Personal Leadership Analysis

Cassandra Bertrand

New York City College of Technology

Professor – Linda Paradiso

Personal Leadership Analysis

**Introduction**

Developing conscious of one’s strengths, weaknesses, and competencies is the first step to becoming a great leader. The accomplishment of a self-assessment can help in identifying the strengths and weaknesses across a range of areas critical to leadership in nursing. The course taken in this semester has enabled me to understand several concepts of leadership in nursing. As such, this personal leadership analysis delves the concepts, including integrity, appreciation of ambiguity and diversity, consideration of different perspectives, discovery of potential, quest for adventurous learning, experience and reflective learning, nurturing the emotional self, and self-care. The need for autonomous functioning in the field creates a substantial demand for these leadership qualities. I aim at becoming a transformational leader who can inspire others to be trustworthy, authentic, and reliable in their work. Some of the leadership qualities are inborn while others have been acquired through exposure to the course learning. I will discuss the nine concepts that serve as the framework and guide towards the achievement of the status of a transformational leader. I will also explore the career-relevant application of these skills.

**Integrity**

Integrity entails soundness and adherence to moral principles and character, as well as defending the principles when threatened. As such, this demands consistent honesty and integration of stable and justifiable moral values while leading others. Over time, I have learned that one does not have to have followers to act with integrity. Instead, every nurse should develop and adhere to moral principles and maintain honesty. Integrity improves the level of respect that other nurses have towards the leader. Studies have shown that integrity promotes intergroup relationships and cohesion (Kang, Lee, & Choi, 2017). In other words, integrity leads to the development of trust and allows the establishment of effective relationships with peers and colleagues. A nurse can portray integrity in many ways, including honest provision of information to patients and the public, accurate documentation of care, portraying accountability to actions, and seeking remedies to errors (Devine & Chin, 2018). Practicing integrity is critical in promoting safety and quality of care, as well as maintaining effective relationships. Therefore, nurses should practice integrity at work and out of work. My exposure to homecare nursing has helped me in understanding the importance of integrity in providing care. I believe that my future professional life and personal life would benefit significantly from behavioral integrity based on honesty and accountability.

**Appreciation of Ambiguity**

The increasing complexity of the health care system implies that nurses have to function successfully in situations involving clinical ambiguity (McMahon & Dluhy, 2017). Nurses should learn to function comfortably in situations and environments involving high levels of clinical ambiguity. Transformational nurse leaders should engage in reflective practices regarding specific patients or family situations. My exposure to different clinical situations and theoretical cases has helped me appreciate the need to build comfort in ambiguity. The courses developed in nursing schools prepare nurses to apply critical thinking and capacity to understand clinical ambiguities. For example, initial assessment of patients requires subjective and objective findings that may be shrouded with many ambiguities. All nurses should apply critical thinking skills to handle such situations. With time, I believe that the skills acquired from the course and experience as a homecare nurse are support knowledge that will help me in functioning comfortably in cases of clinical ambiguity.

**Respecting Diversity**

The nursing workforce and clinical environments have become increasingly diverse over the years. According to Murcia and Lopez (2016), diversity increases the complexity of care and demands ethical responsibility. Appreciating diversity, including race, sexual orientation, gender, religion, and generation, is a critical component of nursing leadership. Transformational leaders are at the forefront of acknowledging the benefits of diversity in the workplace. Nurse leaders should portray self-awareness of their cultural biases, which would facilitate an understanding of others. Additionally, the leaders should promote cultural competence of the other nurses. According to Montenery, Jones, Perry, Ross, and Zoucha (2013), nurses have to provide culturally competent care, amid the increasing diversity of the American population.

An understanding of this concept provides a foundation for developing competencies required in delivering quality care. As a registered nurse (RN) who has worked in a homecare setting, I understand the importance of portraying cultural sensitivity in the development of trusting patient-nurse relationships. Although I did not grow in highly diverse environment, exposure to other cultures in class and clinical settings has embedded this skill in me. I yearn and believe that my future nursing career will benefit significantly from respecting diversity of my colleagues, patients, and families.

**Holding Multiple Perspectives without Judgment**

The development of an appropriate nursing plan involves the collection of information from different perspectives. According to the Institute of Medicine (2011), the consideration of multiple perspectives through inquisitiveness, open-mindedness, reflection, and intellectual flexibility is critical for transformational leaders in nursing. In other words, a transformational leader takes steps to include opinions from all parties in the decision-making process. I have been accustomed to consider different aspects of a situation even in non-nursing environments. Therefore, I believe that embracing different perspectives in my clinical decisions will pose a significant challenge. However, I still believe that I will have to develop confidence in accounting for all perspectives of clinical decisions that affect patient outcomes. I intend to augment this skill through observing unit leaders and nurse managers. Thus far, I believe that the inclusion and appreciation of team members’ opinions can foster the acquisition of multiple dimensions that would influence a decision. I will aim at accommodating others’ opinions before making a decision when in a leadership position.

