Nursing Leader Analysis

Rachal Trigger

NURS 440

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 This paper examines the effect that leaders and managers, particularly in nursing, have on patient outcomes and the healthcare organization in general. This is done through the interview and analysis of a nursing leader and manager. The interviewee was Ms. Prodence Benson. She is a registered nurse with a Master’s of Science in nursing with a focus on leadership. She has worked in a variety of environments to include the operating room, the surgical intensive care unit, and in various clinic settings. Ms. Benson is currently the Clinical Nurse Officer in Charge (CNOIC) of a large medical home.

**Roles and Responsibilities**

The clinic Ms. Benson is NCOIC of is part of a large health system falling under the department of family medicine (DFM). The clinic is one of five outlying medical homes. The DFM, located inside the hospital, provides the leadership for the clinic.

The chain of command is important, especially so because the clinic is a military treatment facility. There are three “bosses”. The top of the chain is the Officer in Charge (OIC). This position is held by a physician who is the senior rater for the facility. Holding equal rank below the OIC is the Administrative Officer (AO) and the CNOIC (Ms. Benson). Falling below the AO is the administrative staff. All of the nursing staff falls below Ms. Benson.

As the CNOIC, Ms. Benson is responsible for managing all of the nursing staff in the clinic. She is responsible for hiring, scheduling, and managing nursing. She also functions as a liaison between the hospital, which provides overall leadership to the clinic. This role entails attending meetings at the hospital, and then bringing back information to the clinic. Ms. Benson facilitates training and runs the morning and afternoon huddles.

**Communication and Relationship Building**

**Description**

Communication and relationship-building is essential to effective leadership and management. Effective communication, relationship management, influencing behaviors, diversity, shared decision-making, community involvement, medical/staff relationships, and academic relationships are all components of communication and relationship-building (American Organization of Nurse Executives, 2011).

**Analysis**

It is evident that Ms. Benson strives to communicate effectively with her staff. She spoke of how she does a minimum of a weekly check-in with each staff member to discuss any questions or concerns. The morning and afternoon huddle is used by her to both disseminate information and to recognize staff accomplishments.

**Knowledge of the Health Care Environment**

**Description**

Knowledge of the health care environment is essential to effectively lead and manage. Health care has become complex. Knowledge if its many facets such as clinical practice knowledge, delivery models/work design, health care economics, health care policy, governance, evidence-based practice/outcome measurement, patient safety, utilization/case management, quality improvement/metrics, and risk management provide the foundation of decision-making (American Organization of Nurse Executives, 2011).

**Analysis**

Ms. Benson’s diverse employment background has allowed her to build a broad knowledge base. She has traveled extensively working in Cameroon, Washington D.C., Hawaii, and Washington. The varied areas of nursing that she has working in has also added to her knowledge and skills.

**Leadership**

**Description**

Leadership is “the use of individual traits and abilities, in relationship with others, and the ability to (often rapidly) interpret the environment/context where a situation is emerging, and enter that situation in the absence of a script or defined plan that could have been projected” (Yoder-Wise, 2015, p. 4). Leadership skills and strategies can be learned, but leadership takes many forms and varies from situation to situation.

**Analysis**

Ms. Benson spoke about how she prefers to use a collaborative approach to leadership. She feels that it is important to engage the team and involve them in decision-making. She does this by holding regular staff meetings and asking staff for input, questions, or concerns.

**Professionalism**

**Description**

 Professionalism consists of personal and professional accountability, career planning, ethics, evidence-based clinical and management practice, advocacy, and active membership in professional organizations (American Organization of Nurse Executives, 2011). “Nurse managers are expected to model and maintain civility” (Ostrofsky, 2012).

**Analysis**

Ms. Benson’s professionalism was apparent especially so when she spoke of her involvement with quality improvement (QI). She is passionate about ensuring patients receive the best care possible. She works with the QI group at the hospital regularly to achieve organization-wide patient safety and patient and employee satisfaction goals.

**Business Skills**

**Description**

Business skills are essential to the evolving healthcare environment. This is becoming even more important now considering that reimbursement is being tied to outcomes and patient satisfaction. The nurse manager must hone in on their business skills including financial management, human resource management, strategic management, marketing, and information management and technology (American Organization of Nurse Executives, 2011).

**Analysis**

Ms. Benson spoke about how it is essential that she continues to develop business skills as the NCOIC. She must balance the costs of things such as nurse staffing and supplies with the budget of the clinic. She spoke of how she works closely with the AO and OIC to ensure that the clinic remains fiscally responsible.

**Conclusion**

This analysis of a nursing leader clearly demonstrates the complexity that exists in the role of the nurse as leader. A wide variety of skills, knowledge, and experience are necessary to provide effective leadership and management in the health care environment.

References

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