

Preparation for professional practice.?

[Health & Medicine](#), [Healthcare](#)



Introduction

Whilst on the unit I became concerned when I noticed some service users were being discharged without proper education on how to manage their self-medication regime. This concerned me as it appeared to be a vicious cycle as I witnessed some service users being discharged without having a proper follow-up education on self-medication – which in certain cases led to non-adherence to their medication which consequently sometimes led to their relapse. For this cycle to be broken, I have realised that a proper education system, which would entail simple terminologies or understandable statements for service users to understand and learn how to manage their self-medication regime, should be put in place.

Accordingly, this assignment will explain management and leadership styles related to a service improvement in the clinical area where I commenced my management placement. Applying management and leadership theory to practice, I will explain the reasons for my actions and will identify my strengths and weaknesses in terms of my leadership and management skills used whilst on placement.

Adhering to the Nursing and Midwifery Council (NMC) Code of Professional Conduct (2008) and general good confidentiality prudence, all names and places mentioned in this assignment have been changed to a pseudonym.

? Leadership Styles & Management?

In the mental health nursing profession, the management role cannot be averted, whether it is in managing a unit or improving services. Management

is widely considered to be concerned with controlling, organising, planning, and problem-solving (Kotter, 1996 cited in King's Fund, 2011). Yoder-Wise (2007) goes further on this point and states that management is concerned with the work of any individual who guides others through a series of routines, procedures or predefined practice guidelines. Moreover, leadership like management, has become a pivotal component of National Health Service (NHS) policy. This policy has on the most part been driven by the rising expectations of citizens who are now demanding to see an improvement in the quality of the services given to the service users and their families. Although management and leadership are somewhat different, both actions tend to overlap each other in terms of governing employees and organisation.

Foster (2001) points out that management depends solely on the manager's understanding of working with people of different backgrounds, having a good perception of situations and being able to aspire. On the other hand, leadership is an even more critical requirement within the NHS setting; this enables clinicians to demonstrate their leadership skills at all stages in health care provision and in new changes of services. Barker (2003), identifies leadership is a role of importance, emphasizing that the role of a leader is dependent on his other effective interpersonal skills. Oliver (2006) elucidates further by providing a list of qualities that are generally considered to define leadership, asserting that leaders must be capable of exploring personal and team motives and beliefs that can bring about change or perceived vision of success.

Ellis and Hartley (2005) in agreement with Oliver (2006), state that leaders carry out this process by being ethical, respecting values, educate, motivate and direct the followers towards their objectives and goals. Consequently, leadership is required to be much more than just mere management skills that require “ getting the job done” (King’s Fund, 2011 what page?). Over time, it has been posited that individuals are born either natural leaders or that they learn the qualities that are necessary for effective leadership roles (Hawkins & Thornton, 2002; Austin et al., 2003). There are a number of leadership styles but I will now focus on the main types.

Autocratic leadership styles can range from benevolent to very rigid (Likert, 1967). In extremis, the use of authoritarian leadership, communications and activities can occur in a closed system. Autocratic leaders are considered to make all the decisions themselves and allow subordinates no influence in the decision-making processes (Grohar-Murray & Dicroce 1997). They will exercise their power, sometimes coupled with coercion, and are indifferent to personal needs of their subordinates’. Failure to meet such leaders’ goals can result in punishment. Autocratic leaders are known to be insistent, firm, self-assured and dominating, be it with or without actual intent. Such leaders feel little confidence or trust in their workers and as such, workers will fear these leaders, whom they will feel have little in common. McGregor (1960) has produced what is perhaps considered the most famous description of such attitudes assumed by autocratic leaders; stating that such a style of leadership excludes subordinates from the process of decision making and will assign work without consulting subordinates or knowing their inclinations and desires. The leader is in complete control and gives no room for

subordinates to participate or offer opinions no matter how it may benefit (Daniels, 2004).

Contrary to the autocratic style, democratic leadership involves the leader allowing employees to participate in decision making and at the same time provides guidance and direction (Anne, 1992). The most important finding arising from this work is that this leadership behaviour directly influences the climate and productivity of employees (Anna, 1992). A second important theme is that overall, the democratic leadership style has been known to be one of the most successful approaches because as initially stated, it allows employees to participate in decision making while at the same time supports, guides and counsels the followership (Anna, 1992.) However, critics have stated that on the basis of production, things move at a slower pace and this may lead to frustration amongst employees, especially those who tend to work faster in decision making process (Marquis, 2000). Notwithstanding, this democratic leadership still produces a high quality input from employees. This leadership builds trust amongst leaders and employees which then produces a cooperative team working relationship and builds high morale in the workenvironment.

