

“Smart Management and Leadership Style for mental health Nurses”

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Abstract

Leadership skills are significant not only for administrators and managers, but also for the nursing staff. Today's complex healthcare system is economically motivated and must focus on safety and patient outcomes, making exemplary leadership skills essential for all nurses. Part one of these Critical reviews will discuss each of three environments and give examples of issues involved taken from my personal experience. Part two will discuss using the transformational leadership style and how I manage my staff according to this theory.

KEYWORD: Management, Leadership, Mental Health, Psychiatry, Stress.

Introduction

The rapid change in technology, the explosion in the amount of knowledge available to people and the increased and more complex health care demands create a great challenge to the nurse's knowledge, technical competence, interpersonal skills and commitment. Nurses work at every level in the health care system, have different roles and responsibilities, and are continually in contact with people. Dealing with these needs and responsibilities requires nurses to be dynamic and to have the awareness and skill of management and leadership.

Gopee and Galloway (2011) suggest that proactive leaders who have an image and can encourage associates to work toward common goals could help organizations survive and even thrive during rapid change. It has become clear that leadership is needed to get any work involving people done and is increasingly important for nurses in their professional role. Show (2007) pinpointed that health care services are frequently adapting to trends and policy, with healthcare professionals, especially nurses, having to lead, organize and deliver care in an increasingly challenging and changing environment. Also, traditional values towards the healthcare industry have faced a major challenge and often come into conflict with the business environment that appears to dominate healthcare management (Gopee and Galloway, 2011).

Leadership in any health care organization today is both challenging and complex; it requires the ability to adjust and respond to the changing social and economic context (King, 1981). According to Martin, Charlesworth and Henderson (2010) if leaders are to understand this complex environment they need a 'mental map' to help navigate through this complexity. Martin, Charlesworth and Henderson have designed an environmental analysis which considers that each organization and area of work has different components of three environments: Inner, Near and Far environment which will be defined and discussed.

The inner environment includes the staff, resources and facilities within an organization. In my inner environment, which is the staff that have direct contact with mental health patients, the most prevalent problem in this environment is the staff and

the way they behave and treat patients because of the social stigma in Iraq toward this type of illness; they react badly to and are afraid of mental health patients, Corrigan (2000) mentions that society in general has stereotyped views about mental illness and how it affects people. Many people think that patients with mental health issues are aggressive and dangerous; in fact, they are more at risk of being attacked or of harming themselves than of harming other people.

This public perception causes nursing staff to be afraid of working in psychiatric hospitals and it is for this reason that the government pay a higher salary to any nursing staff that are willing to come and work in psychiatric hospitals. By the end of 2011, the motivation of extra salary encouraged more staff nurses in any specialty to come and work in psychiatric female hospitals; this caused shortages in mental health staff and the over-reliance on agency staff that may not have the training and/or experience to deal effectively with challenging patients and incidents. Braker and Buchanan (2011) states that a psychiatric mental health nurse's comprehensive, patient-centered, mental health and psychiatric care and outcomes are evaluated through a variety of settings across the entire spectrum of healthcare. In addition, O'Brien (2001) believes that building therapeutic relationships as part of a general development play a central role in the conceptualization of mental health nursing.

A major difficulty when analysing this problem is that the inadequate research material and literature within this area of work in Iraq doesn't provide detailed evidence. When analysing my work area, leading and controlling the inner environment is not easy because the ability to lead nursing staff needs a highly variable skill set; requiring strong self-awareness and interpersonal skills due to the fact that staff's primary motivation is the extra salary they earn to make them come and work in the hospital; (Happel, Platania –Phung and Scott, 2011).

Beyond the inner environment is the near environment which includes patients, service users and careers and competitors. Patients and service users include their relatives and careers, who may receive services in an indirect way. In the hospital, many patients become frustrated because they are bored and frightened by staff; this results in changing behaviour which may impact negatively on another patient. In fact, one of the primary roles of a mental health nurse is an arrangement of three very important areas of mental care: providing mental health care, managing coexisting physical conditions and also providing differential diagnosis and assessments of drugs that are needed to treat the illness (Happell, Platania-Phung and Scott (2011). Moreover, Braker and Buchanan (2011: 338) pinpointed that mental health nursing' implies something more meaningful, more egalitarian, more 'health promoting', and therefore, more liberating than traditional psychiatric nursing.

The last of the three environments is the far environment, which consider those factors that are neither controlled nor influenced from within the organization but the organization has to respond to these issues. Nurses don't have power to manage, or lead these people nor do they have any direct control over them, but they are essential and key to success and they can influence leaders and leaders can influence them.

