

Final Paper
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There is a leader within us, whether we know it or not. Although nurses have many roles in the healthcare system, the term leader can easily be ascribed to a nurse. A nurse leader does not have to be a manager, they can be an individual who influences others. They help their co-workers excel, guide teamwork and create positive change. In turn, great leaders establish patient-centered care and exceptional outcomes. The American Organization of Nurse Executive (2015), issued nine guidelines for nurses to be the most outstanding leaders they can be.

First and foremost, the American Organization of Nurse Executives (2015) believe the presence of integrity is a key value of leadership. Throughout the 21st century, nurses have earned the top ranking in the most trusted profession in America- with the exception for 2001. Integrity is what yields the leadership position for any nurse. In fact, a Delgado & Mitchell (2016), study revealed, the most important quality for a leader in nursing is integrity. According to Prase (2014), trusting personal integrity is believing in the rightness of a decision for the betterment of those most concerned. Practicing nursing with integrity conveys a message about oneself, it shows how important it is for us to deliver high quality care for all our patients. Practicing with integrity involves moral and ethical soundness, being respectful, showing concern, and doing things that do no compromise someone else's well being. In my personal experience, practicing with integrity is what I strive to do. Unfortunately, this is not the case for every nurse. One particular situation where I was able to define integrity in my career, is when I received a patient that was considered to be "difficult" to work with. This patient was opinionated and had angry outbursts. Other nurses had a tendency to ignore and deliberately not give out all the medications to avoid negative interaction. Through conversation, showing respect and compassion, the patient revealed their mother had passed away in a hospital due to a medical

error. This incident left a bad impression of the healthcare system on him and it was the driving force behind all his concerns. Conclusively, if I did not treat my patient equally and offered my time, I would have never known the true meaning behind his frustration. Moving forward, this patient was a pleasure working with and he was happy with the care he was receiving.

The second quality recognized by American Organization of Nurse Executives (2015) is, appreciation in ambiguity and learning to function comfortably amid the ambiguity of our environments. Stilos (2007) describes ambiguity as uncertainty, obscurity, vagueness and the indefinite. He states, “As care plans depart from linear methodology, nurses encounter ambiguity and discomfort as patients reconcile their personal hopes and dreams with the ups and downs of living with their illnesses (Mitchel, 1998).” (Stilos, 2007, p.260). In addition, nurses face challenges of unsure what to anticipate, what to say, and how to respond to unforeseen situations (Stilos, 2007). It is imperative for nurses to acknowledge ambiguity as a part of their practice, and oftentimes there is no right thing to do or say. According to Hartrick, in order to honor ambiguity one must (a) acknowledging complexity and ambiguity as intrinsic characteristics of human experience, (b) expanding the capacity to trust and experience uncertainty, (c) learning to be curious and to question and the feelings, thoughts, and meanings of experiences” (p. 526). Several months ago, my patient was diagnosed with terminal bladder cancer and was qualified to be put on hospice care. Hospice care was unknown territory for me because I was used to working with stable patients and managed diseases. The family had many questions, concerns and I was not prepared for the patient’s reaction. The daughter approached me with tears in her eyes and stated, “I don't think I can handle this, my dad is everything to me” and “I don't know what to do”. I embraced the ambiguity of the situation and realized, there is no right thing to say.

My reaction was to just be there for her and listen to her, which in fact turned out to be just what she needed.

The American Organization of Nurse Executives (2015), identifies leadership quality number three, as diversity to wholeness, where nurses appreciate all of its forms including: race, gender, religion, sexual orientation, generational, the dissenting voice and differences of all kinds.

