LEADERSHIP/MANAGEMENT FOR THE RN
NUR-442
GLORIA SIMS
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MIDTERM COMPETENCY

WEEK 1: SYLLABUS REVIEW, INTRODUCTIONS, TRANSFORMATIONAL LEADERSHIP CRITICAL THINKING DECISION MAKING AND EFFECTIVE COMMUNICATION

Transformational leadership encompasses engaging people, managing them effectively, and being a dedicated, committed, and creative leader. Incredible leadership is having the ability to guide others in the pursuit of a desired outcome. Sound judgment, professionalism, and the ability to motivate others are necessary. Transformational leadership is the leader transforming and changing the minds of others to focus on what is important. It is looking at the larger context, inspiring each other's trustworthiness and commitment to shared values. Active listening is important because it enables others to feel understood and shows a genuine interest in what they have to say. Mood, energy, and focus can all impact communication. Assessing your verbal communication techniques is important, as it helps to understand how you come across to others and whether the communication is effective. Both intrinsic and extrinsic factors play a role in motivating individuals in their professional careers, influencing job satisfaction, morale, and performance. During the TED talk this week, Headlee, C. States, "A conversation requires a balance between talking and listening. Headlee, C continues to explain the 10 useful rules for a better conversation stating, "Don't be half in and half out of a conversation, don't pontificate, use open ended questions, go with the flow, if you don't know then say that you don't know, don't equate your experience with theirs, try not to repeat yourself, stay out of the weeds, listen, and be interested in other people. According to Headlee, C, "Listening is the number 1 most important skill that you can (2015).
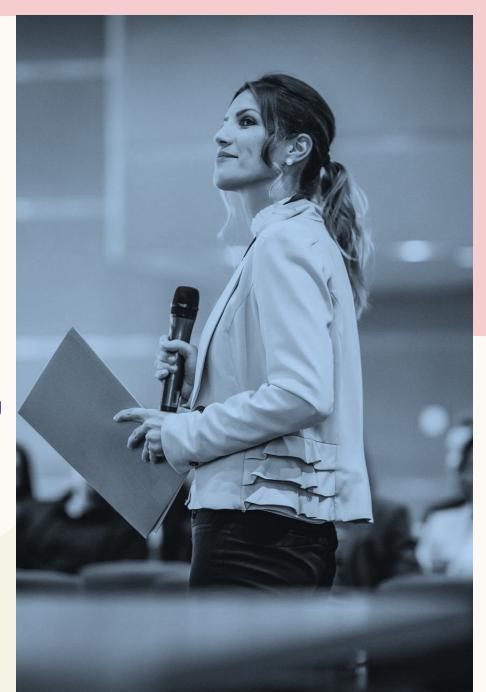
WEEK 1: CONNECTION SLIDE

While working at a psychiatric facility, I encountered an opportunity to become a shift lead for the admissions department. In this position, I had to develop leadership skills. Primarily, my responsibilities included ensuring that the admissions department ran smoothly during my shift and addressing the concerns of family members or any escalated calls that came through. I also reviewed documents and provided teaching education where needed, particularly when aspects of the documentation were missing or incorrect. I also de-escalated situations amongst the patients and staff. I provided a listening ear to my coworkers. Daily, situations arose where I had to guide others in achieving the desired outcome of getting all patients to the unit on time within the allotted two-hour period. Often this could become a high-stress situation when dealing with various factors of trying to complete documentation, but also assisting the patients with their needs, conducting assessments, answering the phone, talking to the doctors, and assisting with orders, and assisting coworkers where needed as well as other nurses from the unit coming into the office to notify us of bed changes and discharges. While this was a high-stress, fast-paced environment, there was an overall good morale amongst the staff in admissions. We helped one another where we could and made an effort to work together as a team, remaining focused on the tasks at hand. Listening was about ninety percent of my job, whether it involved listening to incoming patients, doctors, my supervisor, coworkers, or patients' families, while simultaneously receiving calls for other admissions from outside sources. Mood and energy were very important factors during this time. If the mood of any team member was low or negative, it did negatively impact the office environment.