Accordingly, the democratic leadership approach should therefore not be used enough when urgent decision making matters arise, for example; decisions on issues of staffing, budgeting etc. In this situation it is more effective if a senior management makes the decision as this would be swift and the cost would be less as the business of any organisation cannot afford to make mistakes. Here, it is demonstrated how different leadership styles

are required for different tasks and how in some positions certain leadership styles are more appropriate.

The laissez-faire leadership is at the extreme opposite end of the spectrum from autocratic styles of leadership. Under a laissez-faire style of leadership the attitude is one of both permissiveness or ultra-liberalism in which there is a lack of control or central direction. . Thus, in different situations the same leader avertedly can use leadership of different styles. If a leader manages to combines all the leadership styles that have been mentioned than it is known as a situational leadership style. A situational leader adjusts styles of functioning depending on a particular position at that point of time and this is said to be another effective leadership style (Murthy 2005). This can be attributed to the Path-Goal theory approach. The Path-Goal theory supports the situational theory as it gives emphasises on the same leader using different types of leadership approach (Murthy, 2005). This theory was developed to examine the method in which leaders encourage their employees to achieve set goals (Murthy, 2005). It is important for leaders to have a sense of maturity to their staff as this approach builds a less task focused approach and into a relationship focused orientated (Forster, 2001).

According to McGuire & Kennerly (2006) transactional leadership is a technique of leading an organisation through routine transactions such as rewards and discipline that are applied to the task after getting accomplished. Thus, it is almost completely based on the transactions that are conducted between the leader and the subordinate staff members because it is grounded on a theory that such workers can be and are

motivated by rewards and discipline. A transactional leader will generally not look ahead whilst strategically guiding an organisation to a position of market leadership; instead such leaders are exclusively concerned with making sure everything flows smoothly (McGuire & Kennerly, 2006). The attributes of transactional leadership is that the nurse leader has authority over the employee by following organisation policies and regulation.

Employees comply and follow directives and rewards are given in form of salary. This style of leadership essentially identifies itself repeatedly with the autocratic approach of the leader often responsible for creating staff commitment and building staff morale, as well as utilising intellectual stimulation and consideration of others. For this leadership approach to be effective, the leader depends on the loyalty of the employees (Marriner-Tomey, 2004).

With all these styles of leadership and management now considered. I will now utilise these to analyse and explain my self-medication observations and theory.

? Self-medication Information?

As discussed this assignment is focussed on improving the method in which self-medication information is carried out with service users. The reason for this decision is to promote self-medication management and help reduce the rate of non-compliance in medication and relapse. This approach will support service users as well as improve their knowledge of medication and it will prepare them for a healthy discharge. Information on self-administration of

medicines is incredibly useful as it enables service users to manage their intake and promote their adherence to medication.

The NMC Guidelines for the Administration of Medicines (2002a) states that the NMC supports self-administration of medicines and medicine administration carried out by carers, whenever appropriate. However, the safety and storage arrangements must be considered when necessary procedure is put in place. The nurse in charge therefore must carry out a decision on the basis of professional conduct that adheres with the NMC Code of Professional Conduct (2008), as the nurse would be accountable for their informed decision and omissions. When administering medication or supporting service users who oversee their own self-medication regime the nurse must exercise their professional judgement and use effective skills and follow trust policy and regulations.

Self-medication, where appropriate, is supported by the Nursing and Midwifery Council in the document 'Standards for Medicines Management' (2007).

It is apparent that the process of self-medication has made clear that it can help make service users become more familiar, confident and have better self-esteem by managing their own medication regime. The opportunity for service users to learn about medication through health education will ultimately improve their medication concordance before and after discharge.

According to Nicklos (2010), change management is a methodical way of dealing with a change, both from the view of the organisation and on to the

individual. Although an ambiguous term, change management has at least three different aspects, including bu; adapting to change to an area of professional practice, controlling change, and effecting change. A proactive approach to dealing with such change is undeniably at the core of all three of these aspects. Fred (2010), goes even further to state that change does not always come from within organisations but could be from legislation or current national guidelines which have been passed as a law and become enforced making it mandatory..

