Leadership Compendium

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**Leadership Compendium**

 Leadership is about leading by example, helping others in time of need, guiding the employees in the right direction, dealing with conflicts, and showing the vision of the company moving forward. Eleven topics will be discussed in this paper showing how excellent leaders are developed. The topics will show evidence backing the way the leader is using each topic to lead.

**Organizational Climate and Culture**

Organizational climate and culture determines how each member of the organization performs and uses teamwork with each team member. Mental health patients deserve the same care as any other patient and leaders have to inspire staff (Green, Albanese, Cafri, & Aarons, 2013). Employing highly effective leaders promotes a facility’s ability to manage organizational culture. Leaders set the tone for how the organization expects staff members to act when treating patients (Roch, Dubois, & Clarke, 2014). Organizational climate has the power to change the perspectives of staff and can lead to improved patient care. Mrayyan (2008) contends establishing a positive organizational climate begins with the leader. It is important for the company to have exemplar leaders in the development and sustainment of a positive organizational culture and climate.

 **Application**

Iwitnessed first hand a great leader using the company’s values and instilling proper customs and courtesies among staff. The preceptor in clinical made her department work environment comfortable and safe. Organizational climate and culture was carried out effectively with staff. It starts with the leader making the work environment positive and safe (Mrayyan, 2008).

**Communication and Emotional Intelligence**

Leaders have to control emotions and communicate effectively in high-pressure environments. Communication is key for health care workers to deliver safe and high quality patient care (Timmins, 2011). Nurses must keep emotions in check and not focus just on the negatives but also the positives (Rouse & Al-Maqbali, 2014). Using emotional intelligence and reflection, to improve patient care is a must by healthcare providers (Heckermann, Schols, & Halfens, 2014). Leaders have to also use emotional intelligence to control frustration and turn it into something positive. Providers have to focus on good accomplishments and not just bad mistakes. Learning from the mistake by using reflection is discussed in the articles.

**Application**

Emotions play a role in effective communication with staff. One situation I witnessed was when two staff members were arguing because one was supposed to finish a task but it was miscommunicated, therefore the task was never accomplished. Emotions got the better of the two staff members. The charge nurse stood by while the two argued. Effective communication would have prevented the problem from occurring. Timmins (2011), talks about the use of effective communication to provide safe care to the patient. Staff members need to keep emotions in check and work together before something worse happens.

**Conflict Resolution**

Nurses have to resolve conflict in order to move forward with the workday (Iglesias & Vallejo, 2012). Dealing with conflict can be challenging at times and difficult to resolve. Conflict happens every day and avoiding the conflict will not solve problems (Vivar, 2006). Healthcare workers have barriers to resolving conflict and need to learn strategies to break down those barriers (Brown, Lewis, Stewart, Freeman, & Kasperski, 2010). Conflict has many different ways to solve it finding the correct way is the challenge. Barriers involved prevent the conflict from being resolved such as playing favorites or taking one side of the story. Leaders have to resolve conflict by approaching both parties open-minded and understanding the issue. Listen to both sides of the conflict and then formulate a solution to moving forward.

**Application**

 Leaders are, at times, caught in the middle of conflict trying to mediate it. During clinical, the preceptor would first listen to the individuals complain. Next, see if the individual confronted the other individual whom he/she is complaining about. When the individual did confront the other person with no resolve, then the preceptor would go speak with the other person to get both sides of the story. Once all that is done the preceptor would either speak to both parties at once or separately to resolve the issue. This is a great strategy to use in trying to empower the individuals to try and resolve conflict on their own first. When that fails then the preceptor steps in to help resolve the conflict. Brown et al. (2010), explains to try different ways to resolve the conflict and continue to learn from each occurrence.

**Decision Making**

Every great leader can make the import decision when challenged to do so. Nurses in stressful situations tend to use self-reflective questions to make the tough decisions (Shirley, Ebright, & Mcdaniel, 2012). Leaders have to see the full picture to formulate an effective decision (Hedberg & Larsson, 2004). Every employee is a leader at times and needs to be able to make the import decision (Campbell & Campbell, 2011). Evaluating the environmental aspects of the workplace are all ways to help make decisions. Leaders have to account for everything before a decision is made. Look at how the decision impacts everyone and do it for the greater good of everybody involved. Empower the staff and teach them how to make the right decision.

**Application**

 Time will tell whether the right or wrong decision was made. Hindsight is always 20/20. An example of when the wrong decision was made is when the nurse managers neglect to tell staff they are switching to a block schedule six weeks from the day announced. Managers knew about the block schedule for months and withheld the information. That was the wrong decision by upper staff and the consequence was major backlash from the staff. Campbell & Campbell (2011), explains making the correct decision is important and can change the view of others if it is wrong. Leaders have to get the decision correct or take responsibility for the mistake that occurred on his/her behalf.

