

Leadership Project

Critically appraise personal leadership in practice

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Introduction

This report aims at discussing a nursing intervention, particularly the delegation of the Catheterisation of a female patient to a qualified nurse. The report analyses and reflects on my leadership style during the delegation process. The report also focuses on my strengths and areas for development. The importance of effective leadership in health care will also be discussed. Various leadership styles will be discussed. The report will evaluate how democratic leadership can enhance the delegation of care. The report will also analyse the implications of my leadership practice, exploring how it empowered the multidisciplinary team and promoted shared decision-making based on current evidence.

Leadership is critical in nursing as it enhances the delivery of high-quality patient care. Dockery (2022) demonstrated that effective leadership in nursing creates a safe and respectful environment that promotes autonomy and shared decision-making. The delegation of the catheterisation procedure provided an opportunity for me to use my strong understanding of the nursing process and protocols to provide efficient, safe, and patient-centred care. Examining my strengths and developing areas as well as exploring how the current evidence could be beneficial in promoting patient-centred care and how to understand how to improve my leadership practice.

This report is essential to my personal and professional development as a nurse. Critically evaluating my leadership style while understanding how to delegate care competently and safely is essential in delivering high-quality patient care. This understanding will enable me to be more confident in my abilities to lead and nurture a team, as I will have the knowledge and skills necessary to make informed decisions that benefit everyone involved.

Leadership defined

Leadership is an important aspect of nursing as it ensures the delivery of high-quality patient care. Leadership can be viewed as the ability of an individual to inspire, guide, and influence their team members to work towards a common goal (Cummings et al. 2021). Effective leaders in nursing ensure that patients are provided with the best possible care. Leaders also make critical decisions and ensure that the workplace has a culture of trust, respect, and open communication. Nursing leaders encourage professional development and lifelong learning. Additionally, nursing leaders promote shared decision-making and collaboration which is critical in ensuring job satisfaction (Labrague et al. 2022). Effective leaders in nursing also inspire and motivate their teams and ensure that the teams are focused on meeting the needs of the patients. Nurses can therefore embrace effective leadership to effectively coordinate multidisciplinary teams, build strong collaborations, and provide patient-centred care.

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Why Effective Leadership is Important

In recent years, the role of effective leadership within the healthcare setting, specifically in nursing, has come into focus following the release of the Francis Report in 2013. The report investigated how the care of patients suffering from neglect or abuse could have been prevented in the Mid-Staffordshire NHS Trust. To ensure similar situations never occur again, and that patient care remains at the centre of all nursing practices, several strategies need to be adopted (Newdick, 2022). One of the recommendations of the report was for the healthcare providers and the patients should work together to make care decisions and evaluate impending risks.

One of the most important functions of leadership in nursing is to develop a culture of safety and quality assurance. This involves creating an environment where nurses feel valued and

empowered to contribute to patient care, whilst being able to protect their interests. Leaders should instil a sense of trust and respect amongst nursing staff by engaging in meaningful dialogue and sharing resources and ideas. Additionally, creating a conducive environment for efficient communication can help to strengthen patient-nurse relationships (Lie et al. 2019).

Leadership also needs to champion policies of compassion. Effective leaders should treat employees and colleagues with respect, focus on the staff member's individual needs, and value their strengths and attributes (Nilsen et al. 2019). By listening to employees and creating an environment of understanding, nurses feel heard and valued, providing them with the resources to deliver optimal patient care.

Leadership should also focus on the importance of lifelong education and professional development. Leaders should make sure that nurses have the opportunity to stay educated and informed of the latest research and developments. Leaders should inspire a culture of lifelong learning through educational opportunities such as continuing education programs and in-service training (Mlambo, Silén and McGrath, 2021).

Effective leaders should also demonstrate the importance of reflective and ethical practice in nursing. By encouraging nurses to engage in critical self-reflection and discussion, leaders can help to foster a culture of principled and safe practice. The nursing code of ethics provides a guideline for staff to follow. The code of ethics ensures that nursing staff can maintain their professional standards and demonstrate the highest levels of care.

Discussion of Leadership Styles

There are various types of leadership styles in nursing, including autocratic, authoritarian, transformational, situational, democratic, and an approach based on shared values. Autocratic or

authoritarian leadership styles are based on the leader's control over subordinates, who are expected to comply with rules and instructions without questioning (Zheng et al. 2021). Autocratic leaders occur when the leader holds all the power and makes decisions without consulting others. The leader expects the team members to follow the decisions and orders without question. Autocratic leadership is best suited for emergencies but has adverse effects on the team members' morale.

Transformational and situational styles, on the other hand, focus on motivation, guidance, and problem-solving strategies. Transformational leaders inspire and motivate their teams to achieve the highest level of performance (Khan et al. 2020). Transformational leaders create a shared vision and values, encouraging their teams to reach their full potential. The leaders inspire by setting high expectations and providing support and mentorship along the way.