Changes to services and organisation may impact on the position, role and even the status of individuals and therefore can test levels of self-confidence as well as confidence in others. Change requires new clinical responsibilities, time for training and development and require openness to different ways of doing things and as such requires letting go of a previous practice. Such challenges make the planning of the change process a prerequisite for success (Michele, 2010). Accordingly, it is vital to comprehend the importance of change management as it gives a both positive and negative picture of what a change can bring.

When I was thinking of my service user initiatives I had to consider some things such as time, as this allowed me to see if my change was realistic. My placement was on a rehabilitation unit where the recovery star tool was used to support service users in identifying their needs. Using the recovery ladder of change, a course of action was set in place to support service users care plan. The purpose of the rehabilitation unit was based on a form of

rehabilitation that focused on helping service users to recover lost skills in coping with the demands of everyday lives.

In the management of their medication in the rehabilitation unit, the nurses in charge are there to support and guide the service users in knowing what they are taking and when they should take their medication. By supporting and guiding service users to self-manage their medication improves both independence and helps them for forthcoming discharge.

Before self-administration starts for service users, qualified nursing staff, or preferably pharmacist, should educate when, how and what is needed to be done. There are three stages at which service users can come to managing their medication. Stage 1 involves medications being stored in the medicine cabinet and at the right time the nurse in charge opening the cabinet and prompting service user to take their medication. At stage 2 the nurse in charge is accountable and responsible for the safe storage of the medication cupboard. During administration of medication the service user will ask the nurse in charge to open medication cupboard without prompting. The service user would then administer the medication under the supervision of the nurse in charge.

Stage 3 would then be when the service user accepts full responsibility for managing the storage and administration of their medications. The nurse in charge then assesses and observes the service user's verbal response and medication compliance. Once there is full clarity and positive observations of the service user's self-medication management, they can get discharged back into the community. A problem I faced was how I would actually

communicate this change to staff in the unit. To communicate is a transactional action where is sharing of ideas, beliefs and knowledge (Sen, 2007).

Effective communication is an important skill all leaders should have because in a way of introducing something new and if done properly, it can allow staff to accept and receive change. Communication also gives room for staff for feedback and criticism (Sen, 2007).

Another essential practice in a care setting is collaborative working. This allows professional to share their decisions and opinions (David et al, 1996). Within a team their views and shared ideas are important in an event of proposing change.

In this assignment I have come to understand that the roles of leaders and managers is not merely just about giving orders but requires vital skills in communication, behaviour and approach to produce positive result. I requires telling people what to do but also making sure that it is within their competency level and realistic, is necessary for an effective working environment NMC (2008). My identified weakness was in the area of delegation as I needed to be more assertive. This is a skill that I hope to improve in my career as qualified mental health nurse.

Professional Development Plan

In this assignment, I will reflect on my weakness in terms of delegation which was an area in which I had to develop. Delegation has been defined as “ the process by which responsibility and authority for promoting a task (function,

activity, or decision is transferred to another individual who accepts that authority” (Sullivan & Decker, 2009, p135). However, Marquis & Huston (2009) have also defined it simply as getting work done through others. Regardless, it is worth noting that responsibility and accountability are not and do not mean the same thing. Whilst a delegator is entirely accountable to the task, the delegate will also be accountable to the delegator for the responsibilities assumed (American Nurses Association (ANA) and National Council of State Boards of Nursing (NCSBN) (2005), cited in Gopee & Galloway, 2009; Sullivan & Decker, 2009). The Nursing and Midwifery Council expects all nurses to “ acknowledge any limits of personal knowledge and skill and take steps to remedy any relevant deficits in order effectively and appropriately to meet the needs to service users and clients” (NMC, 2005).

Yoder-Wise (2011) notes that if delegation is to occur, there should be mutual acceptance between both the delegator, who has the accountability, and delegate, who assumes the responsibility for performing the tasks and is consequently empowered (Sullivan & Decker, 2009). However, Sullivan & Decker have clarified that while responsibility is an obligation to successfully completing a task, accountability also means accepting the overall outcome – whether it be failure or success – of the task. Further, illustrating this, Yoder-Wise (2011) explains that when two registered nurses work are to work together sharing a task, then delegation does not occur. It is also important to explain that tasks can only delegate tasks for which we are responsible (Sullivan & Decker, 2009; Yoder-Wise, 2011).