**Fiscal Responsibility**

Healthcare workers are responsible to abide to fraud, waste, and abuse. Use only what you need and do not over use materials. Everybody is fiscally responsible to the company and leaders need to enforce it. Budgeting and spending, is very challenging for leaders staying on track for the fiscal year is expected of them. Leaders have to move towards a more efficient, understanding, and productive processes while using fewer resources (James & Poulsen, 2016). Leaders have to enforce a balanced budget across all departments (Goetz, Janney, & Ramsey, 2011). Nurse managers have to try and retain nurses to prevent over spending on temporary nurses (Mincsovics & Dellaert, 2009). Leaders have the duty to enforce fiscal responsibility among the staff. Each department gets an allotted spending amount and has to stay within that spending amount. The leader that budgets well can get new equipment for the staff to use in the department. Doing so can give relief to staff with new technology available.

**Application**

 Balancing the department budget is a challenge for the department director. Ensuring staff to be fiscally responsible helps the department stay within the budget. One witnessed event was when a staff member continued to break sterile field. By doing this the staff member was overusing that certain supply. The staff member was not being fiscally responsible by continuing to break sterile field. Another example is watching a staff member break equipment over and over again. The equipment has to be replaced which comes out of the department’s budget. The director is diligent in reminding the staff to be careful and use good judgment. James & Poulsen (2016), leaders are called upon to use fewer resources in order to get the job done. It is difficult for leaders to balance the budget when staff members misuse supplies and equipment. Fiscal responsibility falls on all employees of the healthcare system.

**Influence vs Power & Leadership and Management**

 Leaders should influence staff and not abuse their power. Managers are different that leaders, as managers are controlling a group where leaders empower their group. Leaders influence staff members by motivating them to be better every day (Dries & Pepermans, 2012). The leader has to become integrated with staff to learn about them through interactions (Anonson, Walker, Arries, Maposa, Telford, & Berry, 2013). Power can be the downfall of a leader and the leader should focus on helping staff improve (Hughes, Carryer, & White, 2015). The articles talk about how leaders should use influence and not power to motivate staff. Leaders are also different than managers by not controlling staff but influencing them to work effectively. Power can cause leaders to become aggressive towards staff causing morale to dwindle. Influence instead of controlling is the best way to lead.

**Application**

 Every leader should be influencing staff and empowering them to become better every day. Nobody likes to work with a leader who is abusing his/her power. The best example of influence vs power was performed during clinical. The director of nursing for the hospital came down to the emergency department to help out during a busy day in the department. The director was calm and ready to help in whichever way possible. She was there but not taking over the whole situation once she arrived. She let the clinical resource nurse take the lead since she deals with the chaos of the emergency department on a regular basis. In that moment the director was empowering other staff to do their job the way they know how to perform. Dries & Pepermans (2012), leaders motivate staff and influence them to be efficient in difficult situations. The director of nursing did this on that day and showed how to be a true leader.

**Innovation, Systems Thinking, Change Management**

Change is occurring every day in hospitals and adapting to the change is priority. The best leaders adapt to the change and continue to evolve. Leaders have to be innovative and willing to create new ways of thinking (Sims, Hewitt, & Harris, 2015). Leaders should promote innovation among staff to bring new ways for the company to adapt (Juanmei, Yueru, Weibo, & Bing, 2014). Leaders need to adapt to the change the company is progressing towards. Barriers to innovation can halt progress and it is on the leader to break the barriers down (Ozorhon, Abbott, & Aouad, 2014). Barriers can prevent the change like resistance to change, close-minded, and unwilling to participate. Innovation is the key to any company’s success. The leaders have to explain why the change is happening and help staff understand it is for the better of everyone.

**Application**

 Healthcare changes at a rapid pace and it can be difficult to keep up. Leaders today need to adapt to the change or they will be left behind. Thinking of better more efficient processes to implement in practice is a must. In my first year of nursing, new graduates had to go through nurse residency for a year. During residency, nurses have to come up with a new process to implement or research a new process to potentially implement into the department. Learning a new way to improve patient care or making the job simpler is part of change for the future. The leaders promote the change for the future and encourage staff to take part in it (Juanmei, Yueru, Weibo, & Bing, 2014). Empowering, encouraging, and promoting change is the leader of the future.

**Policy and Advocacy**

New policy is developed every year in hospitals. Determining if the policy is for the best interest of everybody is the leaders job. Personal agendas can get in the way of certain policies. Leaders have to advocate for their patients and have the best interest for them (Mahlin, 2010). Healthcare providers should advocate for the right policy and develop effective policies (Arnold, 2016). When developing policy leaders need to make sure the research is quality material (Olsan, Bianchi, White, Glessner, & Mapstone, 2011). The articles express advocacy for the development of policy. Leaders need to advocate for patients and think about them when developing policy that affects them. Policies will be implemented and the leader has to fact check the policy for quality.

