

Title: Nursing Leadership using Gibbs Reflective Cycle

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Introduction

There is a constant change in a health care environment, producing new challenges and the nurses are expected to work within accomplishing the desired vision with their skills and practices. Nurses are always required to be a part of reflective practice. Reflective practice is important to identify strength and areas of improvement, to update professional skills and opportunity to look over what you have done well.

In this essay, I am going to use Gibbs model to illustrate the issue. The reason is that i will be able to discuss every stage in the Gibbs (1988) Reflective cycle on my thoughts, feelings, and beliefs about the change.

Discussion

Description: Due to financial crisis, the health service had to look every possibility of saving money. As a result of all these hardship of saving money by the Trust, authoritative decision was made to close the vascular ward and to submerge vascular speciality with GI speciality unit.

Feelings: No opinion, no support or any information was given to the staff prior to declaration of the decision. The staffs and ward manager were given an option to move to a selected some of the wards within a limited time frame. Management of the hospital did not consider the psychological stress of the staff which affected the quality of service provision. The ward manager was not available to address the concerns due to increased responsibility and constant pressure by the management.

Evaluation: The staffs were unsatisfied and sad which led to feeling of job insecurity and incompetent in caring with GI and vascular patient. Staffs insecurity feeling towards job and adjustment problem to the new ward with new staff and different speciality patients were the main issues which resulted into many other problems like increase sickness, staff resigning and staff conflicts.

Analysis: As a Senior staff of GI ward it was my responsibility to take the lead role and work as role model, also to identify the issues. The issues identified were how the change process was introduced and lack of two-way communication between the staffs and ward manager. The

conflict arose because of uneven distribution of workload, lack of recognition feeling among the staff. Destructive conflicts can be managed and minimised by playing a good leadership role investing time and individuals strength in a positive way. In our ward, manager took the role of a leader, providing direction and serving as a role models for the employees or the staff (Burke and Litwin,1992). Leadership role is a relationship between an individual and a group of people based on power and influence. The leader took a transformational leadership role ‘more concerned towards staff, energetic, enthusiastic and also focussed on helping staff to bring out the positive changes’. The transformation leadership role also brought team conflict among the staff with the thought of favouritism to some staffs which was resolved by regular ward meetings, setting the goal and making it clear to the staff. Lack of communication can be a barrier of effective team functioning.

Action Plan: Senior staffs were allocated in training the new staff and updating with the knowledge with patient care.

Conclusion

Lack of unsuitable leadership style and communication barrier lead to conflict, stress among staff and also with manager and also affected in giving highest quality care.

References

- Burton, John ‘Conflict: Resolution and Prevention’. Newyork: St.Martins Press, 1990,295pp
- Alimo-Metcalf B(2003) Leadership Stamp of Greatness, Health Service Journal 113(5861), 26 June, Pp28-32
- Elwyn G. Implementing Shared decision making in the NHS, BMJ2010; 341:C5146.