Sullivan & Decker have also noted that, once a delegate gains confidence, they become motivated and as such will begin to see their morale boosted to actively take on new challenges. They also expand add that although delegation can be learned, it essentially promotes teamwork and improves efficiency. Applying this to nursing, it is stressed that appropriate level of supervision has to be put in place to the delegate to ensure that tasks that have been delegated are completed effectively and safely (NMC, 2008b). The best interest of the patient should always be the overriding consideration when delegating tasks rather than saving time or money (Royal College of Nursing, 2011). Delegation has increasingly become an essential aspect of nursing in the United Kingdom because of staff shortages and high turnover in the face of ever-mounting demand for a variety of skills in health care (Curtis & Nicholl, 2004).

With regard to my clinical management placement experience, I found I was less assertive when instructed by my mentor to delegate tasks as part of my learning. I freely admit that my timidity stemmed from being raised in a foreign country and as such the I felt intimidated when delegating.

As English is not my native language there have been occasions when some of my colleagues, and even fellow students at university, have informed me that they are indeed unable to understand my accent. I realise that this is unacceptable because I am expected – and will be required – to be clear, concise and detailed when describing the objective, limits, expectations and outcome of the tasks to my delegates (Currie, 2008; Sullivan & Decker, 2009). Moreover, as a student nurse, I have often felt intimidated when

delegating tasks to other staff who I considered to be better informed, better qualified and more experienced in nursing than me. Indeed, such fears were confirmed when, during one shift recently, where I attempted to delegate a task (see Appendix 2). This is an area that I intend to improve upon.

Reference

Barker, M. A. 1992. Transformational Nursing Leadership: A vision for the future. Thompson Publisher. London.

Currie, P. (2008) “ Ask the experts: Delegation considerations for nursing practice”, in Critical Care Nurse, 28(5), (pp27-28)

Curtis, E. & Nicholl, H. (2004) “ Delegation: A key function of nursing”, in Nursing Management, 11(8), (pp26-31)

Department of Health (2000) The NHS Plan: A Plan for Investment. A Plan for Reform, London: The Stationery Office

Department of Health (2001) NHS Leadership Qualities Framework, Available [online] at: <http://www.dhleadershipqualities.nhs.uk> [Accessed March 20 2013]

Department of Health (2008) High Quality Care for All – NHS Next Stage, Available [online] at: http://www.dh.gov.uk/en/Consultations/Liverconsultations/DH_085812 [Accessed 20 March 2013]

Ellis, J. R and Hartley, C. L., 2004. Nursing in today's world trends, issues & management 8th edition: Lippincott Williams and Wilkins.

Faugier, J. & Woolnough, H. (2002) “ National nursing leadership programme”, in *Mental Health Practice*, 6(3): (pp28-34)

Gopee, N. & Galloway, J. (2009) *Leadership and Management in Healthcare*, London: Sage

Hersey, P., Blanchard, K. H. & Johnson, D. E. (2001) *Management of Organisational Behaviours: Leading Human Resources*, (8th edn), Upper Saddle River, NJ: Prentice-Hall

Huston, C., 2006. *Professional Issues in Nursing*. Philadelphia: Lippincott Williams and Wilkins. USA.

Huber, D. L. (2006) *Leadership and Nursing Care Management*, (4th edn), Maryland Heights: Saunders Elsevier

King’s Fund (2011) “ The future of leadership and management in the NHS: No more heroes”

Report from The King’s Fund Commission on Leadership and Management in the NHS

Lambert, R. & Githens-Mazer, J. (2010) *Islamophobia and the Anti-Muslim Hate Crime: UK Case Studies 2010*, Exeter: University of Exeter

Marquis, B. L. & Houston, C. J., 2000. *Leadership Roles and Management Functions in Nursing*. 3rd edition. Lippincott Williams and Wilkins publishers. USA.

Norman, I. &, Ryrie, I., 2009 Art and Science of Mental Health Nursing: A Textbook of Principles, Berkshire: Open University Press/McGraw-hill Education

Nursing and Midwifery Council. 2002a. The Code of Professional Conduct. London: NMC.

Nursing and Midwifery Council. 2008. The Code of Professional Conduct: Standards for conduct, performance and ethics- Protecting the public through professional standards. London: Nursing and Midwifery Council; 2009. <http://www.nmc-uk.org>.

