Personal Leadership Development Plan

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A leader is not born. They are made. Someone probably said that sometime. It is true. Being a leader is not static. As a leader one should continue to grow both personally and professionally in order to provide the best leadership possible for those under them. It can be difficult to be focused on growth as a leader. Oftentimes there is just barely enough time to do the job, let alone enough time to plan for the future. With a proper development plan, however, a leader should be able to keep leading their staff through best practices for a long time. Due to the reflective nature of this paper, first person will be used when necessary.

**Leadership Competencies**

In order to be a quality leader, basic competencies must be achieved. There are five core competencies for leadership according to the American Organization of Nurse Executives (AONE). These are as follows: communication and relationship management, knowledge of the healthcare environment, leadership, professionalism, and business skills and principles.

The first competency, communication and relationship management, is an important concept in any professional workspace. Quality value-adding ideas cannot be implemented if they are not communicated properly. At the core of any leadership responsibility is communication (Pollard & Wild, 2014). If it is not a matter of personal verbal communication, it is proper written documentation, or coaching staff about their own communication. The healthcare world is made up entirely of people, so relationship management is paramount to success. Not only is it important for the leader to manage their own relationships, it is important to understand and properly utilize the diversity of the staff’s relationships in order to create the most effective workforce (AONE, 2015).

A nurse manager is naturally expected to be competent in their knowledge of the healthcare environment. They have a vital role in pursuing best practices in their facility. They lead their staff by example in their knowledge. The nurse leader also ensures that all staff follow all legal mandates and complies with all state and federal regulatory standards (AONE, 2015).

A great nurse leader is just that: a leader. They empower their staff to drive their own practice through various means such as positive reinforcement and increase employee engagement. They develop a plan for success and are flexible enough to make changes when needed. Also, one of their most important aspects is employing systems thinking in their problem solving (AONE, 2015).

As a leader in a professional environment it is of utmost importance that a nurse manager be professional. Due to their nature they are expected to be above reproach in ethical matters. They are banner holders for the ethical standards set forth by their organization. Not only should they hold themselves accountable to these standards, it is important they be the ones to hold staff accountable as well. A proper leader is an advocate for not only the patients but the staff as well (AONE, 2015).

While it exists to provide health to members of the community, the hospital is ultimately a business. Regardless of whether it is a nonprofit or for-profit hospital, it is important that the finances of an organization are in order. A significant portion of this responsibility belongs to the nurse manager. As a leader they must be business minded. If accounts are not taken and the hospital loses a significant amount of money it will not be able to stay open. Subsequently the staff members are then out of a job and the members of the community will have to look elsewhere for healthcare. A nurse manager that is a quality leader is mindful of their department’s spending on things such as instruments and disposable supplies. They schedule the staff in such a way so hours stay within the acceptable amount and avoiding unnecessary breaks and overtime. They can also be creative in utilizing contracted supplies and implants in order to keep costs down (AONE, 2015).

**360 Evaluation**

I sent out five 360 evaluations and had four return (see appendix A). To ensure confidentiality, I instructed the recipients to send the results to my son’s email. When he received them, my son marked out the names on the forms, resaved the file, and then sent them to me for viewing. The forms were sent to a supervisor, two peers, one of which is a nursing manager peer and the other an allied health manager peer, and a direct report I supervised.

I reviewed the results and calculated a mean score for each question (see appendix B). The lowest mean was 4.5 and the highest was 5. Most of the scores were between 4.75 and 5. There was only one 4.5 score, making it an outlier. It is not statistically significant considering it simply means that the question had one more 4 than normal. There were no major concerns given in the open ended questions sections. While I don’t know which evaluation was from which person, all four evaluators are people I respect and am glad to see such positive results.

**Self-Assessment**

As a pure numerical representation of my abilities I am not surprised at the results. I am not sure if it is “proper” to say but I believe I am a good manager and these results are indicative of this. I have developed my leadership over many, many years. Honestly, I was a little nervous when I first transitioned from regular staffing to leadership. I knew I could do the role and do it well. Whatever nervousness I had I swallowed, took a breath, and walked into the door on that first day as a leader and never looked back.

