LEADERSHIP AND PERSONAL DEVELOPMENT

by Student’s Name

Code + Course Name

Professor’s Name

University Name

City, State

Date

Table of Contents

[LEADERSHIP AND PERSONAL DEVELOPMENT 3](#_gjdgxs)

[Journal Entries and Theoretical Analysis 3](#_30j0zll)

[Gibbs Reflection Cycle 3](#_1fob9te)

[Transformational Leadership Theory 5](#_3znysh7)

[Journal Entries 6](#_2et92p0)

[Personal Development Plan (PDP) 13](#_tyjcwt)

[Conclusion 17](#_3dy6vkm)

[References 18](#_1t3h5sf)

# 

Leadership is a core factor that could either lead an organisation towards success or failure. This research paper aims to analyse the impact of leadership in healthcare practice and also demonstrates the ways to professionally develop an employee in case of any performance or service discrepancy. For this purpose, theoretical frameworks, along with their application on the nursing practice scenarios mentioned in the four journal entries, are succinctly elucidated below applying Gibbs reflection cycle and Transformational leadership theory.

# Journal Entries and Theoretical Analysis

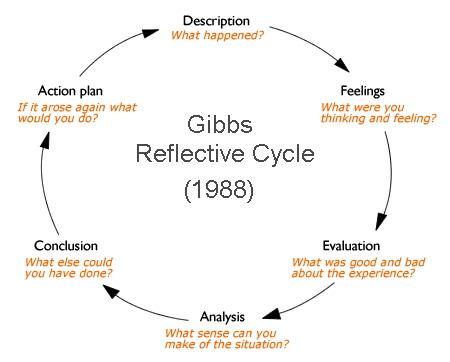
The journal entries related to the leadership and healthcare events along application of theories are demonstrated below.

# Gibbs Reflection Cycle

The Gibbs Reflection Cycle is a theory coined by Gibbs in 1988. This framework acts as an effective technique to critically reflect on various incidents or events. The events could be included from an individual’s educational events, practical or professional events and experiences. This cycle is considered very useful to effectively reflect over the events (Classes.eastus.cloudapp.azure.com, 2020). The Gibbs model comprises different stages that are succinctly elaborated below.

***Description***

This stage deals with describing a specific event briefly, such as why do you get involved in that event? This encompasses the description of the actual event that took place.



***Feelings***

This stage provides an opportunity for thoughts exploration. It emphasises on describing the good and bad feelings when you were involved in a specific event. However, the overall evaluation of the event is not required at this stage in detail. Thoughts are not elaborated here at this stage, and feelings and vibes are conveyed in detail during an event.

***Evaluation***

This stage elaborates what aspect of an event was good and what was not.

***Analysis***

This stage analyses the event critically as a whole. It analyses the true sense of an event that has taken place.

***Conclusion***

This stage elucidates the overall conclusion of an event that what were the reasons for an event and what could have done further to prevent the same situation. A logical and reasonable conclusion is made (Classes.eastus.cloudapp.azure.com, 2020).

***Action Plan***

At this stage, the factors mentioned earlier are carefully analysed, and action plan is suggested that what a person would do if the same event takes place in future.

# Transformational Leadership Theory

Leadership refers to the notion of people unification around a set of values with the social world construction for the people living around those values to facilitate change (Stanley, 2016). Apart from the Gibbs Reflective Model, the Transformational Leadership Theory is also used here to specify the leadership style needed in nursing practice. The notion of transformational leadership was first coined by Burns in 1978, and it refers to a management and leadership style that enables employees to take ownership of their actions and roles in a workplace setting (Fischer,2016). This leadership style is designed to ensure that a healthcare professional delivers quality services beyond patient expectations (Krepia et al., 2018). It focuses and encourages employees to not only stay limited to what is asked to do but also teaches the folks how one should professionally think to eradicate a healthcare problem. The advantages of this technique include innovation and new ideas, ample balancing of long-term goals and short-term visions, mutual trust-building among staff, and increased emotional intelligence (Morales, 2020). Its disadvantages include its ineffectiveness in initial stages of work setting, not ideal for newly built organisations, and its bad results in a structure based on bureaucracy (Morales, 2020). Giddens (2018) posits that transformational leadership and its leaders emphasise on relationship building and supporting change with a clear focus on values. The key challenge to transformational leadership implementation is lack of organisational interest and inadequate resources for it (Ferreira et al., 2020). A study, including 687 nurses and 164 doctors indicated that transformational leadership in the workplace setting has a positive impact on patient care and quality (Masood and Afsar, 2017). It also increases job satisfaction among employees (Boamah et al., 2018).