Oliver, S. (2006) " Leadership in health care", in Musculoskeletal Care 4(1), (pp38-47)

Royal College of Nursing (2011) " Accountability and delegation: What you need to know", Available [online] at:

<http://www.rcn.org>.

[uk/_data/assets/pdf_file/0008/361907/Accountability_HCA_leaflet_A5_final.pdf](http://www.rcn.org/uk/_data/assets/pdf_file/0008/361907/Accountability_HCA_leaflet_A5_final.pdf) [Accessed November 15 2012]

Sullivan, E. J. & Decker, P. J. (2009) Effective Leadership and Management in Nursing, (7th edn.), London: Pearson International Edition

Yoder-Wise, P. S., 2007. Leading and Managing in Nursing 4th edition. USA. Mosby Inc.

Yoder-Wise, P. S. (2011) *Leading and Managing in Nursing*, (5th edn), St. Louis: Elsevier Mosby.

http://education.exeter.ac.uk/dll/studyskills/harvard_referencing.htm

Use this link to learn how to Harvard reference properly. Your referencing is inconsistent and you need to list pages when quoting or referring to a specific point. As a general rule though, the main trick with referencing is continuity, so make sure your references and bibliography are consistent.

Appendix 1: SMART Goal Delegation skills development

Specific Measurable Achievable Realistic Time

To prioritise all my tasks and manage time effectively and efficiently in all shifts. Commuting between London and the university has taught me the value of time management. Time management will enable me to carry out other tasks and achieve goals.

More to the point, time management will provide me with personal organisation and self-discipline, as recommended by Yoder-Wise (2011)

Time management will be measurable as I will be able to identify whether the tasks set out on a specific shift have been successfully completed on time whenever I'm taking over handover from night shift team members.

Prioritisation is achievable by use of my diary which will contain all the tasks that need to be completed by the end of the day.

Furthermore, prioritising will help me schedule tasks in the order of urgency. This will leave me room to tackle emergency situations that arise during the

<https://assignbuster.com/preparation-for-professional-practice/>

shift. Prioritisation is realistic because I realise that as a newly-qualified my responsibility will be to ensure that the shift runs smoothly.

My diary will also be helpful as it will keep me reminded of the tasks I have to carry out and those which are still pending. In the case of pending tasks, being organised will give me sufficient time to involve staff who will be doing the next shift staff to complete them. Prioritising is an ongoing skill that I will have to keep learning during the first six months of qualifying and for the rest of my nursing career.

Confidence and assertiveness while delegating tasks to other members of staff. Once a delegated task has been successfully completed and goals achieved confidence in allocating tasks to members of staff will have worked for me.

By receiving feedback and constructive criticism from members of staff once they have successfully accomplished the delegated tasks.

Being organised and maintaining a therapeutic relationship with fellow members of staff will increase my feelings of certainty that the shift will run smoothly relationship with staff. At the start of every shift I will allocate tasks to members of staff who have the competence, knowledge, time and willingness to carry them out and complete them.

This is realistic because it will be my responsibility to manage shifts on the ward once I qualify.

It will also be my duty to allocate or delegate tasks to members of staff.

Likewise, during handover, I will ensure that I brief incoming staff on how the shift went and what remains to be done when they will be on shift. Based on my experience, so far, I'm very hopeful that I will achieve this goal within six months after I qualify.

Appendix 2. Service Improvement Activity- Notification Form

Contact Details

Student SID Number: 0914451

Details of service improvement project/activity

Service user Rehabilitation unit managing self medication.

Reason for development

To improve independent skills in managing medication for patients in rehabilitation centre so as to reduce the risk of relapse and to provide person centred care as well as empowering the service users.

Time spent on project activity

The time spent on self medication informative project was about six weeks.

Resources used

The Trust policy, The risk assessment form, The patient consent form, The patient withdrawal form, self- administration monitoring form (stages), self- administration patient record chart.

Who was involved

Nursing staff, doctors (MDT), Pharmacist , student (myself) and the service users.

Future plans

To review the self- administration if it is effective at a set time. Nurses involved in supervision of the programme must be registered nurses.

Date discussed with clinical staff in placement area: (seen and agreed by my mentor Lorna Newton). And discussed with my IBL Facilitator Justin Nathan.