

Identifying leadership theories and applying reflection nursing essay



There are almost as many different definitions of leadership as there are persons who have attempted to define the concept (Stodill, 1974: p. 259). Dubrin (2000) states that there 35, 000 definitions of leadership in academic literature (Pye, 2005: p. 32).

“ Leadership is an art - a performing art - and the instrument is the self. The mastery of the art of leadership comes from the mastery of the self “.

- Jim Kouzes

Gary Yukl in his sixth edition of Leadership In Organizations hope that, his book has seeded many ideas and questions, which will grow in the classroom , but more importantly, will find fuller meaning and come to life when the reader is engaged in the practice of leadership at work. When thinking about leadership styles one thing to consider is what defines a good leader. Hood (2010) suggests that an effective leader influences and encourages others to achieve goal setting and goal attainment. A good leader recognizes that there is always something new to learn. Effective leaders set direction, build commitment and confront challenges through clear communication and soliciting staff feedback (<http://www.oppaper.com/Leadership-Roles-In-Nursing>). Carroll (2005) proposed the following six most important attributes for nursing leaders: personal integrity, strategic vision and personal survival attributes,, management and technical competencies, people skills team-building and communication skills , and. action orientation

It is clear so far that the definition of leadership depends on whom you ask. Houser & Player (2004) concluded in their study, among a dozen of nurse leaders as, nurse leaders did share common characteristics such as
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thoughtful, responsive, committed, creative, resilient, visionary, scholarly, courageous and innovative. Tan (2006) means the idea of leadership as, influencing followers to do what is necessary to achieve organizational and societal goals.

Two types of leadership are particularly relevant for nurse leaders.

Transformational leadership & authentic leadership (Clark, 2009, p. 17). In transformational leadership mainly three elements contribute to help nurse leaders to create a tone and standard of practice for healthy work environment are Effective communication, collaborative relationships and shared decision making among nurses (Heath, Johanson et al, 2004).

American Association of Critical-care Nurses (2005) made a commitment to promote healthy work environment in the bias of authentic leadership are safe, healing, humane and respectful for patient, their families and nurses. They concluded in their study as it is not too easy to become an authentic leader, moreover, it needs higher levels of organizational support. Perhaps it is identified in their study that authentic leadership as one of the six standards that are crucial to creating and sustaining healthy work environment.

Among health care professionals, nurses are especially aware of the importance of reflective practice (Duffy, 2007; Manthey, 2001 et al). Just as important is the practice of reflective leadership (Deutsch & Sherwood, 2008). By Oestreich (2009) reflective leaders are critically aware of how they connect with others, where they are in the progress of their own and organizational goals and how they are opening paths for clear

Communication and goal fulfillment. Drucker (1996, p. 9) states that, "great leaders have to walk alone sometimes." such aloneness can facilitate reflection. Qualitative researchers speak of participant observation as a method of more distant reflection. Reflection benefits the individual leader, but more than that, can become spread with in the organization. Transformal leadership has been evidenced to be positively associated with followers' commitment to improvement and change (Herold, Fedor et al., 2008). One of the important characteristics of a transformal leader is reflection (Marshall & Coughlin, 2010).

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 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 recommend 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. But in Gibbs model of reflection, importance is for the evaluation and analysis of the emotions associated with the situation experienced 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.

LEADERSHIP THEORIES

Historical development of leadership theories (1900-Present)

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The Great man Theory / Trait Theories (1900-1940)

Researchers give importance to certain characteristics or personality traits of some people and assume that these traits make them better leaders than others. Moreover the effect of followers and the impact of the situation were ignored.

Behavioural Theories (1940-1980)

During human relations era , researchers moved away from studying about the traits of a leader and give importance to their styles of leadership.

A major breakthrough occurred when Lewin(1951) and White and Lippitt (1960) isolated common leadership styles. Later, these styles came to be called authorisation, democratic and laissez-faire. Authorisation which is when the leader takes full control, Democratic is when the leader involves a team approach ; and Laissez-faire where the leader provides little to no direction (Hood, 2010).

Situational and Contingency Leadership Theories (1950-1980)

In according to this theory leadership style should vary according to the situation or the individual involved. Authoritarian leadership results in well-defined group actions that are usually predictable, reducing frustration in the work group and giving members a feeling of security. Productivity is usually high, but creativity, self motivation, and autonomy are reduced.

Authoritarian leadership, useful in crisis situations. At the same time Democratic leadership, appropriate for groups who work together for extended periods, promotes autonomy and growth in individual workers. This type of leadership is particularly effective when coordination between groups is necessary. The Laissez-fair leadership is non directed leadership, the laissez- fair style can be frustrating; group apathy and disinterest can occur.

Interactional Leadership Theories (1970-Present)

The basic premise of interactional theory is that leadership behaviour is generally determined by the relationship between the leaders personality and the specific situation.

To be successful, the leader must diagnose the situation and select appropriate strategies from a large repertoire of skills. Leadership effectiveness, according to Hollander, requires the ability to use the problem solving process; maintain group effectiveness; communicate well; demonstrate leader fairness, competence, dependability, and creativity; and develop group identification.

Transactional and Transformational Leadership

“ The transactional leader sets goals, give directions, and uses rewards to reinforce employee behaviours associated with meeting or exceeding established goals” (Mc Guire and Kennerly, 2006, p. 180). Transformational leaders “ have a view of the future that will excite and convert potential followers” (changingminds. org, 2002-2006, para 3). Transformational leadership is defined as, “ One who inspires and empowers everyone with

the vision of what could be possible” (Hood, 2010, p 460). Although transformational qualities are highly desirable, they must be coupled with the more traditional qualities of the day-to-day managerial role. Both sets of characteristics need to be present in the same person in different degrees. According to Bass and colleagues, the transformational leader will fail without traditional management skills. Johns (2004) maintains that transactional traditional leadership is a deliberate process of seeking insight in self and practice in order to create conditions that foster the realization of desirable practice.