A manager is provided with this status as a formal role which is given to them by someone else. Within the hospital, the psychiatric doctor takes on the role of manager and they have an assigned position in this organization while a manager is expected to take on specific duties and has specific responsibilities; decision-making; control over the processes and the work of others which are an important character of manager's role (Moiden, 2002). The nurse doesn't have authority or power to direct the manager but they can influence managers and they can, in turn, influence nurses.

In addition, (Martin, Charlesworth and Henderson (2010) mention that all

organizations have internal stakeholders and teams that might have an impact upon my individual positions such as manager, director board and committee member, it is important to know who your stakeholders are because these are those people who can influence the working of your organization. Martin and Henderson (2001) pointed out that analysing stakeholder behaviour and their interests is very important because different stakeholder groups have different interests; managers and leaders need to find a balance between these interests when making decisions. Moreover, it helps leaders to understand the relationship between the external environment and your organization.

In the hospital environment, there can be tensions between professional disciplines. Resolving these problems and building successful relationships between multidisciplinary team members is leadership ability. Also, managers must bear a responsibility for ensuring a variety of stakeholder interests are confident and embraced to yield a more dynamic and positive outcome for an organization; collaboration insures everyone's voice is heard in a timely, effective manner. (Jerry D. VanVactor, 2009).

Development of skills:

In this part of I will return to the three issues from part one and suggest a solution employing the transformational theory of leadership. For the purpose of this discussion; we will limit our focus to hospitals, because the majority of nurses work in hospital settings. Choosing mental health staff to lead is a difficult area because; mental health nursing for a nurse is more than a treatment-giver and medication-observer. But in fact psychiatric nursing is a specialized area of nursing practice devoted to promoting mental health via the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders (Barker, 2011).

Leadership styles:

It is very important to understand that leadership roles are different from management functions. Covey's (1999: 47) surmises that "Management is doing things right; leadership is doing the right things". Management is effective for climbing the ladder to success; but leadership is about shaping whether the ladder is leaning against the right wall. Leadership is about judgment, perception, skill and implementing one's philosophy, whereas management is about tasks. Essentially, the role of managers is to guide organizations toward goal accomplishment. We could draw from this that it is much more difficult to be an effective leader than an effective manager (Eric, 2006).Faugir and Woolnough (2002) argues that managers plan, control and organize, while leaders communicate ideas, motivate, inspire and empower in order to create organizational change.Kotter (1990) mentions that the importance of managing and leadership depend on the organization, as an organization becomes larger and more complex the importance of the manager increase, but as an external environment becomes more dynamic and uncertain, the important of leadership increases (Yukl, 2010:25).

Leadership has been defined many ways in the literature. However, several features are common to most definitions of leadership. Porter-O'Grady (2003) states that leadership is a multifaceted process of identifying a goal or target, motivating other people to act, and providing support and stimulus to achieve mutually negotiated

goals. Hyett (2003: 231) defined leadership as “the ability to create new systems and methods to accomplish a desired vision.”

The health care environment is constantly changing and producing new challenges that the nurse leader must work within (Gopee and Golloway, 2011). A senior nurse should be able to develop other staff by enabling them to apply theory to practice and encourage them to test new skills in a safe and supportive environment. This, again, is an example of where leadership activities combine with developmental ones to create competent practitioners through practice-based learning. As part of social support it is important for leadership to be effective and have the ability to assess the emotions and moods of others (Porter-O’Grady, 2003).

According to the experience I have one of the factors of failure leadership are when the leader delegates too little, leaving people to struggle without direction, or too much, and expects them to take on too much responsibility without support or interaction from the leader. Second reason are leader need have to have some core idea of what they are all about and what they’d like to achieve, not only personally but also for the organization.

Everyone loves a confident leader, but when a leader has an excess of confidence, it generally means he or she also has a surfeit of ego. Ego changes the conversation so that it becomes all about the leader. Ego is the primary reason leaders fail.

Motivating staff is a great part of leadership in any organization. Because of the high stress nature of staff nursing, motivation and support and proactive work environment improvement policies are very important to retain qualified nurses. Leadership need to seek for the necessary changes in the motivated staff by developing a vision and dream of the future and inspiring staff to attain this. Leaders must focus on the needs of individual staff and use motivational strategies appropriate to each person and situation. This is very important to make the staff follow you and helping you in achieving your aim (Adair, 2006). According to my experience one of the motivating factors is regular, effective and relevant training. If you want them to perform properly and consistently then you have to give them the tools to do so. Training is always superior, it keeps people up to date and focused on the job. Another points or idea in motivating is communication styles can be motivating or demotivating in any profession, and especially so in stressful, busy nursing environments. The last point is Nurses enjoy being recognized and rewarded for the work and care they provide.