WEEK 2: SAFE AND QUALITY NURSING CARE AND HEALTHCARE ENVIRONMENT AND POLICY

This week, I learned about the QSEN core competencies definitions. 1. The patient-centered care definition recognized the patient or designee as the source of control and a full partner, provided compassionate and coordinated care based on respect for the patient's purposes, values, and means. (Frances Payne Bolton School of Nursing, 2025). 2. Teamwork and collaboration definition was functioning effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. (Frances Payne Bolton School of Nursing, 2025). 3. Evidence-based practice was integrating best current evidence with clinical expertise and patient family preferences, and values for delivery of optimal healthcare. (Frances Payne Bolton School of Nursing, 2025). 4. Quality improvement definition was data used to monitor the outcomes of care processes and improvement methods to design and test changes to improve the quality and safety of healthcare systems continuously. (Frances Payne Bolton School of Nursing, 2025). 5. Safety definition was to minimize risk for harm to patients and provide providers through both system effectiveness and individual performance. (Frances Payne Bolton School of Nursing, 2025). 6. Informatics definition was the use of technology to communicate, manage knowledge, mitigate error, and support decision-making. (Frances Payne Bolton School of Nursing, 2025). This week focused on critically reflecting on the QSEN core competencies, recognizing the challenges that leaders face, and exploring how those challenges can be transformed into opportunities. The role of patient-centered care in healthcare was also
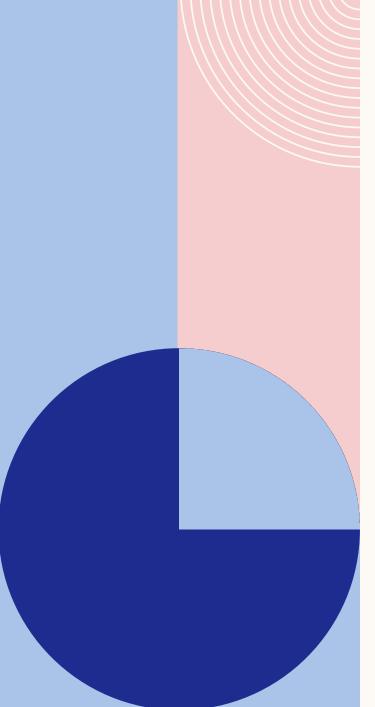
WEEK 2: CONNECTION SLIDE

The connection that came to mind when reviewing the core competencies was number one, which states that the patient is provided compassionate and coordinated care based on respect for the patient, purposes, values, and means. Within the psychiatric field, I encountered a young female patient who came to the facility for an assessment. She presented with a flat affect, often looking down at her hands, appearing tearful and withdrawn. She talked about feeling depressed due to her recent diagnosis of Herpes, and this led to her wanting to end her life. This patient also spoke of a voice telling her that she was worthless and to harm herself. She came to the facility seeking help, but another aspect of that was her concern about being unable to pay for the services. After assessing her symptoms and financial criteria, I contacted the local organization known as ATCIC-Intregal Care, which helps organize funds for patients in immediate crisis to allow stabilization while facing a low-income situation. After explaining her symptoms and her plea for help, she was granted a tentative stay of 3-5 days at no cost to her. The patient appeared relieved to be able to focus on her care and not the financial burden. I believe that this aligns with the core competency of providing patient-centered care.

WEEK 3: THEORIES AND PRINCIPALS OF NURSING LEADERSHIP

Per the textbook, leaders and followers both have specific roles: "leaders and followers engaged with each other. They raise each other and inspire each other." (Marshall, E., Broome, M, 2017). Leaders are essential to motivate and drive change. Followers are necessary to ensure this change takes place and work together to complete a shared goal. (Marshall, E., Broome, M, 2017). Self-awareness and emotional intelligence are both important aspects of leadership. For a leader to effectively lead others, they must have a clear understanding of who they are, what they stand for, how they present themselves to others, and how to manage situations during difficult or emotional times. This week, I also learned about my leadership style, which turned out to be democratic. I have identified that I bring a good teamwork approach to leadership, value the opinions and contributions of others, but ultimately, the leader needs to make decisions while also factoring in and considering other points of view. The Say Something video was eye- opening into the amount of workplace violence that occurs within the healthcare field, and that has occurred in the people who were injured and lost their lives in these horrible incidents. (ZDoggMD, 2017). The first follower video was an excellent demonstration of how leadership can evolve based on the leader and the followers. It started with one person dancing, and then the first follower joined the leader, not only making the dancing about him but also turning to the follower to dance together, which then inspired more followers to join in. This then evolved into a massive group of people who followed as a team, not just concerning the leader; it was based on teamwork. This was a very great example of a leader forming a team. (Sivers, D. (2010).

WEEK 3: CONNECTION SLIDE

For this connection, what comes to mind is another scenario from working in the psychiatric field, where I had to take on a leadership role as a new staff member. I encountered situations where patients would be brought in by EMS or Austin PD, involuntarily, who are reported to be unhoused. They would have on wet or soiled clothing, stating that they are hungry or thirsty, and requesting blankets and supplies. My initial response is to run around to the different units to collect the supplies and give them to the patients. Then, I was approached by my coworker, who was training me at the time, and she said that my primary focus should be on completing the admissions tasks and that the patient's needs would be taken care of on the unit. Empathy set in, and I had to find my voice in this situation and advocate for the patients. I expressed that I could not imagine sitting in a room for two hours, soaking wet, with no blanket, food, or water, while someone tries to rush me back to the units. It is inhumane and very inconsiderate to ask anyone to do that to another person. Speaking up and saying that changed the office environment. The other staff, excluding my trainer, began to feel that it was acceptable to start prioritizing the patient's needs alongside ensuring proper documentation was in place for admissions. This is a good example of one person standing up, with others choosing to follow, which then became a team effort towards promoting the quality of life, comfort, and improved health of our patients.

