Leadership, Management, And Team Working For Professional

In the contemporary world, nursing leadership and management have evolved significantly in most healthcare settings. There are several different types of management and leadership that go hand in hand, although they are not the same but complement each other as indicated (Azad et al. 2017). It is essential for to identify the style most suitable for an organisation or institution (Giltinate, 2013). According to West et al. (2015) the most influential factor in leadership is shaping organizational culture that guarantees leadership conducts, which ensures a continuous delivery of safe, high quality and compassionate care. The Nursing and Midwifery Council (NMC, 2018a) reinforced in the Code of Professional Conduct that everyone is a leader for quality right from the start, including newly registered nurses and support workers. Although it is vital to have managers within the healthcare setting there needs to be a clear role difference between leaders and managers, and identify the areas were they might not overlap (Sanderson, 2011). The aim of this essay is to analyse the qualities and impact of leadership and management in a healthcare setting. It is based on a management and leadership style observed during placement on a day ward and medical ward at a local Trust.

Northhouse (2007) described leadership as a method where individuals are influenced and motivated to accomplish a common goal, a driving force behind an organisation which brings success. There are several common attributes to leadership and these include influence, innovation and autocracy (Brady, 2010, Cummings, 2010). According to Hersey, Blanchard and Johnson (1998) a leader's style is "the consistent behavior pattern that they use when they are working with and through other people, as perceived by those people". Biggerstaff (2012) also points out that leadership styles can also be viewed as the observed behavior that an individual displays whilst trying to impact the actions of others. Darling-Hammond (2017 p.295) stated that leadership is an approach that an individual uses towards other team members with a desire to attain an established goal or outcome. Wilson (2016) also defines leadership as a procedure that provides direction, control, gives motivation, and creates inspiration towards achieving a goal that is already started. According to Darling-Hammond (2017 p.301), effective leadership is not only about capability, knowledge, or experience; it must also include character, morals, and requirements, which make one be a leader. The Francis Report (2013) stresses the importance of strong leadership at all levels of healthcare and emphasises openness, transparency and candour. Leadership and management is a combination of principles that relate to functions of providing planning, finance and control to utilise the available resources to attain the organisational goals. Karamat (2013) has drawn the attention of how important leadership is to any institution or organisation. Daly (2014) has drawn attention to the fact that peoples' skills, internal motivation and personality traits are combined by leadership enabling teams to develop values and behavior attitudes.

According to the NMC (2015), communication is an essential fundamental nursing tool in a healthcare setting which oversees all the work that nurses undertake from point of patient admission to discharge. Francis (2013) also expresses a similar view, that effective communication benefits nurse and patient relationships, which promote the overall well-being and treatment outcomes. Efficient and effective communication is vital amongst healthcare professionals and can make the difference between life and death, as pointed out by Vermeir et

al. (2015). Effective communication can be in different forms, but needs to be clear and concise, so that all the healthcare professionals collaborate in an interdisciplinary approach where specialized skills are integrated for the benefit of the patient as suggested by O'Danie and Rosenstein (2008).

