Compendium of Leadership Topics

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Compendium of Leadership Topics

Leadership is not something with which one is simply born. People may be born with traits and characteristics that facilitate leadership, but they are not born leaders. Leadership is a skill. It is a skill that can be developed through experience and study. There are many elements that can, when considered, support a leader in their growth as a manager. This compendium will be comprised of a synthesis of literature and applications for several leadership and management topics.

 **Innovation, Systems Thinking, Change Management**

 Innovation, systems thinking, and change management go hand in hand in leadership. To be a change manager, one has to be innovation minded. In order to be truly innovative, a leader must be proficient in systems thinking. Reed (2006) compares systems thinking with the human body. Just as the human body is made up of multiple systems working together, the workplace is made up of various “systems.” These systems are teams, departments, corporate levels, and even differing shifts. While it is important to identify and recognize how each system interacts with the other systems, the most important task is understanding how the whole system works because of all of the different systems. As the leader it is imperative to understand these relationships.

 With a solid understanding of the system, one is able to properly innovate. There are many ways to innovate in leadership. Seeing elements in a different way is a useful innovation technique. Instead of approaching things from the “usual” way, getting a different viewpoint can lead to differing resolution options. For example, McCaffrey and Pearson (2015) conjectured the iceberg, which struck the Titanic in 1912, could have in fact been used as a life-saving device. The iceberg was only seen as a hazard to be avoided. If they had led passengers onto the iceberg instead of the few lifeboats they had, many more may have been saved. This inability to see past the usual purpose of something is called functional fixedness according to McCaffrey and Pearson (2015).

As an innovator, it is important to avoid getting stuck on things like “That’s not how we do that” or “we’ve never done it that way before.” People have a natural resistance to change (Gobble, 2013). It is in every fiber of their being. People want to be comfortable. Change is not comfortable. But comfort does not allow for positive development. In order to be a leader who promotes positive change, it is important to guide others through the process. There will be resistance. A good leader, though, will be able to deal with it accordingly as it comes.

**Application**

As a manager, understanding innovation, systems thinking, and change management is an important aspect of my position. If the majority of my focus is spent on one department, I will not be as effective. It is imperative to understand how all of the departments, or systems, work together to create a single productive work environment.

 Innovation has been one of the biggest hurdles in my leadership career. Any major innovation has a chance to stimulate a “We have never done it this way before” response. One example in my leadership was transitioning away from surgeons wearing the older skull cap style headwear. According to studies I had done of current evidence-based practice, fuller bouffant style caps provided better protection for the patient. This is due to ensuring all hair is covered by the cap. Even when provided evidence, many of the physicians pushed back because “this is what we’ve always worn.” They made statements such as “I am a doctor and know what’s best.” It was a slow process, but eventually all of the barriers were overcome and bouffant caps were implemented.

**Communication and Emotional Intelligence**

Simply put, communication is vital to proper leadership. Proper communication is potentially the most effective tool in the manager’s arsenal. In fact, communication is the core of leadership (Pollard & Wild, 2014). Not only verbal communication, but also written communication, body language, and even coaching staff about their own ways of communicating are key leadership competencies. As a leader, one may be able to develop a number of quality policies and procedures. However, if they are not successful in communicating this vision, then the policy and procedure work will not have the same effect.

Emotional Intelligence is important in any field. It is especially important in the health field as feelings can have far-reaching effects (Feather, 2009). There is an inherent gravity to the responsibilities of a healthcare provider. In many ways, people’s lives are in their hands. When one of these staff members become emotionally unstable, it has potential for devastating effects depending on the circumstances. Coaching staff members on emotional intelligence can have an effect on the entire workplace (Sadri, 2012). In order to coach a staff member on emotional intelligence, it is important the leader has a healthy emotional intelligence themselves.

**Application**

Proper communication skills are something I have always made an effort to cultivate during my career. I learned early on proper communication can solve many issues. Problems that get brought to me are often simply matters of miscommunication. As a leader I make every effort to be clear in my communication with staff. I have had staff members tell me several times they appreciate me taking the time to communicate clearly what is expected of them. It is usually very stressful to be in a position when it has not been clearly communicated to you what is expected of you.

 Understanding emotional intelligence is important to being an effective leader. When I deal with hundreds of staff members a day, it can be easy to forget that they are people with emotions and emotional needs. While I strive to keep this in mind, after a dozen issues have arisen, it can be easy to switch into ”problem solving mode” and forego “empathic manager mode.” It is true that I often do not know what a given staff member is dealing with in their home life. I do my best to keep this in mind when coaching staff. I am the director of the people, not the job positions.