West-Burnham (1997) mentions that leaders should search to progress on current practice, and uses their influence to achieve this. This includes working within the team to develop goals and a feeling of shared ownership to achieve excellence in clinical practice. Furthermore, Sergiovanni (1992) believe that leadership “is an attitude which informs behaviours rather than a set of discrete skill or qualities, whether innate or acquired”.

As my personal experience it's important that to understand yourself well before you coach, or train or mentor others. For example, are your own your own skills adequate or do you need help or training in any important areas necessary to train, coach, mentor others, or What is your own style in training. Because, when you understand yourself, you understand how you will be supposed, how best to communicate, and how best to help others grow and learn and develop.

There are different theories of leadership and from the early trait theories to the modern theories of transformational leadership, each attempt to describe the behaviour of successful leaders. One of the questions which confront us is; which

leadership theories should one choose for leading nursing staff?

One of the more interesting theories for leading staff nurses is the transformational leadership theory. Taylor (2009) suggests that, when you understand your own principles and goals through personal insight, and are motivated to reflect carefully on your working relationships with others, you can develop your transformational leadership approach. You must pose the question: To what degree are you ready to work in a more transformational way?

It was Burn (1978) who originally discovered transformational leadership theory which is an innovative theoretical viewpoint on the characteristics that catapulted major inspirational leaders to power. He described it not as a set of specific behaviours, but rather an ongoing process by which "leaders and followers raise one another to higher levels of morality and motivation" (Burn, 1978:20). Burns was influenced by Abraham Maslow's Theory of Human Needs. This theory states that people have a wide range of needs, and the degree to which people perform successfully in the workplace will be affected by the degree to which these needs are satisfied.

Bass (1985, 1997) and Burn (1978) use this theory to investigate the relationship between managers' belief and self-perception of leadership for various reasons. One of the reasons is that Bass theories provide a complete theoretical framework and a number of tools to measure the various leadership constructs advanced in theory. Another point has been widely applied in different settings which provide high construct strength to the concept and measure.

Burn (1978) describes transformational theory as a particular leadership style that happens when "two or more persons connect with others in one way that the leader and followers raise one another to higher levels of motivation and morality". According to Bass (1999:80) transformational leadership theory is fixed in the idea that the "interests of the organization and its members need to be aligned. Transformational leaders see relationships as being of critical importance – primarily those between the leader and the follower – thus taking leadership theory further (and possibly in a different direction) to previous theories (Taylor, 2009).

In studying nursing leadership, transformational Leadership has been used to understand the role of nursing leaders, especially in times of organizational change (Bass 1985). Each nurse who assumes leadership: whether a nurse manager, a charge nurse, or a preceptor can and should practice transformational leadership and may find that most of your followers are visionary, passionate and committed. Leaders and followers are both necessary roles. Leaders need followers in order to lead and followers need leaders in order to follow. That is why one sometimes needs to change their follower perspective and good mental health staff by leading them according to this theory. Also, Transformational leadership depends on a high level of engagement between the leader and followers.

My own experience of leadership has been largely limited to two years when I worked in the college of nursing as a psychiatric nurse practical teacher and leading students and one year when I was worked in female psychiatric hospital as residency nurse. The time spent as psychiatric nurse has taught me a lot about psychiatric patients, but much more than that, it would teach me a lot about people and mental health nurses. Much of what I draw on when I think about my own personal reflections of leadership comes from those experiences.

The first problem mentioned in part one regards changing my perception of the inner environment. The concept of need is somewhat problematic in health and social care according to the needs a leader has to lead the followers. Holm and Severinsson

(2010:463) state that “leadership in mental health nursing has changed as result of the de-institutionalization of the care with mental health problem and the shift from psychotic institutions to community care”. Moreover Blegen and Severinsson (2011) argue that management and leadership in mental health nursing are not only about financial and material resources but also engage collaboration and relationship with colleagues and patients. Furthermore, mental health leaders have an important role for the development of collaborative ways of dealing with problems and making therapeutic environment for patients and staff, but this presupposes acceptance throughout the organization (Holm and Severinsson, 2010). Martine, Charlesworth and Henderson (2010) mention that it can be useful to think about what is the scarcest resource that is critical enabling you to provide your service effectively. Blegen and Severinsson (2011) mention that mental health leader needs to investigate the range of tasks in leadership in order to clarify role expectations and areas for development such as: enhancing patient care; attending to the personal life of the staff and reliance on team work.