**Discovery of Potential**

As stated earlier, self-assessment can reveal one’s strengths and weaknesses. The discovery of one’s potential may be challenging at the entry level of a careers. Many new nurses may consider themselves incompetent after a few mistakes. However, a transformational leader inspires the discovery of potential through mentoring the subordinates. As Waterbury (2016) notes, mentorship ofnew team members can improve the chances of their retention and development of leadership skills. A transformational leader mentors others to emulate the positives, which new nurses can use to enhance their strengths and minimize their weaknesses.

I grew an extrovert who was significantly impatient with routines. I have come to realize that the trait could have costly consequences on my clinical decision-making. Nevertheless, I also appreciate that I can minimize this weakness through effective mentorship. I have learned that I tend to be stubborn and can stick to a task when it interests me. I hope to utilize this strength and model other nurses to enable me to stick to nursing routines. Additionally, I believe extroversion could be an untapped potential that I could use in the development of positive relationships with colleagues in the workplace.

**Quest for Knowledge**

The health care setting is notorious for the changes that occur. As such, nurses require updating their knowledge and skills constantly. According to Qalehsari, Khaghanizadeh, and Ebadi (2017), lifelong learning is a requirement in the success of nursing students and professional performance of nurses. Nursing students acquire basic knowledge from nursing school that prepares them for the workforce. Orientation and preceptorship builds the skills and competencies of the novice nurses to perform clinical tasks independently. However, learning for nurses does not end at that. Nurses should always seek additional knowledge that improves their individual performance and organizational performance. My Bachelor in Nursing will increase my knowledge in nursing and provision of quality care. The increasing reliance on evidence-based practices creates a significant need for lifelong learning. Nurse leaders can enhance their skills and knowledge in nursing through pursuing further education. Transformational leaders can benefit significantly from collaborative learning. For example, interpersonal skills could emanate from interactive workshops, collaborative training, and committees within the workplace.

In this regard, it would be beneficial for me to engage in lifelong learning after I enter the workforce. Enhancing my understanding of current clinical guidelines and evidence-based strategies of providing care would be fundamental to my career. For example, I will continually identify evidence-based research that supports different clinical decisions. Acquiring a vast body of knowledge regarding care methods would propel me towards becoming a transformational leader. In turn, I will use the knowledge to propose changes that would be beneficial for both patient outcomes and nurse outcomes. In other words, my quest for knowledge will position me as an active team member who can offer practical solutions for positive change in the workplace.

**Reflective Learning and Translation of Knowledge**

Reflective practice is considered a paper requirement for career progression in nursing. Additionally, reflective learning can improve one’s skills about many clinical situations (Koshy, Limb, Gundogan, Whitehurst, & Jafree, 2017). It serves an essential role in ensuring that a nurse adapts to different situations and environments. In other words, it creates experience for nurses that can augment the textbook knowledge acquired. According to Colomer, Pallisera, Fullana, Burriel, and Fernandez (2013),nurses should engage in the process of reflection, which involves the exploration of experiences that enhance the understanding and appreciation of mistakes. Since nurses have to engage in lifelong learning, this process facilitates the development of increased awareness of mistakes that may jeopardize patient and staff safety. In turn, leaders can translate the experience into practice, for example, through proposing strategies for improvement. Ultimately, the experience acquired from the reflection could help novice nurses in working autonomously in ambiguous environments and adapting to new professional situations.

Reflections on different situations will impart crucial experience that could be translated into clinical scenarios in the future. For example, reflective learning could focus on dissatisfied patients, postoperative complications, failed procedures, or missed diagnoses. The knowledge learned from the reflection would enable me to contribute to workplace improvement and development of confidence. Additionally, I will share my experiences with colleagues and team members to create a cycle of learning and advancement. Experimental processes will help in the translation of the experience into practice. For example, I could lead a team of nurses in proposing strategies that would improve patient satisfaction and evaluate the results for full implementation of a program. I believe reflective learning will elevate my capabilities as a nurse and future transformative leader in nursing.