**Conflict Resolution**

Conflict is an inherent consequence of human relationships. It is common in the workplace. Work can be very stressing, and in turn this stress can lead to conflict. Conflict management is one of the most important elements of good leadership. One of the most significant events that has potential to halt productivity in a work environment is a major conflict. At the same time, conflict management provides development opportunities for the involved parties. Conflict in the hospital can come from a number of sources. It can arise from time constraints, power level differences between nurses and the physicians, patient care, poor communication, etc. (Kim et al., 2015).

There are many ways to negotiate conflict. The five most accepted approaches are compromising, competing, collaborating, accommodating, and avoiding (Baker, 1995). Of the five, collaborating gives the most opportunity for positive change through the conflict resolution. However, none of the approaches are perfect for all situations and environments. Iglesias and Vallejo (2012) conducted a study of conflict style in the nursing environment. It was found there was a significant difference in conflict management style between clinical and academic environments. This finding indicates that an understanding of the environment along with knowledge of the involved staff is necessary.

**Application**

When you have more than one person working together, conflict is inevitable. Throughout my career I have developed my conflict management skills to the best of my ability. I have experienced nearly every form of conflict imaginable. I am sometimes surprised with the conflicts that I have to deal with. In some cases, if you had explained the situation to me and stated the conflict was between two elementary school children it would have made sense. The fact that the petty conflict was between two grown *professionals* can seem unbelievable at times. This really shows the importance of developing conflict management skills. These situations where the staff are fighting with children show that their conflict development skills stopped developing at about that time. However, opportunities for education springs from such situations. There have been many times where I have sat with a staff member and explained how a responsible adult would have acted in that particular situation.

**Policy and Advocacy**

Policy management is an important aspect of leadership in nursing. A good healthcare leader will pursue best evidence-based practice. In turn, this EBP is the basis for quality policy and procedure. The world of healthcare is constantly evolving and it is the responsibility of the manager to ensure their facility evolves accordingly. It is important to provide opportunities for staff to follow along (Olsan et al., 2011). Being an advocate for the staff empowers them to become better advocates for the patient. Ultimately this is the goal. A quality leader empowers employees to make better decisions and become a better staff member. When staff are better patient advocates they become more confident in their abilities.

Hanks (2008) conducted a study that showed most advocacy is learned by nurses on the job as opposed to during a nurse education program. Naturally it would be productive for education programs to focus more on advocacy as a subject (Arnold, 2016). Once the nursing student has graduated from their program and comes under the leadership of a nursing manager, this is no longer an option. Making a concerted effort to work with these new nurses in their advocacy is an important effort. As their manager, it is vital to be a strong guide as they develop this skill.

**Application**

I accepted a position of Director of Surgical Services in a hospital which was still being built. It was extension of the health organization I had worked for for over two decades. When I started I was the only leader besides the new hospital’s CEO. Through the next few months I either wrote or helped write policy for a significant portion of the hospital. During this period I learned the value of good policy and proper policy implementation.

**Decision Making**

Decision making is a natural part of leadership. When a decision needs to be made about the direction of the department or what to do in a particular situation, chances are the manager is the one who is making it. This is not always the case. Empowering employees through delegation is a valuable tool (Campbell & Campbell, 2011). Delegating decision making to employees reveals that the manager trusts the staff member with the decision. This delegation can increase the staff’s own decision making and self-confidence. When the decision making of a staff member is increased it can also result in their making fewer mistakes. Mistakes such as medication errors, delay of treatment, or allowing falls are less likely when the nurse is accustomed to making better decisions (Saintsing et al., 2011).

Time spent deliberating is time not spent on other tasks. Cultivating decision-making skills is also important as a leader (Davenport, 2015). Changing how you view the elements considered and rethinking one’s decision making process can result in better decisions made in less time.

**Application**

I am the first to admit that I need to continue to develop my ability to delegate. As the leader of my staff, I seek to empower them to make their own decisions. When they are better informed and better able to make decisions theys are better employees and better caretakers for their patients. In the day-to-day practice, however, I sometimes find myself just doing a task instead of delegating it because I know that it will get done correctly. In my studies and reflections on this matter, I realize a significant portion of this situation is a trust issue. In delegating to my staff, I communicate to them that I trust in their ability to perform the task sufficiently. Proper delegation is something I continue to work on.