By analysing all of this evidence about mental health nursing, nursing research found that when a nurse leader uses transformational leadership principles they will be successful in creating environments that promote higher levels of job satisfaction, wellbeing and organizational commitment. Also there are also important associations between transformational leadership practices, increased patient fulfilment and reduced adverse events (Wong and Cummings, 2009).

My own leadership skills are helping me to work as transformational leader and to lead my staff according to transformational theory and changing perception.

In the short term – I am going to work on the skills important for starting something new. During college I had plenty of time learning how to run organizations that had already been created, but now I want to be able to start things of my own.

Starting any project in any organization required skill of planning, inactivity, and organisation. During starting any project I will reflect to my past experiences like how you respond to people and .situations and how my actions are how your actions are perceived by others.

For my long term plan, I would develop five skills. First of all, through using my communication skills, I will try to build and maintain strong relationships between both healthcare professionals and patients, and healthcare professionals and their associates. Curtis and O’Connell (2011) mention that communication skills are the main tool used by transformational leaders to promote self-confidence within their teams and inspire trust.

The next skill I really need to work on is my ability to stimulate my staff’s intellectual processes; I will encourage problem solving and critical thinking, and empower followers to do what's best for the organization this is by including the staff in decision making.

McGuire and Kennerly (2006) state that transformational leaders motivate followers’ commitment to a shared idea and goals. Followers were stimulated to approach old problems in new ways. Leaders can offer intellectual stimulation and engage the followers in more creative problem solving and ‘out of the box’ thinking to produce results that are more expected to provide the organization a competitive advantage

The third: by having ability to make changes through examples, to articulate an energising vision and to provide challenging goals. Through using transformational theory I will try to provide a training programme for all front line staff that have direct contact with patients, the main goal of this training program is to teach them roles and characteristics of mental health nursing. Taking the vision of transformational theory

to help the leader in accepting followers because transformational leaders depends on shared vision when dealing with complex issues, thinking systematically, sharing information, enabling trust through team work, encouraging staff participation and motivation and the ability to deal with complex issues.

The fourth ability, positive reinforcement is another way for achieving my goal through telling my staff that I know you they complete goals which inspires them to go the extra mile and accomplish great things. My ability to listen, appreciate, establish a relationship between staff that encourage me to think in a transformational way and to recognise ability. And the last aptitude is by providing staff direction in attaining organizational goals and also having the wisdom to understand the strengths and weaknesses of followers who will help me to work as transformational leader.

Northouse (1997) argues that transformational leadership provides a clear idea and vision of the future state of an organization and that leaders are social architects for their organization also they use creative development of self through positive self-regard. Leaders knew their strong and weak points they emphasized their strengths rather than dwell on their weakness.

According to my experience charisma play an important role for attracting your followers, because it's one of the most significant element in your ability to develop appositve relationships. Also, when you have charisma, people will open doors for you and bring you opportunities that otherwise would not have been available to you and this is when you use your charisma in appositve way not just as part of the power that you have as leader. Curtis and O'Connell (2011) point out that all types of leadership have a negative effect when a misuse of power is realized. True transformational leadership must engage efforts to develop supporters into leaders, for leaders who use their power to create blind followers are not truly transformational.

In addition in order for change to happen, a hospital must take a practical approach to dealing with safety issues on mental health wards by investing in staff training on dealing with challenging behaviour and providing support and instruction in anger management strategies for patients where appropriate.

Conclusion:

Leaders need a 'mental map' in order to understand this complex environment to help navigate through this complexity (Charlesworth and Henderso, 2010). Healthcare organizations need nurse leaders who can develop nursing care, who are advocates for the nursing profession and who have a positive effect on healthcare through leadership. However, the success of a leader is measured by the positive influential ability to get employees to reach the same goals of both the leader and the organization.

Leadership theories will enable you to use the skills required in any given situation through a process of understanding, critical reflection and evaluation Taylor (2009). Moreover, Transformational leadership is an appropriate choice for nursing because it promotes participation, increases staff motivation and empowerment (Curtis and O'Connell, 2011). Moreover, Effective and transformational leadership is pivotal to the success of healthcare organizations, as front-line clinicians, such as nurses, lead teams to provide quality care and deliver service improvement.

Mental health nursing is a specialized area of nursing practice devoted to promoting mental health via the assessment, diagnosis, and treatment of human responses to mental health problems and psychiatric disorders (Barker, 2011_). By analysing all this evidence about mental health nursing, nursing research found that transformational theory is successful theory for a mental health nurse leader.

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