# Journal Entries

***Entry 1***

The description pictures an event in which I had a strange experience in my clinic with a patient. The patient was from an African country, and he had not gone to any clinic, nor had he seen his doctor for several years. At the clinic, he desired his complete health check-up. I observed that there was nothing written by him regarding his past medical history on the form given to him. Then I questioned him about his entire family history. I also asked if any individual in his family had diabetes or high blood pressure, He negated every question. After some time, he started mentioning amid his interview that many of the family members were suffering from “sugar” that worries him too. Apparently, it was evident that he was unfamiliar with the medical disease term “diabetes” as all his family calls this disease “the sugar”. From this encounter, I felt and realised that on several occasions, I have been taking medical knowledge for-granted.

I do not have any of my family members as a doctor or physician, but even those family members were having a good knowledge of most of the medical terms being used these days. I forgot that there are people in society too who do not live in the families where healthcare terminologies are known and learnt. I had taken this aspect for granted that still many people do not have health literacy or have less health literacy that even they are unaware of the term diabetes. I needed to be well aware of several health literacy barrier factors and their implications. In my view, it is more significant to understand the problems of the patients and think from their perspective. Sometimes, the angle of patients’ understanding regarding a health issue is different from the doctor and nurses. It is significant to inquire from the patient about his health issue in details, along with their understanding and how a patient is dealing with the issue in light of his understanding. This also helps in understanding the mental level of the patient. Furthermore, a healthcare professional also gets an opportunity to correctly guide his patient about how he could best deal with his healthcare issue. This is Not only limited to diseases such as diabetes, but it also is related to the areas of healthcare. For instance, a patient is unable to understand the reason for his blood pressure to be increased. Though he was taking the prescribed medications. From his point of view, consuming the prescribed pills each day as a doctor prescribes him would reduce the blood pressure that would eventually eradicate the health problem.

The action that I took was to identify the lack of knowledge then often elaborated that some patients sometimes need a slightly higher dosage of a single or a couple of medicines to lower the blood pressure at the required level. He surely had then effectively understood my point of view and advised after some repetitions of the same information with its explanation. However, I have noticed that he had never known about that information that I conveyed to him. Hence, there are the barriers to health literacy that could either end up in improving health if the patients strive to get knowledge and then get it but in case if they do not, then it could create problems for the individuals. Little hard work and effort could help deal with health challenges. Healthcare literacy is even more important for people living in rural areas and less qualified or illiterate people. My evaluation of the good and bad experience is that the bad experience was to see the patient not knowing about even the basic healthcare information that made me apply more effort to make him understand and the good thing is that in the end, I was successful in satisfying my patient. Analysis of the situation is that healthcare information must be gained by every person to avoid complications in treating diseases if the disease progresses towards the last stages. The conclusion is that I could have provided more information to him about healthcare, but due to shortage of time, I was unable to do that. If the same situation arose again, then I would provide more healthcare information regarding the disease to the patient and the use of literature readily available to educate patients.

***Entry 2***

The event description is an experience I had in the clinic that was somehow an eye opener, and was about a fifty-year-old lady who had mental health issues and was also pessimistic. She was fired from her administrative job a few years back that resulted in the loss of her income. She then tried her level best to get another job, but despite applying for many jobs and with twenty-five years’ experience, she was failing to get a suitable full-time job opportunity. Due to lack of a job, she was unable to pay her rent and decided to live with her son-in-law and daughter. In the clinic during assessment, we started having a conversation mammogram. I inquired whether she had a mammogram or not and if she had when was the last occasion that she had? She told me that a few years back, I then strived to elaborate to her the best practice of surveillance, for her to get one as soon as possible because it has been some years since she had one. I felt sad for her, as she was not paying attention prevention and her next answer shocked me up. The patient told me that even if she manages to have one, free at any of the health department still she does not require one because in case if they find any disease or worse healthcare condition, then still she is unable to cope with the entire treatment and tests. That is why she prefers not to know anything about her disease and mammogram.

The reason that she gave shocked me, due to my understanding that getting health surveillance along with sufficient knowledge for not having to brainstorm regarding such factors. Additionally, we have also been continuously lectured in our school on the advantages of screening where there is satisfactory evidence to implement the screening for early detection of disease. I often brainstormed about those individuals who do not choose a screening method due to the risk of any harm or pain. The bad thing regarding myself I realised that I have not been observing the things from my patients’ perspective and have been naïve in this regard. This is the negative aspect on which I must strive to eradicate it from my practice. I should be thinking from the parents’ perspective as well.

