. In the nursing profession, evaluations are common and the fear of being negatively evaluated can force one to assume leadership roles that might be destructive at the end. This can also emanate from personal insecurities.

Finally, I have found that in my personal attempt to assume ethical practices and leadership behaviors in the healthcare profession, there is a lot of competition from fellow professional. This can ultimately lead to the compromise of ethics from professional in their vague attempts to outdo one another and this will consequently have a negative impact on the healthcare profession.

In conclusion, I think that the best way to overcome this shadow side of leadership is by elevating our inner work value, supporting one another in our personal inner work and not having fear.

References

Redman, B. K. & Fry, S. T. (2000). Nurses' ethical conflicts: What is really known aboutthem? Nursing Ethics, 7(4), 360-366.

Fry, S. T. & Veatch, R. M. (2006). Case studies in nursing ethics (3rd ed.). Boston: Jones& Bartlett.

Childress, J. F. (2001). Nursing ethics. Frederick, Md.: University Publications of America.