**Organizational Climate and Culture**

The temperament of the manager in a facility or department is an important measurement of the overall climate of the entire environment. Some may argue that the manager is in a particular mood because of the environmental conditions of the facility. This would mean they were functioning as a thermometer. A thermometer, of course, gives a reading in relation to its surroundings. Studies have shown that this argument is not true (Momeni, 2009). A more appropriate temperature device would be a thermostat. Thermostats *control* their surroundings. A manager is a thermostat, not a thermometer. The personality and temperament of the manager is the single greatest influencer of the overall environment of a workplace.

James Hunter, (1998) in his book *The Servant*, states that for the most part people do not quit a company... they quit the boss. As the boss, this can be hard to accept. As the first contact on the chain of hierarchy, how one acts and reacts can have a significant effect on staff.

Not only does the manager have control over the emotional environment, they have control of the ethical environment (Olson, 1995). The leader sets the standards for what is and is not accepted. While there may be an official set of policies, if the manager disregards them, the staff under them is likely to do the same.

**Application**

 Whenever I go into a new environment, the first thing I teach on is proper and respectful communication. I inform the staff that this, before all else, is what I expect. I expect all staff, no matter their function or title, to be treated respectfully. In my experience I have found disrespectful communication destroys teamwork and creates toxic work environment. As the leader it is my responsibility to ensure the climate of the organization is a positive one. It is in everyone’s interest if the environment is conducive to people doing their jobs well and being fulfilled in doing do.

**Influence versus Power and Leadership and Management**

In his book *The Servant*, James Hunter (1998) discusses power. Power leads to resentment. Power says “Do it or there will be consequences.” It uses negative reinforcement. Influence is the definition of leadership. The staff member does what is requested because they want to. This may be because they respect you, believe in your leadership,etc.

Influence is a precedent for empowerment. The staff member is not likely to truly act in empowerment if the process is simply done through a show of power (Dries & Pepermans, 2012). Empowering employees can increase influence (Arnold, 2016). When a staff member is seen as being trusted with delegation, other staff members can begin to view the manager in a better way.

**Application**

When I start a new position of leadership, I make a point to wait three to four months before making any major changes. During this time period, I focus on gaining the respect of my staff members. I believe that any major changes made in the beginning during the first few months will have to be made using a force of power. In this type of instance, the change may go into effect, but it will ultimately be ineffective due to how it was implemented.

**Fiscal Responsibility and Sources of Funding**

Donna Middaugh (2015) pointed out the 80/20 rule. In this rule, 20% of something creates 80% of the results. In other words, a small amount of something is often responsible for a large portion of the end results. There is an agricultural significance for this rule, but it is also applicable to management. As a manager, so much of time is seemingly spent on “trivial” things. Every moment spent inefficiently ultimately costs the department resources. It is important to schedule accordingly.

Another way to have a positive effect on fiscal management is increasing the value in care delivery (Goetz et al., 2011). Working with staff on improving care delivery establishes the facility as being higher quality. Being known as a quality establishment can increase the number of procedures done there. This, in turn, increases income for the facility.

One way a hospital’s finances can be affected negatively is through waste (James & Poulson, 2016). Better education is a valuable way to manage finances. Staff who are up to date with best practices are less likely to create unneeded waste. They are also less likely to create errors leading to additional procedures and potential malpractice lawsuits.

**Application**

It is an unfortunate fact that a significant portion of healthcare leadership is dealing with finances. I remember in nursing school learning about all of the ways to treat and care for patients. This was very exciting to learn. However, my professors did not inform me just how much financial management would be needed once you reached a certain level. Even non-profit hospitals cannot continue to provide care for patients if the finances are not managed. Because of this fact, it is naturally an important part of nursing leadership. Currently, one of my biggest fiscal responsibilities concerns implants. I am responsible for making sure the purchase cost of the implants used during surgery do not exceed 50% of the insurance reimbursement cost.

**Retention and Succession Planning**

A study shows that it costs upwards of $42,000 to fully train a new nurse (Iqbal, 2015). This figure quite clearly shows that retention of current staff members is of extreme importance. Even without the fiscal ramifications, losing a staff members has a negative effect on the staff as a whole. The options are few. The leader can simply be short staffed, which creates excess stress for all involved. The other option is to hire another nurse. As previously stated, this can have a large effect on the budget. Doing simple things like putting on contests and developing fellowship opportunities like a softball team can have a positive effect on retention.

