

Chapter 3: Leadership and the Duty Care Manager

Showing leadership for Healthcare Professionals: A Two-week Consultancy Initiative

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A newly appointed nursing director at a small hospital in Lebanon requested consultation and professional guidance to manage problems related to interdisciplinary communication, workflow processes, and staff dissatisfaction.

A two-week consultation visit by an expert with a doctoral degree in nursing practice was planned and executed. The process was guided by the situational leadership theory that focuses on assessing the nature of the situation, the abilities of the group members, and the skills of the leader. In addition to the interactional leadership theory that focuses on supporting all stakeholders through listening to their concerns and suggestions, and helping the nursing team restate the nursing mission and values, perform a SWOT analysis, and set improvement goals.

An introductory meeting was held with all nurse managers (NMs), the nursing director (ND), and a representative from the quality department to explain the purpose of the consultation visit and what is expected from them as stakeholders. Every nurse manager was given one week to meet with his/her staff and brainstorm answers to the below questions:

1. What is nursing?
2. What are the most 3–5 important values that you believe should guide your behaviour with colleagues and with patients?
3. What are the most frequent, risky and important activities on your unit? List the ones that you are doing well and the ones that you think need improvement.

A follow-up meeting was held during which every nurse manager shared his/her unit's definition and values of nursing with all participants. Common themes were identified and the final definition came as follows:

Nursing is a noble profession that ensures the physical, psychological, and spiritual care to all human beings. Nursing care aims at promoting health, preventing and curing illness, and alleviating suffering. Being a nurse requires having scientific knowledge, emotional intelligence, professional consciousness, and openness.

Nursing department strengths and weaknesses: Internal assessment within nursing units was performed through: a review of nursing job descriptions, forms, and policies and procedure; direct observations on units; and brainstorming session with nurse managers about the main problems they were facing within and between departments.

Opportunities and threats that enhance the workflow: Meetings with heads of other departments were carried out, mainly human resources, quality, admission office, infection control, pharmacy, dietary, laboratory, and finance. Questions asked included: 'What are the

things that nurses are doing and affect negatively your daily work? In your opinion nurses can do or change to make your work easier?’

Recommended goals for the nursing department: A follow-up meeting with NMs to share the feedback of non-nursing departments; also NMs were asked to share their answers of the third set of questions and accordingly come up with their unit-specific objectives. After that, unit-specific objectives were clustered under broad nursing care goals that were agreed on by all participants.

The two weeks ended with a closing meeting during which the nursing director said: ‘I recognise now what I have to do and how I should proceed.’ Nurse managers showed their gratitude for having their concerns and suggestions heard by the administration.