America is known as the “melting pot”, our patients and co-workers come from across the globe. According to Harris (2017), stereotyping may lead to discrimination, not understanding others, and decrease the ability to work with others and deliver a high quality service. In other words, our own personal beliefs and biases may interfere with our ability to work with others, as well as provide the best care for our patients. Moreover, in a positive fashion, diversity and differences creates an opportunity to learn from others, but one must set aside prejudice and bias (Harris, 2017). My personal beliefs regarding people that are different than me is to treat them equally, be respectful, hold off judgements and be fair. I accept diversity as a key to wholeness, where everyone is doing their best. Accepting others is a process and it can be accomplished through use of reflection and mindfulness to identify areas of personal and social awareness (Harris, 2017). I oftentimes ask myself, “Is there something I can do differently?” or “Why do I think like this”. This separates my personal beliefs so it does not interfere with practice. According to Harris (2017), demonstrating respect for difference begins with communication. In my former workplace, I worked with CNAs and nurses older than me, and they came from different parts of the world. It was of uttermost importance to me to say goodmorning to everyone and thank them accordingly. Overtime, they warmed up to me and I could really consider us a great team. It

became apparent, working floors where diversity was accepted, created better patient outcomes and everyone was content.

The fourth quality of a leader is holding multiple perspectives without judgement and creating a space so that multiple perspectives are entertained before decisions are rendered (American Organization of Nurse Executives, 2015). This quality is the definition of collaboration between all professions; nurses, doctors, pharmacists, therapists, nursing aides. Bolton (2016) believes leaders must create inclusive environments that promote and support employees and members of the medical staff from different backgrounds. Moreover, engaging and providing more individuals to participate in discussions allows for a better healthcare system (Bolton, 2016). During my clinical experience this semester, the Pediatrics unit was about to receive a child deemed “obtunded” and the nurse assigned felt apprehensive. On the other hand, the attending physician felt ready to accept the child on the unit. The manager brought together the physicians and the nurses so they could both express their concerns. This created for a positive environment where ideas and concerns were accepted. Both teams decided it was best for a pediatric resident to assess the patient in the Emergency Department, and depending on the condition, then send the child to the PICU or regular pediatric floor. The manager created a safe environment for her staff to communicate and ultimately, create the best plan for their patient. I myself created a safe space for communication while working as a charge nurse. Me, my nursing aides and the doctor collaborated together to reduce fall risks on our unit. Seeing the perspectives of a nursing aide was just as important as the doctors. The following month, we saw a great reduction in falls and increased patient safety.

The fifth quality is the discovery potential, which is the ability to search for and find the potential in ourselves and in others (American Organization of Nurse Executives, 2015). In other words, this quality means reaching full potential can be done by believing in ourselves and peers. Aroke (2014) states, full nursing potential is required for the achievement of optimal patient-centered care, it also allows better health through equitable social systems. A key factor in realizing full nursing potential is a power balance between healthcare providers and nurses understanding their role and responsibilities (Aroke, 2014). Allowing yourself to realize the impact you make, empowers you to reach your full potential. I embraced this quality dating back to completing my associates degree in nursing. Studying consumed my everyday life and it was something I have never done before. The most discouraging part was studying a month for an exam, and receiving a failing grade. The belief in myself to get through nursing school was my driving force. Also, I built a strong bond with friends I made in the nursing program. Together we supported each other time and time again. Now working as a nurse, I have to believe in my potential to make it through a shift, to get my dream job, to get a masters degree; it is my driving force. My friends and I all believe in each other, we motivate each other, and we know we will accomplish great things. I owe a part of my success to them.

The American Organization of Nurse Executives (2015), believe the sixth quality for a nursing leader is a quest for adventure towards knowing, where you create a constant state of learning for the self, as well as the organization. In essence, this quality resembles life long learning, which is an active process where the student searches for knowledge and uses it to use their professional lifetime needs (Qalehsari, 2017). Qalehsari (2017) believes a major characteristic for lifelong learners is independence and self-direction. Lifelong learners benefit

themselves, as well as the patients that they take care of. Nurses hold a huge role in the healthcare system. We strive to provide the best care for our patients. A part of best patient care is to be knowledgeable about the evolving world of medicine. I believe in life-long learning and am always looking to improve my practice. A few months ago, I had a patient showing signs of stroke. I used the FAST assessment tool and notified the healthcare provider. The patient's daughter had many questions on what to expect once arriving to the hospital. I explained initially there will be a CT scan of the head, thereafter a doctor will decide the best course of action. The only positive thing I was able to state was we caught it within minutes of symptoms presenting, decreasing risk of damage. When I went home that day, I decided to research stroke assessments, stroke statistics and just familiarize myself with new research. In the case I have a patient have a stroke, I will know much more recent research than was presented in nursing school.