The patient further said that she feels that she would be a burden on the surrounding people, Therefore, she never wants to be a burden for anyone particularly on the taxpayers who already meet her social expenses along with various assistance programs. It is admirable to see that a person does not want to be a burden on taxpayers. In her case with breast cancer at an early stage, the cancer treatment would be low cost and better outcome until its progression to the last stage. The situation here also demands that I also consider the patients’ perspective and analyse her situation from her point of view. By doing so, I could be in a better position to understand the situation that she is facing in her life. A better understanding of the patient’s perspective could foster the prospects of ample healthcare treatment. After assessment, I was hopeful that she would consider using the option of a mammogram. Evaluation of good and bad experiences is that it was troublesome to deal with the patient for me due to her mental health that is depression; the good thing was her satisfaction in the end and her willingness. Taking a lead on the situation was my realisation that such patients need extra care and empathy that every healthcare professional should display. If the same situation arose again, then I would deal with the patient with more empathy and care.

***Entry 3***

The event description is that Mr J had been my patient who had visited my clinic four times within a month, He had diabetes and was morbidly obese. He has also been suffering from chronic back pain and hypertension. In his last check-up, after increasing maximum doses and multiple anti-hypertensives, we were able to get his blood pressure down to 130/80 that is controlled for person with diabetes recommended objectively. Unfortunately, his diabetes control was not effective his HbA1C was also 11.4 mmol. Various medicines, has been used he was refusing to use insulin despite the long discussions. On one occasion, I was not present in the clinic, and another colleague told me about his condition that Mr J’s HbA1C was extremely high due to the non-consumption of the diabetic medicines as he had other medicines except those related to diabetes, this case had become complicated now. I took time to recall my communication with the patient in the past regarding his diabetes and health issues. Every visit, I asked the patient about the medicines that he was using and consuming. He told me that he was managing well I was believing him whatever he told me about his medical condition and about all medicine that he was taking. He was mostly coming late for a check-up. For example, if I ask him to come tomorrow for another check-up, then he came three days late. Next day I consulted the matter with one of my friend in the healthcare field and told everything about that issue. My feeling was that I was baffled why my patient has hidden all the facts from me. I had also contacted the person who told me about all this, and that person was also from the healthcare field. The person who informed me about all this told me that he has just treated that patient as if he is treating his real brother. The patient then felt comfortable with him and told him everything. Good experience was that this was an eye-opener for me though I have always treated every patient in a way that he or she feels comfortable with me, still one could not read the mind of everybody. The bad experience was this situation itself where my patient has hidden the facts about his medications and disease. Someone feels comfortable with one attitude and the other feels discomfort with the same behaviour. I could make sense that everyone has different psychology, so It is also possible that there could have been a flaw in my patient dealing. I could have dealt him with more compassion and empathy to avoid this. If the same event happens again, then now I would try to get more trust by using empathy and compassion in practice. This experience has provided me with a great learning opportunity and to understand patient psychology. It also enables me to understand flaws in my patient dealing so that I could improve more during my future clinical practice. I have now started using some common ground to make my patient comfortable so that he or she could open up more to me. For example, if a person tells me that I am a businessman then after asking him his line in business, I also tell him that I have also been in touch with the same business for some time hen that patient feels comfortable with me and starts opening up in front of me to communicate every aspect of his healthcare and disease history along with understanding the reasons that lead to that disease, to ensure effective treatment. I have noticed that this technique is now effectively working in most of the cases.

***Entry 4***

This journal entry is related to a patient Mrs S who was an older woman of 62 years of age. She was suffering from depression, and her story was also very painful. She had face domestic violence in her adulthood by her husband. She has one daughter who is doing a job as a cashier in a local supermarket. She has been raising her daughter for her entire life by working as a saleswoman in the same superstore in which her daughter is currently employed. She had lived hand to mouth during her life due to limited income. Her daughter is divorced and has no children, and the old lady also is a widow now. With such a painful life, she is suffering from hypertension and depression. She lives alone in the day time at home due to her daughter’s job, and no one is with her. This loneliness has increased her depression. She told me that previously she has been going for her treatment to another hospital but the staff there was not cooperative and it was insulting towards her. No one cared for her there. That was the reason for changing the doctor, and now she came to me for the first time. I checked her blood pressure it was 142/90, and she also had complained about some pain near the heart. High blood pressure and depression increase the risk of a heart attack, so I prescribed her medications both for normalising her blood pressure and a low dose of pills to heal her heart pain and inflammation. During a conversation with her, I told her that she should consider me as her son and that everything would be fine and that I would surely care for her like a son. After that, she told her entire story to me. I was able to create trust in her mind on myself and my treatment. I started practising empathy and kept motivating her. The results were positive. I have noticed that after three sittings with her and by also engaging her daughter to deal with her mental issues, I have managed to normalise her mentally to a large extent by also controlling her blood pressure and heart pain. I felt sad for her during this event, and the good aspect was that that empathy from my side had resulted in healing her and the bad experience was that this patient was more depressed so I had to apply more efforts to make her feel normal during the treatment. Again, this case also made sense about the significance of care, empathy and compassion in the treatment. If the same situation arose again, then will try to make my treatment more effective by using more techniques.