WEEK 4: CREATING AND SUSTAINING A HEALTHY WORK ENVIRONMENT, LEADING CHANGE AND MANAGING CONFLICT

This week I learned about the two change models, the first model being Kotter's 8-step change model that includes a Sense of urgency, Powerful coalition, Vision for change, Communicate vision, Remove obstacles, Creating short-term wins, Building on the change, and Anchoring the change. (MindToolsVideos, 2018). The second model is Lewin's Change Model, which includes the stages of unfreeze, change, and refreeze. (MindToolsVideos, 2009). I learned from the PowerPoint presentation this week that an unhealthy environment creates stress, such as disrespect and a lack of courtesy, and breeds ineffective interpersonal relationships. In contrast, a healthy work environment leads to job satisfaction, increased retention, improved patient outcomes, a sense of joy, safe patient care delivery, and enhances nurse recruitment. The PowerPoint also listed the standards for sustaining a healthy work environment as being skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. Effective techniques for the safe handling of patients include implementing a patient safety handling mobility program, establishing policies to prevent nurse and patient injuries, and acquiring the knowledge, skills, and attitude that best create an environment focused on minimizing the risk of harm. The dangers of nurse fatigue include physical injury to staff and patients, increased irritability, reduced motivation, and the inability to focus, resulting in decreased productivity. Workplace violence includes emotional violence, bullying, gossiping, physical or non-physical violence, third-party violence, nurse-to-patient violence, external violence, sexual harassment, organizational violence, mass trauma, and natural disasters. I also learned about the five conflict management strategies: avoiding, accommodating, competing, compromising, and collaborating. (Swift, H, 2022).

WEEK 4: CONNECTION SLIDE

A change that occurred during my time working at the psychiatric facility was after about four months, when I learned how to complete all documentation on paper and what to file in patients' charges, as well as everything associated with insurance. We were then notified that we would be switching entirely to EMR systems. This news was a shock for many of the staff members who had been there for years and were accustomed to the paper side of things, causing them to become very nervous. The staff often expressed their concerns about switching to the electronic system. One of my coworkers, who had worked with me from the first day of hire, quit the day before we launched the new system. A large population of the facility staff feared this change. We had representatives from the company introducing the program to us who came in for a week. They would then go around the hospital, showing everyone how to use the systems for their specific role. Most of their time was spent in admissions. As the foundation of the hospital, all patient information originates with us. Given this, it was a learning curve for me. I often felt very overwhelmed at first. There were now multiple passwords I had to remember, along with tabs, notes, and numerous sections that I had to fill in repetitively. One of the systems did not carry over to the other, so I had to resubmit the information three different times. It really held us back, and admitting patients took much longer until we became adjusted to the program. A month later, everybody became slightly more adjusted to the program, and we began to complete tasks more quickly. Addressing the fears that were present prior to the launch. They were valid, and we were challenged as we continued to learn the system. This change overall improved the organization. Sometimes, paper charts were misplaced, or errors occurred. The new system made patients' information more secure, expanded collaboration by allowing everyone to see the same information simultaneously, and overall improved the way the company operated.

WEEK 5: CREATING AND MANAGING A SUSTAINABLE WORKFORCE AND BUILDING AND MANAGING TEAMS ADAPTING TO CHANGE AND MANAGING CONFLICT

This week, I learned about the steps that nurse leaders and managers must follow to create a sustainable workforce. Recruitment is an important aspect of maintaining a healthy work environment. Hiring a balance of new nurses and experienced nurses is essential. When it comes to interviewing, come prepared. Schedule the interview to accommodate the applicant's availability. Keep the interview questions focused on the responsibilities outlined in the job description. Provide the most accurate information necessary for the applicant to make an informed decision. When orienting new nurses, it is important to provide a proper orientation for the new staff. Ensure that the orientation program bridges the gap between the student nurse's clinical setting and the real-world clinical setting, utilizing an evidence-based practice model, and provides regular verbal and written feedback to build confidence and self-esteem. The next step is retention. Nurse leaders and managers must examine strategies to retain experienced nurses by avoiding inadequate staffing, which contributes to a higher turnover rate, by providing strong leadership on the units, and by creating a vision for a healthy work environment. Provide meaningful recognition, coaching, and career development opportunities. Managing generational differences between nurses involves identifying strategies to create a cohesive partnership, discouraging stereotypes, and acknowledging what each generation brings to the table. The stages of team development are forming, storming, norming, performing, and adjourning. Characteristics of a successful team are adaptability, team orientation, shared mental models, mutual trust, close communication, team leadership, mutual performance, monitoring, and backup behavior.