Autocratic Leadership

The leadership styles observed whilst on placement on a day ward was autocratic and transformational. This ward performs angiograms, angioplasty, implants pacemakers and defibrillators and this procedure is carried out by a cardiac consultant, radiographers and nurses. Kurt Lewin, a German-American psychologist, developed leadership styles and characterised them as democratic, laissez-faire and autocratic also known as authoritarian (Lewin, 1947). The autocratic leadership style demonstrated by the consultants displayed a leader follower rapport, which encouraged group success, problem solving, risk taking, morale boast and supports relationships. According to Dyczkowska and Dyczkowski (2018 p.193), autocratic leadership is a directive kind of leadership that involves making all decisions oneself as a leader, directing the staff to adhere to specific directions, and anticipating that employees accomplish assigned tasks on time. This leadership style involves the leader to dictate, dominate, and make independent decisions with minimal employee participations Robbins & Coulter (2009. This style expects followers to abide to leaders' instructions unchallenged, autonomous rule making and assignment of tasks. This style lacks creativity, creates dissatisfaction, tension and is oppressive to Subordinates (Raus and Haita, 2011). Furthermore this does not allow followers to express their opinions and partake in decision making. Although Gastil (1994) claims that this leadership leads to high staff turnover, dissatisfaction and absenteeism this did not appear to the case on this particular ward. This style appeared to work effectively on here because there is pressure to complete the procedure on time by having an assigned leader, who gives clear specific roles and sets tasks. This ensures that followers acquire high skills at certain duties and this leads to procedure being completed efficiently and ensures everyone equal contribution. Laub (2018 p.165) argues that an autocratic leader is well-prepared to deal with a crisis condition without deliberation because decisions are made faster without, unlike other leadership styles (Dyczkowska and Dyczkowski, (2018 p.198). Autocratic leadership eliminates pressure from their staff as they are fully accountable for the decisions made (Laub, (2018 p.185). Having a clear direction with a defined path towards success provided to followers helps autocratic leaders to focus on productivity rather than problem-solving (Harms et al., 2020 p.106).

After the completion the procedure all staff including the consultant congregates at the nurse's station to discuss the procedure and give feedback. The consultants changed their leadership style to transformational leadership, one that is motivating; discuss ideas, moral values and suggestions for the future (Bass and Avolio, 1997). This allows the consultant to have a dialogue with the staff. According to Curtis et al. (2011) transformational is defined as a method that transformational leadership can be defined as an approach that forms valued and positive change in people and a social system. This style creates an attachment amongst followers and leaders whilst showing an interest in the wellbeing of all employees. Jin (2010, p.174) points out that this style of leadership incorporates the elements of "empathy, compassion, sensitivity, relationship building, and innovation". This developed trust amongst the team, encourages and promotes employee confidence, inspires development and participative decision making and power sharing, as stated (Aldoory and Toth 2004). The leaders provided individualised team

support which reflected in the respect for employees, concern about their personal needs, feelings and well- being. This is viewed as leaders stimulating which challenges employees to think creatively, participate intellectually and take risks (Harms and Crede, 2010, p.6). The consultant's attitude towards team members earned him respct, trust and showed appreciation and loyalty for his followers. The benefit of this is it changes follower's behavior for the benefit of the ward. From the observation of the two different leadership styles demonstrated it shows that although the styles have disadvantages, they are suitable for the purpose of this particular setting. According to (Tuckman, 1965) five stages of development the team on this ward seem to have already explored all the stages and a general consensus has been agreed. The team norms have been formed through interacting and relationships have been formed.

The leadership observed on a medical ward by the ward manager was democratic. This is a cardiac ward for patients waiting for procedures and some recuperating. The ward requires the leader to exercise effective communication because style requires most staff in decision making process and perform the duties delegated by the leader after a consensus from the group. The manager's roles involved effecting policies and procedures whilst ensuring tasks are accomplished effectively. This style allows for criticism, praise is given and members can identify issues and propose a solution (Amzat and Ali, 2011). Marquis and Huston (2015) expressed leadership style should consider staff contribution although the leader ultimately makes the final decision. Responsibilities are allocated to individual staff are accountable however individuals are responsible and are accountable for accomplishing the intended goals. This empowers them to improve their own skills. Bass (2008) expresses that the leader's stress levels are lessened and feedback empowers the team to improve their performance. Whitehead et al. (2009) cites that this leadership style often exhibits less control compared to autocratic style, it guides rather than give orders therefore conflicting views might hinder performance. Bach and Ellis (2015) suggest that this style is applicable in a hospital setting where duties are given to nurses who are expected to work unsupervised. The manager also collaborated with several members of the multidisciplinary team, patients, families, and carers, this demonstrated a good leadership culture which promotes patient outcomes, reduce staff turnover and ensures job satisfaction (MacPhee, 2012). This meets the social, psychological, physical, spiritual and mental needs of patients. It is essential for nurses to display good leadership skills to avoid a repetition of failures found in wards in Mid Staffordshire (Francis Report, 2013). The manager ensures that the old and new staff receives quality training required to ensure patient safety and making sure staffing numbers, skill mix are safe and meet patients' needs (NMC, 2016). The ward manager also regularly spoke to all members of staff to ensure no one was experiencing burnout due to heavy work load as this will affect work quality and performance (Jennings, 2008).