The American Organization of Nurse Executives (2015), recognizes the seventh quality to be knowing something of life, which is the use of reflective learning and translation of that learning to the work at hand. Reflective learning is the ability to analyze one's actions, and then applying it to professional practice and enhancing clinical knowledge. According to Calwell (2013), studies have shown that nurses who take the time to reflect on their daily experiences provide enhanced nursing care, have a better understanding of their actions, which in return develops their professional skills. Reflection has allowed me to apply knowledge from a previous situation to a current one. Present time, my patients son was becoming extremely agitated with me. I stepped back from the situation and thought back on experience, where another patient began to act very differently once diagnosed with terminal lung cancer. Using this knowledge, I applied it my current situation. I put myself in the son's shoes and thought his actions may be due to his

father's poor condition. I was able to approach the situation calmly and offer my help. I expressed my empathy, concern and in turn, the patient's son calmed down. Reflective learning allowed me to provide the best patient-centered care.

The eighth quality for a nursing leader is nurturing the intellectual and emotional self, which is constantly increasing one's knowledge of the world and the development of the emotional self (American Organization of Nurse Executives, 2015). This quality involves knowledge, but unlike the sixth quality, it is your emotional knowledge. It is "the ability to manage one's emotions and the emotions of others" (Raghubir, 2018, p.127). According to Raghubir (2018), this ability to apply emotional intelligence to practice enables nurses to make better decisions, manage their patients more effectively, improve relationships, and positively impact the quality of care received by patients and family. My desire to become a nurse stemmed from watching a nurse care for my friend in the hospital. She was unlike everyone else; she was caring, she always had time to talk and answer questions. Ultimately, she made my friend's stay at the hospital bearable, as he knew there is someone that truly cares about him on the staff. I can say, I strive to be as emotionally intelligent as her. I used emotional intelligence during a time where a patient was admitted post chemotherapy and radiation. He was in poor condition after his treatments, and his daughter was filled with guilt. She said to me, "If I knew it would cause him so much discomfort, I would have never encouraged the chemotherapy". I was able to relate and I replied with, "Your father knows, you did what felt right. None of this is your fault". She replied, "Thank you, I really needed that".

The last quality one should possess is, keeping commitments to oneself, where creating the balance that regenerates and renews the spirit and body so that it can continue to grow (American

Organization of Nurse Executives, 2015). There is a saying, “Take care of yourself before you take care of others”, which as a nurse, is very important. According to Blum (2014), self-care can help one cope with stressors inherent to both practicing nurses and nursing students that can lead to exhaustion, tension, and fatigue, such as clinical decision-making and staffing concerns. “The practice of work-life balance can be done to influence organizational performance, save costs, improve productivity and reduce turnover. If the practice of work- life balance is reduced, employee turnover intentions also decrease in which reducing the errors can endanger patients and environmental staffs (Avgar et al., 2011)” (Dwi Putranti, 2018, p.236). I began my first job as a nurse at a Rehabilitation/ Nursing home this year. I soon learned my job was depleting all my energy and I believed I had no time for myself. I never took a lunch break, did not have the time to drink water or use the restroom. The burnout soon began to affect my daily life. I noticed I had low energy levels, I was not eating as well and not exercising. I found myself not looking forward to work. Ultimately, I had to leave my job. I began a new job this school semester. This time around, I allowed myself a lunch break and care for my basic needs. In turn, I began eating better, worked out and found myself much happier at work and interacting with others. Burnout is a serious issue and through self-care, I am managing my daily life much better.

The American Organization of Nurse Executive (2015) nine guidelines will help me succeed as a leader in nursing in many ways. The ability to connect with my patients and coworkers will result in better patient care. Another beneficial factor from the guidelines, is it allows me to better understand myself, including my role in the healthcare system and realizing my own health and well being is just as important as the person that I am taking care of.

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