One of the instructions was to take the evaluation myself. I sat down and thoughtfully considered each question. Without reservation I chose 5 for each question as a response. I know that I am not perfect but I know that I am good at what I do.

One evaluation stated that I could do more delegating. This is the biggest piece of constructive criticism I received. This is very true and something I whole-heartily agree with. Due to my nature I have difficulty delegating because I know that I can do what needs to be done and by doing it myself I can ensure that it is done properly. Can I do everything all the time? Of course not. By not delegating I realize that I am not giving my staff the trust the deserve. It is not a conscious act. I am not actively thinking “so-and-so can’t handle this so I should do it.” But by not delegating I am not giving them an opportunity to prove that I am right in trusting them. In reflecting on this I also realize that I am potentially not giving them an opportunity to grow their skills.

It was also mentioned that I need to do better at balancing my work life. Unfortunately this is also true. The few minor changes I can make are mostly well-being related.

**Professional Development Plan**

I am being mentored and groomed and listed as successor in my Chief Nursing Officer’s succession plan after only six weeks of employment in my current role. I feel this adequately describes how others view me as a leader. As a strong and effective leader, I hope to see myself in a CNO position in five or so years.

 All of this is true despite only currently having an associate’s degree in nursing. The biggest strategy which will affect my growth as a person and a leader will be the completion of this program. Achieving a master’s in nursing management will only solidify the leadership that I already bring to the table.

 I also have plans for increasing my well-being. My job is a very stressful one and the stress can wear on me greatly. It can have an effect on me physically, mentally, emotionally, and spiritually. I will recognize the stressors in my work life and family life and do what I can to lessen them. At the same time I will increase activities I know to be stress reducing such as going on walks with my husband and getting regular massages.

This is my personal philosophy of leadership: “I AM a transformational leader. I utilize best practice and empower staff to drive their own practice.” I have actually had this philosophy for a while but it is only strengthened by what we have studied.

**Table 1. Leadership Development Action Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Focused Action Area** | **Planned activities** | **Timeline:****Start/finish** | **Measurement of achievement** |
| Obtain master’s degree | Complete University of Mary | Started January 2017 - Complete August 2018 | Obtain degree |
| Better delegation | Build trust in staff/delegate activities starting with non-crucial tasks | Started last month- already delegated to manager- ongoing | Better able to fulfill director job duties while empowering my manager  |
| Physical well-being | Exercise routine- monthly massages- evening walks with husband | Ongoing | Better health, no absences from work due to health-related issues |
| Stress management | Exercise daily- worship during commute- monthly massages- evening walks with husband | Ongoing | No stress-related illnesses |

**Conclusion**

 This development plan along with this course has been very eye-opening in several ways. The textbook and corresponding videos have had several moments where I thought to myself “I need to copy these notes and bring them to work.” I have always prided myself on being a quality leader, but now I have a better understanding of how and why. I also have a better grasp on the areas that could use improvement. These areas are small but important. There is always room for improvement and improvement would only make the entire machine run smoother. I have a plan that I have started and am looking forward to completed. Well, I suppose it will never be *fully* complete. Growing as a leader is never complete.

References

AONE Nurse Executive Competencies. (2015). Retrieved August 20, 2017, from http://www.aone.org/resources/nec.pdf.

Pollard, C. L., & Wild, C. (2014). Nursing leadership competencies: Low-fidelity simulation as a teaching strategy. *Nurse Education In Practice*, 14(6), 620-626. doi:10.1016/j.nepr.2014.06.006

**Appendix A**

360 Evaluations

Due to technical difficulties I was unable to import the 360 Evaluation PDF forms into the Word document. They will be submitted as a separate files along with the paper.

**Appendix B**

360 Evaluation Means

Due to technical difficulties I was unable to import the 360 Evaluation means PDF form into the Word document. It will be submitted as a separate file along with the paper.