Democratic leadership is based on listening, persuasive communication, and collaboration to create a collective resolution of a problem. Democratic leaders involve the team in decision-making, seeking their input and opinions. It fosters a sense of ownership and responsibility among team members, as they are part of the decision-making process. Democratic leadership, therefore, encourages creativity and diverse perspectives, leading to better problem-solving and improved outcomes.

Chosen leadership style

Democratic leadership encourages a free flow of ideas, promotes collaboration, and aligns the team with a shared vision by creating an environment of mutual respect that focuses on shared goals and enhanced motivation (Banwart, 2020). This style of leadership allows nurses to question and be included in decisions that affect their job and patient care. With this approach, there is a

greater sense of connectedness and team building leading to better patient outcomes and job satisfaction.

Democratic leadership enables greater empowerment, decision-making, and initiative among nurses (Redondo-Sama, 2020). The leadership style encourages nurses to develop problem-solving skills and encourages creative and innovative thinking. Nurses are involved in critical duties, responsibilities, and autonomy, which increases job satisfaction. Involving nurses also allows nurses to independently make decisions that benefit their patients.

Scenario

Catheterisation is a procedure in which a thin, flexible tube is inserted into the bladder to empty urine from the bladder into a drainage bag (Burkitt Creedon, 2023). Catheterisation can be performed for a variety of reasons, including urinary incontinence, bladder infection, and blocked urinary tract. The procedure is complex and requires effective leadership and an understanding of patient care standards.

NHS England Chief Nursing Officer, Jane Cummings introduced the 6 Cs which include care, compassion, courage, communication, commitment, and competence (Jones, 2019). Based on the 6 Cs, a nurse should be competent to deliver optimal patient care and safety. I, therefore, ensured that I closely monitored the qualified nurse to ensure the safety of the patients. The nurse was required to perform the procedure within a specific timeframe and be knowledgeable of the unit's policies and procedures. In addition, the nurse was required to demonstrate the proper technique while performing the procedure and was required to keep the patient informed of the and assurance of the result of the catheterisation.

Before delegating the responsibility to the nurse, I had to ensure that the nurse had adequate knowledge, education, and clinical experience regarding the procedure. This was done to ensure that the nurse was aware of all of the risks associated with the procedure, as well as ensure that they were competent enough to complete the task at hand. Furthermore, the patient's consent had to be obtained so that the nurse was aware of the parameters of the procedure and the expected outcome.

Appraisal of the Chosen Leadership Style

I adopted the democratic leadership style when delegating the catheterisation process to the qualified nurse. Democratic leadership was adopted as it is based on strong collaboration and negotiation among peers and staff hence allowing different healthcare professionals to participate and have input into decision-making. To ensure the patient felt safe and comfortable while the procedure was carried out by the qualified nurse, I ensured the patient was fully informed and updated about the procedure.

My adoption of Democratic leadership was the most appropriate leadership style as it cultivates a collaborative workforce which is based on shared goals. According to Ofei and Paarima (2022), democratic leadership encourages and promotes input from team members and allows shared decision-making hence encouraging professional development.

We discussed with relevant stakeholders including the patient and the qualified nurse before embarking on the process. Various critical elements of the procedure were discussed including workplace standards and patient expectations based on the policies and standards of the unit. We also discussed with the qualified nurses the personal and professional conduct expected before, during and after the procedure. Such conduct included ensuring accurate and timely

documentation of care, respecting patient privacy and confidentiality and associating with the patient professionally. We also discussed the necessary tools, technologies, and equipment that are necessary for carrying out the process. During the discussions, the roles of different stakeholders including physicians and pharmacists and other professionals were also clarified and discussed. The staff roles and clinical checklists were examined to reduce care process delays and maximise collaborative outputs, patient comfort and health outcomes.

Democratic leadership was vital in ensuring workplace safety and examining recent research which is critical in the catheterisation procedure. Review of current standards, practices and technologies supported safety and understanding in application and also ensured the efficiency of the executed procedures.

Patient records were also evaluated by the multidisciplinary team to understand the assessments and required procedures. During the assessment, vital aspects of the care process including drug reactions were examined.

Hidayat, Hariyati and Nuraini (2021) demonstrated that democratic leadership is essential for delegating tasks hence a critical process of promoting client-focused care. Allowing the qualified nurse to observe and participate actively in the care process was beneficial for them to develop a further understanding of the scope of care delivery.

Democratic leadership emphasizes the importance of every team member (Savel et al. 2019). The leadership style allowed every member to contribute towards decision-making. Democratic leadership conveyed our common goal towards the desired patient health outcomes.

The adoption of democratic leadership was critical and effective in ensuring the success of the delegation process due to various factors. First, democratic leadership facilitated shared decision-making which empowered the MDT and aligned them with a shared vision. Promoting

shared decision-making helped to ensure that all personnel were allocated various roles based on their expertise and acted according to clear objectives and expectations.