**Nurturing Intellectual and Emotional Self**

Knowledge and experience are critical in nursing. However, nurses tend to forget that their intellectual and emotional characteristics also play a crucial role in their success. The nursing profession is fast-paced and leads to significant intellectual and emotional labor (Nagel, Towell, Nel, & Foxall, 2016). Therefore, nurses have to develop self-awareness of their emotions to perform their tasks successfully. Nurturing one’s intellectual and emotional capacity builds confidence. The confidence can help in the maintenance of stable emotions. Indeed, transformational nurse leaders require high levels of emotional intelligence to deal with the complexities of the workplace. Emotional intelligence is a critical coping mechanism that can improve resilience and prevent burnout. In turn, the leader would inspire others to respond to situations with calmness.

I tend to maintain emotional stability in situations that could lead to conflict. The ability to control emotions would be essential in reducing work-related stress and job dissatisfaction. Over the months I have worked as a homecare nurse, I have come to appreciate that emotional stability would enable me to persist, despite challenges and setbacks. The enhancement of my emotional intelligence would also enable me to engage in self-disclosure regarding bothersome issues that may lead to poor personal performance. Controlling my emotions in times of interpersonal conflicts may also help in diffusing tensions and ensuring positive relationships with colleagues.

**Self-Care**

Nursing environments are often fast-paced and may drain nurses’ energy. Nurses may find themselves taking responsibilities that compromise their ability to take care of themselves. Mills, Wand, and Fraser (2015) observe thatthe little attention given to this facet of nursing has led to nurses neglecting their lives because they do not understand the impact on their lives. As such, nurses should create an appropriate balance between their professional and personal lives. Self-care is not selfish as long as the nurse has provided compassionate care to the assigned patients.

Currently, I have been working as a home care nurse. The field has already has a toll on my life. At some time, I had a tight schedule tending to a number of patients during the week and going to school. After finishing my shifts tending to the patients, I would only take short naps because of the limited time I had between shifts and doing homework for class. Overtime, I realized that the lack of sleep was taking a toll on my health because I had already lost ten pounds of weight in one month. After returning to my normal self, I realized that nurses should take responsibility for their health. I am confident that the experience will serve as a lesson in the future to avoid prioritizing work and forgetting my health. I want my colleagues to experience positive transformations by emulating my concern for personal health.

**Conclusion**

The accomplishment of the self-assessment has provided a deep understanding of the values and competencies that would propel me to become a transformational leader. The achievement of this goal depends on the enhancement of the concepts discussed. Since I have not had a lot of first-hand experience in my nursing career, I believe that the translation of knowledge will require additional evaluation of my competencies. Nevertheless, I appreciate the information gleaned from the course because it serves as the foundation of enhancing my potential as a future transformational leader.

References

Colomer, J., Pallisera, M., Fullana, J., Burriel, M. P., & Fernández, R. (2013). Reflective learning in higher education: A comparative analysis. *Procedia-Social and Behavioral Sciences*, *93*, 364-370.

Devine, C. A., & Chin, E. D. (2018). Integrity in nursing students: A concept analysis. *Nurse education today*, *60*, 133-138.

Institute of Medicine (US). Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: National Academies Press.

Kang, S. W., Lee, S., & Choi, S. B. (2017). The Impact of Nursing Leader’s Behavioral Integrity and Intragroup Relationship Conflict on Staff Nurses’ Intention to Remain. *JONA: The Journal of Nursing Administration*, *47*(5), 294-300.

Koshy, K., Limb, C., Gundogan, B., Whitehurst, K., & Jafree, D. J. (2017). Reflective practice in health care and how to reflect effectively. *International journal of surgery. Oncology*, *2*(6), e20.

McMahon, M. A., & Dluhy, N. M. (2017). Ambiguity within nursing practice: An evolutionary concept analysis. *Research and theory for nursing practice*, *31*(1), 56-74.

Mills, J., Wand, T., & Fraser, J. A. (2015). On self-compassion and self-care in nursing: Selfish or essential for compassionate care?. *International journal of nursing studies*, *52*(4), 791-793.

Montenery, S. M., Jones, A. D., Perry, N., Ross, D., & Zoucha, R. (2013). Cultural competence in nursing faculty: A journey, not a destination. *Journal of Professional Nursing*, *29*(6), e51-e57.

Murcia, S. E. A., & Lopez, L. (2016). The experience of nurses in care for culturally diverse families: A qualitative meta-synthesis. *Revista latino-americana de enfermagem*, *24*.

Nagel, Y., Towell, A., Nel, E., & Foxall, F. (2016). The emotional intelligence of registered nurses commencing critical care nursing. *Curationis*, *39*(1), 1-7.

Qalehsari, M. Q., Khaghanizadeh, M., & Ebadi, A. (2017). Lifelong learning strategies in nursing: A systematic review. *Electronic physician*, *9*(10), 5541.

Waterbury, S. (2016). Transform your leadership. *Nursing management*, *47*(8), 53-54.