Although many aspects of the ward appeared to function well an observation was made were a certain member of staff consistently cancelled shift frequently, sometimes shortly before the shift started. The manager did not appear keen to address this problem because a friendship outside work existed. Several other staff did not agree with this scenario and appeared displeased. There seemed to be a conflict were other staff members felt there was a degree of favoritism towards this individual and no action was being taken. Overton and Lowry (2013) states that conflict can be managed but cannot be eluded therefore the manager should acquire the necessary skills required to appropriately have the difficulty conversation and diffuse the conflict. Healthcare setting requires effective cooperation and teamwork to properly function. Angelo (2019) states that Incivility in health care setting is disruptive and unprofessional which can possibly compromise patient safety. This behavior could potentially lead to other team

members staying away and increase turnover. There was no evidence that this conflict was resolved.

Teamwork

Effective teamwork is important and fundamental to contemporary organisations and institutions. This is a group of people who come and work together; bring the best out of each other for a common cause (Kozlowski and Ilgen, 2006). The leadership styles displayed by a nurse on a cardiac ward were a participatory management style and laissez-faire leadership style. The participatory is task oriented and person centered style. The nurse assessed the task and then the person's capability to carry it out in order to successfully complete it and also offered support and input where require. She let staff that was confident to work independently with little or no assistance. She exercised the laissez faire leadership which requires little supervision from the leader allowing staff to take ownership and responsibility (Bradley Edu, 2017). time. Therefore, it might be less productive to be used in emergency situations (Bradley Edu, 2017).

The nurse attended ward rounds with the ward doctors, pharmacists, occupational therapists and other professionals who formed collaboration and she exercised interpersonal communication skills that are an essential aspect of nursing. She continually offered education to staff on various critical clinical skills such as effective communication skills and interpersonal relations. Effective teamwork exercised improved staff morale, productivity and improves understanding of ones responsibilities and the importance of implementing hospital policy and procedure (Mao and Woolley, 2016 p.933). The nurse was always available to teach and assist students in practice, willing to demonstrate skills and explain the reason why procedures are carried out in a particular fashion. Working as a team is a creative way of encouraging the staff to learn from others and understand their roles to achieve quality patient outcomes (Van Knippenberg, 2017 p.352). The nurse encouraged staff to be open and discuss any issues to prevent conflict arising and avoid judging people and treat all individuals fairly and equally. The nurse emphasised the importance of effective communication and engage in successful collaborations as cited by Lewitter, Bourne and Attwood (2019. Maintaining open lines of communication amongst staff improves employee satisfaction that provides a clear understanding of effective teamwork (Valentine, Nembhard and Edmondson, 2015 p.26. Valentine, Nembhard, and Edmondson (2015 p.28) indicate that showing and understanding and empathy encourages employees to work as a team and meet mutual goals.

Conclusion

In conclusion, this essay has shown that there is need for effective leadership to be established in the provision of high quality care. Ellis and Bach (2015) argue that there is need for effective managers and leaders to exercise compassionate care as fundamental aspect of nursing training and care delivery. Nursing is forever changing and becoming complex. Because of the busy nature of the nursing profession burnout cannot be totally eliminated but workforce awareness should be raised. The manner in which managers and leaders guide and treat their followers determines the effect this displays on the performance and care provided (Curtis, 2011). The evidence shows that effective leadership displayed on team members can present a positive behaviour that influence improved organisational outcomes. Time spent on separate wards has helped me understand different styles of leaderships and how effective and

rewarding if implemented effectively.