

## **Chapter 4: Decision-making and Problem-solving in Care Settings**

### **Leadership in managing conflict in nursing in Australia**

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As a registered nurse working in Australia you know that your practice is governed by the Nursing and Midwifery Board Australia (NMBA) (2013) professional standards of practice. Inherent in these standards is the notion of leadership standards.

Leadership has been described in management and nursing textbooks as the ability to influence others. As a registered nurse how do you influence others in the workplace? Have you ever thought about your ability to influence others as an integral component of your role as a registered nurse?

You are working registered nurse (2 years post-registration) in the cancer services unit of a busy metropolitan teaching hospital. Currently, you are rostered to work in the day services chemotherapy unit. Patients come to the unit for their chemotherapy and other treatments regularly and over a period of time you have become friendly with them and their families/friends.

The hospital has strict policies, procedures and protocols governing the administration of chemotherapy agents as a part of the hospital's risk management strategies including the checking of medications prior to administration, clinical observations of patients pre-, during and post-administration of these medications and documenting the processes in the patient's clinical record.

When you first came to the unit, you received a comprehensive orientation to the clinical practices of the unit as well as the physical environment. Part of your clinical orientation included an introduction to the different chemotherapy protocols, the drugs used, the dosages, administration routes and rates and side effects as per international best practice guidelines. Before you were allowed to administer any chemotherapy you were expected to demonstrate your knowledge and understanding of the procedures.

Another point that was emphasised in the orientation was the development of positive professional and therapeutic relationships with other clinicians working in the unit and patients their families and friends. The development of these professional relationships was considered as important as the clinical practices to ensure the best possible health outcomes for the patients.

One morning as you are checking your patients' clinical records you note that the doses of drugs for three patients have changed. You know that that the new dose is incorrect but to make sure you check with the unit manager who agrees that the dose is incorrect but tells you to give the medications as ordered. You are uncomfortable with this and go and check with the doctor in the unit who tells you she will follow this up. Meanwhile the patients are becoming anxious about not receiving their treatments.

The doctor comes back two hours later and tells you that the dose is incorrect; changes the order to the correct dose and you then proceed with administering the chemotherapy. The incorrect dose is due apparently to a 'glitch' in the electronic ordering system.

You report this to the unit manager who initially is angry that you further checked the order but then apologises to you, noting you had acted correctly and in the best interests of the patients. Subsequently, the patients ask you what caused the delay to their treatments. You discuss the error with the patients as you continue with the clinical observations required by the treatments.

**Action point question:** Discuss with a peer with the same level of expertise as you as to whether there is evidence of the following leadership activities set by the NMBA:

- critical thinking and analysis
- professional and therapeutic relationships
- holistic assessments
- an appropriate plan of care
- safe, quality and responsive care
- an evaluation of care.

Secondly, discuss whether you would have told the patients the truth about the delay in providing treatment.