The leadership style also created a platform to consider the 6 Cs developed by Jane Cummings. The guidelines ensured that the care team remained focused while performing the catheterization procedure. Ensuring that the procedure was conducted within the set standards ensured that the Catheterization procedure was carried out in the shortest possible time and ensured the safety of the patient. Ensuring effective collaboration and communication ensured that the process was carried out safely and successfully.

Drawing from research and the delegation process I have discovered various weaknesses that I should improve on. According to Kaihlanen, Hietapakka and Heponiemi (2019), effective communication and cultural competency could be used to further enhance the teamwork involved in the care process. I believe that I should improve on how I communicated during the procedure. Democratic leadership holds that the MDT has to agree before making critical decisions (Hartz-Karp and Marinova, 2020). We, therefore, held numerous meetings before making numerous decisions which sometimes delayed the care process and exposed the team to redundant discussions. Crosby et al. (2021) researched to evaluate the use of technology to enhance communication between MDTs. The research demonstrated that technology had various benefits including increased speed of communication, improved accuracy of information and a platform for sharing multimedia information like documents, files and images. I believe that adopting technology-based communication channels including social media platforms and emails would have improved communication as opposed to physical communication.

I also believe that I should improve on creating a cultural-sensitive care environment. Cultural competency can be viewed as the ability to effectively interact and work with people from

different cultures and backgrounds. The MDT was composed of professionals from different backgrounds and cultural contexts. Adopting various measures to ensure cultural competency would create an environment of respect and understanding to ensure the best possible care is provided to the patients. Some of the studies to ensure cultural competency include adopting effective communication, embracing diversity and respect and considering the divergent beliefs and values of the MDT members. Cultural competency measures should consider the beliefs, values and other cultural characteristics of the patient (Sharifi et al. 2019). This would have ensured that the cultural needs of the patients are considered in the care process.

The main strength of the process was enhanced collaboration between team members during the catheterisation procedure. Democratic leadership was instrumental in enhancing effectiveness and helping to utilize all team members by providing a platform to exchange ideas where everybody made meaningful contributions. The leadership style gave the qualified nurse the autonomy and control to undertake challenging tasks safely and competently.

Implications of My Leadership Practice

The delegation of the catheterisation procedure was an essential component of my leadership practice. The leadership style that I adopted demonstrated my ability to create a patient-centred environment, ensure patient safety, and demonstrate the effectiveness of a nurse-led multi-disciplinary team.

Leadership is integral to the achievement of optimal patient outcomes, and my leadership during the catheterisation procedure provided an example of nurse leadership in practice. My delegation of care enabled the qualified nurse to develop the skills required to perform the

procedure and enabled the multidisciplinary team (MDT) to collaborate seamlessly during communication and data transfer.

The delegation of care also empowered the MDT which enabled me to influence and direct operations. This is in line with effectiveness-based approaches to leadership navigation where leaders fulfil the role of directing, decision-making, coordinating, and planning. According to Kim and Ko (2023), effective leadership focuses on delegating tasks to an appropriate individual who utilizes their knowledge and skills to complete the task. Through the delegation process of the catheterisation procedure, I ensured the safe administration of the operation. I allowed the qualified nurse to be part of the decision-making process and be an integral part of a team. This helped me to understand more about team dynamics like handling differences and embracing effective communication among other aspects.

Delegating care also promoted learning by transferring knowledge and skills through practical experience. The delegation process allowed the exchange of skills, collaborative evaluation of risk, and ensuring patient safety which is critical in the care environment. The delegation also created an avenue to access relevant research and technologies related to the process. The team members felt obligated to conduct independent and collaborative research to ensure the accomplishment of the set objectives. I plan to adopt a democratic leadership style in future and demonstrate to the team the need to consider new trends in the nursing and medical fields. I also plan to conduct further research in improving the efficiency of MDTs and the effective delegation of nursing duties.

The process also helped to ensure the safety of the patient. Delegating the appropriate care helps to increase patient satisfaction as the MDT can collaboratively ensure that the patient needs are met, swiftly and effectively. According to Walker et al (2021), nurse leaders must delegate the

appropriate nursing responsibilities to an appropriate member of the care team to improve patient satisfaction and quality of care. Nursing interventions that require skill and expertise should be delegated to an individual who is capable of undertaking them with minimal supervision, to ensure safety is maintained throughout the procedure (Crevacore et al. 2020).

Conclusion

The report has explored the delegation of the catheterisation procedure to a qualified nurse and analysed my leadership style during the decision-making process. Democratic leadership was identified as the most appropriate style of leadership, as it allowed nurses to contribute to the decision-making process and collaboration was encouraged. Evaluating the strengths of my practice and developing areas of weakness is essential in delivering high-quality and patient-centred care. Ultimately, the delegation of care to a qualified nurse demonstrated a successful leadership style, which empowered the multidisciplinary team and promoted shared decision-making based on current evidence and knowledge. Utilising technologies and cultural competency measures would further enhance efficient and safe care delivery.

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