# Personal Development Plan (PDP)

To ensure successful amalgamation of my education and training that could lead to ample patient care and empathy skills while dealing with the patients, healthcare professionals need a proper personal development plan and to remain focused on it to achieve the professional goals and objectives in future. The personal development plan as per my professional experience and shortcomings in professional behaviour is succinctly mentioned-below along with strategies and goals.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Elements | Clinical Practice | Leadership | Professional Development | Date of Completion |
| Objectives: Brief explanation of the objectives in five years | Getting a permanent position in healthcare job setting. | To effectively accomplish and delegate different tasks to get best quality healthcare outcomes based on the patient-centred approach. | Seeking healthcare and nursing knowledge by obtaining different concerned qualifications and professional trainings. | Dec 2021 |
| Plans/Strategies: Actions required to achieve goals and objectives | I would get a better job in a quality and growth-oriented hospital. Then I would opt to get all latest healthcare and patient care related trainings and certifications along with continuing to get educated up to the PhD level. This would improve my professional mistakes and will polish my professional skills. | To have a good professional relationship with all employees and team members. I would always demonstrate that I strive to work ethically by using empathy and service quality with collaboration of team mates. | Working as a healthcare professional as well as continuing my highest qualifications ending up to the PhD level. | Oct 2025 |
| Strengths: Elaborate strong aspects of the professional skills that could lead you towards an excellent healthcare professional | I am a fighter, a quick learner and always strive to improve myself where I am wrong or need improvement. I am always open to learn from my mistakes and from my experiences and mentors. | I love to work with team and I always try to meet deadlines related to the assigned tasks and work to foster good professional relationship with teams. | I am well aware of the fact that the medical field career often changes and only the learning mind-set could foster into this field. I will focus on quality while delivering patient care. | June 2021 |
| Skills/Competencies: Elaborate the professional competencies and skills that you demonstrate on the role | I am sure that by developing the personal style of patient care and by my hard work, I would have the capacity to deliver ample quality healthcare services to my patients. I possess ample problem solving and interpersonal skills. | Establishing an effective communication between the staff | Learning new knowledge would eventually enable me to excel professionally in the healthcare or nursing field instead of showing a stubborn attitude and opposing the policies. Trainings and professional development would foster my competencies and skills necessary to effectively deal patients with empathy, quality, and ensuring patient satisfaction at all levels. | Aug 2021 |

Personal and professional development on ethical grounds in healthcare is essential to ensure quality services based on empathy, patient satisfaction and a patient-centred approach (Bratz, 2018). The working environment and improving the factors that positively affect personal development in healthcare settings is also important (King et al., 2020). My personal development plan reflects the training and other professional development needs in light of all professional experiences elucidated in the four journal entries. The entries and events indicate that there were professional issues while dealing with the patient that encompass empathy issues and communication lacks. It also indicates that more experience and knowledge is required to deal with complex situations in workplace settings. The ultimate emphasis of a healthcare professional should be on continuous improvement and patient satisfaction. Training and development of the healthcare professionals also foster the performance deficiencies as only degree qualifications are not needed for a healthcare professional, training and work experience also counts in fostering the effectiveness of treatment and patient handling (Zahoor et al., 2019). Similarly, the deficiencies mentioned in the journal entries could be eliminated by training. One of the primary deficiencies in these events is the lack of empathy. Empathy is a significant notion to deal with the patients, along with compassion in nursing practice (McKinnon, 2018; Anthony, 2020). The inclusion of empathy sometimes also depends upon the stress and burnout status of a nursing professional as research indicates that the cognitive and social factors also affect the inclusion of empathy in nursing practice (Navarro-Abal et al., 2018; Kelly and Tyson, 2016). In my case, a lack of empathy was not due to burnout. It was evident due to the difference of thoughts where the patient needed more empathetic vibes to be conveyed to him. Still, I would have conveyed less so he had not told me everything and inform another individual. Reflective practice also enhances professional development in nursing (E-portfolio, 2019). Still, I would go for training and professional development. I would follow the transformational leadership theory and mould my practice according to its concept as it facilitates to achieve excellence, patient satisfaction and innovation.