Hunter (1998) states that a true leader leaves his staff better than he found them. If the staff member is enriched in some way for having spent a season with the leader, the leader has succeeded. A lot of this is done through empowerment (Campbell & Campbell, 2011). Empowering staff to make quality decisions sets the stage for a quality replacement to be found after the leader has left.

**Application**

 Employee retention is something I am constantly considering. As mentioned previously in the literature synthesis, I would prefer to retain my staff than pay to train up new nurses. In order to keep my staff content I work on employee recognition programs. I encourage peers to recognize the actions of their coworkers. I send birthday cards to their home address because I’ve found it’s always nice to get something in the mail that isn’t a bill. I also give to the staff statistics related to performance during staff meetings and encourage participation in department and hospital committees.

My current experience with succession planning is something put into place within the last few months. The succession plan for the current Chief Nursing Officer now has me listed as successor. I have met with the CNO on several occasions and am currently being educated and guided to assume her position if and when the situation arises.

**Quality and Safety**

As nurses, quality and safety are naturally of high concern. When a patient is brought into a facility, they are also brought through a series of safety checks. These checklists ensure the safety of the patient, the caregivers, and everyone around them.

Staff who are familiar with evidence based practice should have a good grasp on safety (Baid & Hargreaves, 2015). EBP standards are safe standards. Studies show that nurses tend to acquire their understanding of standards from one another (Solomons & Spross, 2011). This is logical. Staff members very likely spend much more time working with one another than they do studying journals and keeping current with EBP. This finding shows the importance of having trusted EBP cheerleaders in strategic locations. These cheerleaders can guide the staff to correct EBP practices and standards. This practice helps to uphold both quality and safety.

Preventing staff burnout is also important to upholding quality and promoting safety (Bogaert et al., 2013). A staff member who is fulfilled in their job tends to be more alert and less likely to make mistakes. They may also be more likely to correct them if they do make an error. An unfulfilled staff member has the possibility of not working to their fullest capacity. In the healthcare environment, this can have an effect on both quality and safety. The lives of patients could be potentially affected because of the consequences of staff burnout.

**Application**

In the healthcare world, quality and safety are always major concerns. My current quality and safety focus is a root cause analysis to determine best practice in consenting patients. The particular situation being considered is when a patient has given verbal consent to the physician but not signed a paper consent. It is discovered after the administration of anesthetics that the physical consent was not signed. In this case what is the best practice? Wake the patient or proceed with the procedure?

**Professional Membership and Professional Development**

While graduating from a nursing program is the first major step in a nursing occupation, it is certainly not the last. A quality nurse must have an up to date understanding of Evidence Based Practice (Hain, & Kear, 2015). As has been stated before, Evidence Based Practice is continually evolving. It matches the pace of the technological and scientific advances made on a regular basis. A nurse who graduated in the early 80’s cannot work in 2017 based simply upon her nursing program knowledge. In short, it would be dangerous.

It is the leader’s responsibility to keep up to date with EBP (Kemp & Baker, 2013). Only then will they be able to guide their staff concerning EBP. Not only does the leader need to be familiar with EBP, but also staff under them should as well. Keeping staff up-to-date with EBP is often done through coaching opportunities (Narayanasamy, & Penney, 2014). Coaching staff on EBP also gives the leader an opportunity to empower the staff member to continue their own journey of professional development.

**Application**

I am an active member of the Association of PeriOperative Room Nurses (AORN). I believe it is important to maintain an active membership in professional organizations such as AORN. Organizations such as AORN help to define best practice in the surgical setting. In addition to best practices, it helps to drive legislation and legal action related to perioperative nursing.

**Compendium Summary**

The purpose of this compendium has been to synthesize literature pertaining to leadership and management skills and to give real-life applications of these skills. Being a leader can be a difficult and demanding position. All of the elements of leadership can come easily to a person, but it is often something that must be cultivated and practiced.

Innovation, conflict management, fiscal responsibility, and quality and safety are some of the elements that have been analyzed. All of the previously analyzed topics have meaningful impacts on developing quality leadership. Even the best leader is not perfect. These discussion points are useful to educate and build up any leader regardless of their leadership skill.

Being a leader is not simply being the person bossing around a group of underlings. There are many facets of leadership that have to be considered at the same time. On a daily basis as a leader, one may deal with a normal conflict issue. But in dealing with this conflict issue, one must ensure they are practicing proper communication. Additionally, one must also be mindful of how this conflict resolution is affecting organizational climate and retention. It can be difficult to keep all of these things on mind simultaneously. However, what is important is that one is consistently striving to better themselves as a leader. The better they are as a leader, the better their staff are as employees.

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