WEEK 5: CONNECTION SLIDE

I do not have a fully connected story to this week's topic. I have not been in a recruiting position at any point in my career. I have not had to interview anyone or plan a schedule. What applies to me is orienting new nurses to the unit and systems. I have trained 2-3 people at a time, and the approach has been practical. They were able to learn the system and determine if this position was something that would work for them in the long term. Being honest and open from the beginning, offering help, and being kind do contribute to a lower turnover rate. I have encountered generational differences. Mainly in the sense that nurses who have been providing care for over twenty years sometimes feel like new nurses or nurses with under five years of experience are incompetent or do not know as much information as they do, and they feel like they do not have to listen to new nurses, even when the new nurse is in a superior position to them. What can help with this situation is expressing to the person how you feel. Letting them know that you are competent and deserve respect, even if you may lack experience, you make up for that in skills and knowledge, which are also qualities that are gained over time, the same way that they learned.

The five rights of delegation are the right task, the right person, the right circumstances, the right direction/ communication, and the right supervisor. When delegation is ineffective, it can compromise the safety and quality of patient care, leading to missed or omitted care. The models of care delivery range from traditional to nontraditional to contemporary. The core concepts of staffing are full-time equivalent, productive time, nonproductive time, staff mixing, workload, and average daily census. Swift, H. (2022).

The American Nurses Association describes the guidelines for delegation as being the nurse leader's responsibility. These responsibilities include: 1. The employer must identify a nurse leader, responsible for oversight of delegated responsibilities for the facility. 2. The designated nurse leader, responsible for delegation, must determine which nursing responsibilities must be delegated to whom and under what circumstances. 3. Policies and procedures for delegation must be developed. 4. The nurse leader must communicate information about delegation to the licensed nurses and educate them about what responsibilities can be delegated. 5. All delegatees must demonstrate knowledge and comfort on how to perform a delegated responsibility. 6. The nurse leader, responsible for delegation along with other nurse leaders and administrators within the facility, must periodically evaluate the delegation process. 7. The nurse leader must promote a positive culture and work environment for delegation. (American Nurses Association, 2019, April 29).

WEEK 6: CONNECTION SLIDE

Delegation has been a part of my nursing journey since the beginning, mainly in relation to working with techs or certified nursing assistants. Delegating tasks for vitals or rounds or asking them to assist patients in various aspects. Another time I used delegation was at the psychiatric facility's admissions department, where I had to assign tasks to each staff member in the office to help us get through the day productively. We all had to work on patients simultaneously. I would provide more detailed instructions on how to complete the task and assign specific tasks to each person. While this delegation did not require the direct application of specific hands-on skills to complete, it did involve teamwork and collaboration in completing a shared task.

WEEKS 7 AND 8 LEGAL AND ETHICAL ASPECTS

The five core professional values critical to nursing are altruism, autonomy, human dignity, integrity, and social justice. The ethical principles are autonomy, beneficence, nonmaleficence, justice, fidelity, veracity, privacy, and confidentiality. The five elements of malpractice: It is a nurse's obligation to deliver care in accordance with established standards. Breach of duty, which is when a nurse breaches her obligation to the standard of care that a prudent nurse under similar circumstances would have used. Foreseeability of harm. It is a nurse's obligation to acknowledge standards of care and to understand that the failure to meet these standards may result in harm or injury. Causation is a breach of duty owed to the patient that results in an injury to the patient. Injury or harm is a type of physical injury that results from a breach of duty. Liability falls on the nurse when a patient comes to harm due to a lack of care or focus, or in any incident where the patient's safety is at risk or the patient is at risk for harm. The liability falls on the nurse manager when proper supervision is not conducted over the staff they oversee, when policies and procedures are not followed, or when rights are violated. The Board of Nursing has jurisdiction and the right to revoke a nursing license when codes are violated. Warnings are issued with stipulations, such as the fact that the compact license is now a single-state license. The nurse must complete an understanding board orders online module. The nurse may be required to attend a 6-hour nursing documentation course. The nurse must provide all present and future employers with this court order within 5 days of employment. An RN must directly supervise the nurse. Performance evaluations are submitted to the Board of Nursing, and the nurse may be required to undergo therapy sessions. (Swift, H. 2023).

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