# Conclusion

It is evident from the facts mentioned-above that leadership qualities are significant in healthcare practice along with empathy, compassion, and transformational leadership style that is not only innovative, good but also effective to foster the doctor-patient and doctor-employees relationship. Professional development strategies are important to excel in professional life. In light of the journal entries and events mentioned above, I would improve my professional knowledge and experience to effectively make use of my knowledge and professional skills to ensure patient safety and effective results.

# References

Anthony, V.F. and Dan, Z., 2020. Basic empathy: Developing the concept of empathy from the ground up. *International Journal of Nursing Studies*, p.103695.

Boamah, S.A., Laschinger, H.K.S., Wong, C. and Clarke, S., 2018. Effect of transformational leadership on job satisfaction and patient safety outcomes. *Nursing outlook*, *66*(2), pp.180-189.

Bratz, J.K.A. and Sandoval-Ramirez, M., 2018. Ethical competences for the development of nursing care. *Revista brasileira de enfermagem*, *71*, pp.1810-1814.

Businessballs.com. 2020. *Reflective Practice: Models And Process – Businessballs.Com*. [online] Available at: <https://www.businessballs.com/self-awareness/reflective-practice/> [Accessed 17 November 2020].

Classes.eastus.cloudapp.azure.com. 2020. *Gibbs’ (1988) Reflective Cycle*. [online] Available at: <http://classes.eastus.cloudapp.azure.com/~barr/classes/comp495/Reflection/Gibbs+1988+reflective+cycle.pdf> [Accessed 17 November 2020].

E-portfolio, A.K.S., 2019. How does the Gibbs Reflective model integrate with Evidence based practice in veterinary medicine?.

Ferreira, V.B., Amestoy, S.C., Silva, G.T.R.D., Trindade, L.D.L., Santos, I.A.R.D. and Varanda, P.A.G., 2020. Transformational leadership in nursing practice: challenges and strategies. *Revista Brasileira de Enfermagem*, *73*(6).

Fischer, S.A., 2016. Transformational leadership in nursing: a concept analysis. *Journal of advanced nursing*, *72*(11), pp.2644-2653.

Giddens, J., 2018. Transformational leadership: What every nursing dean should know. *Journal of Professional Nursing*, *34*(2), pp.117-121.

Kelly, M. and Tyson, M., 2016. Can mindfulness be an effective tool in reducing stress and burnout, while enhancing self-compassion and empathy in nursing?. *Mental Health Nursing*, *36*(6).

King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., Tod, A., Ryan, T., Wood, E., Senek, M. and Robertson, S., 2020. Factors that optimise the impact of continuing professional development in nursing: A rapid evidence review. *Nurse Education Today*, p.104652.

Krepia, V., Katsaragakis, S., Kaitelidou, D. and Prezerakos, P., 2018. Transformational leadership and its evolution in nursing. *Progress in Health Sciences*, *8*(1).

Masood, M. and Afsar, B., 2017. Transformational leadership and innovative work behavior among nursing staff. *Nursing inquiry*, *24*(4), p.e12188.

McKinnon, J., 2018. In their shoes: An ontological perspective on empathy in nursing practice. *Journal of clinical nursing*, *27*(21-22), pp.3882-3893.

Morales, M., 2020. *Examples & Qualities Of Transformational Leadership In Nursing | Relias*. [online] Relias. Available at: <https://www.relias.com/blog/transformational-leadership-in-nursing> [Accessed 17 November 2020].

Navarro-Abal, Y., López-López, M.J. and Climent-Rodríguez, J.A., 2018. Engagement, resilience and empathy in nursing assistants. *Enfermería Clínica (English Edition)*, *28*(2), pp.103-110.

Stanley, D. ed., 2016. *Clinical leadership in nursing and healthcare: Values into action*. John Wiley & Sons.

Zahoor, H., Muhammad, G. and Ali, M., 2019, February. Impact of Training and Development on Nursing and Technical Staffs’ Performance and Motivation: A case of secondary health care sector at Shamsi hospital Karachi. In *Conference Book* (p. 21).