**Application**

 Policies are new, updated, or discarded. Leaders develop the policy or review the policy. Effective and proficient policies are what leaders are striving to accomplish. An example, the director of the emergency department brought forward a new policy for more efficient triage process. The old process had many pitfalls and staff up channeled concerns to the director. The director acted on the comments and reviewed the whole triage process. Once identifying the issues and coming up with solutions a new policy was developed and implemented. Leaders have to review and change policies to benefit the patients and the healthcare staff (Arnold, 2016). The director in the emergency department took charge and fixed the problem with the old policy.

**Quality and Safety**

Patient safety and high quality care are priorities for healthcare providers. Simulation and classes can help promote patient safety and quality care (Baid & Hargreaves, 2015). Leaders can develop new ways to provide excellent care to patients (Burhans & Alligood, 2010). Certain barriers prevent healthcare staff to provide the best care possible (Solomons & Spross, 2010). Some barriers to providing excellent care are education levels of staff. Educating staff more can lead to better patient care and safety of the patient.

**Application**

 Safety is a priority for patients. Ensuring a patient gets safe, high quality care is expected in all hospital visits. Leaders provide the guidance for staff to follow to promote safe quality care. Example, being the director of the emergency department requires one to go over nurse huddles, which is a review of new information to the department. The director explains all new processes, policies, change going to happen, and what to expect in the coming weeks. Doing this provides staff the new information about the processes to ensure patient safety is not compromised. Staff can ask questions during huddles to clarify anything. Barriers prevent staff from delivering quality care to the patient (Solomons & Spross, 2010). Misunderstandings or miscommunications among staff are barriers to delivering care. The nurse huddles help eliminate these barriers and the director does a great job of clearing up issues in the department.

**Retention and Succession Planning**

Nurse retention is a major priority for every hospital in the foreseeable future. Baby boomers continue to retire and a growing elderly patient population generates a need for more nurses. Having a positive work environment can help retain nurses (Twigg & Mccullough, 2014). Leaders have to retain their staff as more staff retires. Continue to educate nurses to develop them as the leaders of the future (Huston, 2008). Develop the staff you have to become the leader of tomorrow. Nurse leaders have to develop the plan for the future (Griffith, 2012). Mapping out the succession plan to continue to move forward as a healthcare system.

**Application**

 The nurse shortage is real and fast approaching. Leaders have to map out a plan for the future and begin retaining staff at a higher rate. During clinical my preceptor called other float pool departments around the nation to see what they were doing to retain their staff. One major way to retain staff was by paying float pool staff differential for being in the float pool. After listening to the phone calls it gave my preceptor options in retaining staff. Making a plan for the future and mapping out the succession plan is the leaders job (Griffith, 2012). My preceptor is planning for the future and working at retaining staff now rather than later.

**Professional Membership and Professional Development**

Leaders should be part of an individual development plan to become a better leader everyday. Leaders should continue to be educated to learn better ways to lead. Continuing to a master’s degree gives more knowledge for the leader to develop better styles of leadership (Clark, Casey, & Morris, 2015). Nurse leaders can reflect on current professional plans and improve them (Kemp & Baker, 2013). Leaders should also be helping develop their own team members (Narayanasany & Penney, 2014). Developing as a leader takes time and patience. The leader should also promote developing one’s own team. Nobody can ever have enough knowledge and obtaining more education can only help the leader develop more.

**Application**

 Professional development is crucial to a leader’s success. Reflecting and learning from mistakes adds to the development of the leader. Learning never stops and nobody knows all the answers. After each day of leadership clinical my preceptor and I would reflect on what was learned that day. Doing this gave me a great perspective on how to deal with certain issues during the day. Using those past experiences and committing them to memory to help myself deal with issues in the future. Another learned trait was planning your own success and professional development. Where do you see yourself in 5 years? Identifying areas of improvement and planning ways to improve those areas both help one become that great leader (Kemp & Baker, 2013). Everyday is a new day to get better. Leaders strive to be better and learn something from all interactions with staff.

**Conclusion**

In conclusion, leaders evolve everyday and continue to learn from experiences. Leading staff into the future of healthcare is exciting and satisfying. Leaders need to have vision, patience, positive attitude, and hard working mentality can take any company to the next level. The eleven topics discussed make a well-rounded leader. Leadership compendium reviews all the qualities a leader strives to have and works to obtain. Everyday is a challenge and it is up to the leader to attack that challenge.

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