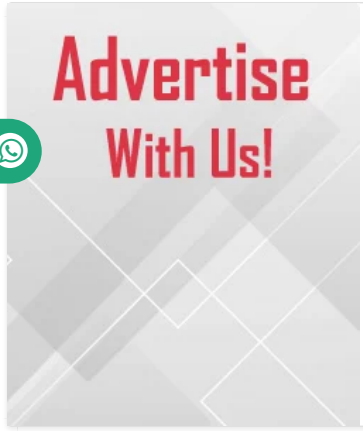
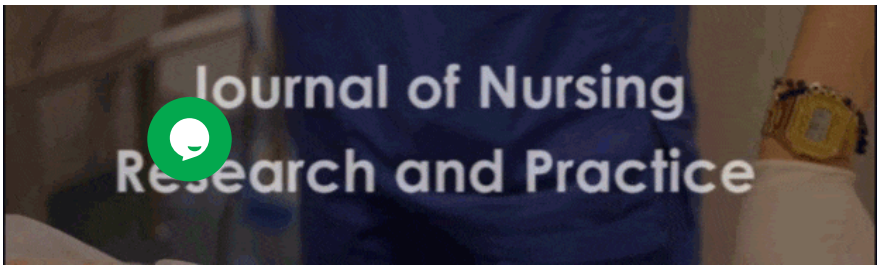
44 2033180199

All submissions of the EM system will be redirected to **Online Manuscript Submission System**. Authors are requested to submit articles directly to Online Manuscript Submission System of respective journal.

25+ Million Readerbase



25+ Million Website Visitors



Clinical reflection and leadership in efficient management of patients in the Intensive Care Unit

Nawaf Alharthi*

Department of Critical and Acute Care, King Abdulaziz Specialist Hospital, Taif, Saudi Arabia, **Email:** london1022@hotmail.com

***Correspondence:** Nawaf Alharthi, Department of Critical and Acute Care, King Abdulaziz Specialist Hospital, Taif, Saudi Arabia, **Tel:** 966505548747, **Email:** london1022@hotmail.com

Received: 25-May-2020 **Accepted Date:** Nov 13, 2020; **Published:** 16-Nov-2020

Citation: Alharthi N. Clinical Reflection and leadership in efficient management of patients in the Intensive Care Unit. J Nurs Res Pract. 2020;4(5):1-4.

This open-access article is distributed under the terms of the Creative Commons Attribution Non-Commercial License (CC BY-NC) (http://creativecommons.org/licenses/by-nc/4.0/), which permits reuse, distribution and reproduction of the article, provided that the original work is properly cited and the reuse is restricted to noncommercial purposes. For commercial reuse, contact reprints@pulsus.com

Abstract

Reflection is made on the strengths and limitations of a transformational leadership style in the context of providing care to patients in critical care units, collaborating with other healthcare practitioners and the patient's family. This involves a case study of a 49-year old patient admitted to an intensive care unit (ICU) due to severe chest pain; later transferred to cardiac catheter laboratory is presented. As part of reflective practice, the author's role in the team is explored using Belbin's 9 team roles as a guide. ICU is seen to be a complex, dynamic setting with healthcare practitioners fulfilling highly specialized roles. Conflicts in the team were avoided since all team members respected the roles of each team member. A discussion on how hierarchies in the team could possibly result in poor teamwork was also explored against what the author was experiencing in the ICU. A discussion follows how transformational leadership developed the author's emotional intelligence and improved team members' satisfaction with the quality teamwork. A critique is put forward on the importance of effective communication. Both verbal and nonverbal messages are critical in conveying and receiving important information in an ICU team. Although positive communication skills are defined, there are still some gaps in practice such as a need to develop therapeutic communication skills for positive health outcomes in patients. An evaluation of power in the team and an imbalance in power was observed. Power in a team is seen as critical in

determining if resources in ICU were sufficiently used and that patients received quality, timely care and the dynamic nature of an ICU environment is examined. Patient's needs, interventions can change quickly in an ICU environment which leads to complexities especially if a patient is clinically deteriorating. Recommendations are made on the importance of developing inter professional collaborations, effective leadership and communication among team members.

Keywords

Intensive Care Unit (ICU); Nursing practice; Teamwork; Midwifery

Introduction

Nurses play crucial roles in delivering and leading high-quality patient care, acting as patient advocates and in ensuring that patient-centered care is practiced in all levels of care [1]. In response to the increasing complexities of healthcare delivery, registered nurses have taken additional roles, which include nurse prescribers, policymakers, and leaders and advanced nurse practitioners [2]. As a registered nurse working in intensive care units for the last five years at King Faisal Hospital in Saudi Arabia, I have seen the current challenges that ICU nurses face. One of these include understaffing of ICU nurses, which can have an impact on the quality of care and lead to inevitable bed closure due to lack of nursing staff members [3]. However, these challenges can be addressed through effective leadership [4]. In Ireland, intensive or critical care nurses are expected to advocate for critically ill patients and their families and to become leaders in this area of care (Irish Association of Critical Care Nurses [5]. Critical care nurses are also strongly encouraged to engage in healthcare policy development and future critical care strategies [5].

Literature Review

The Nursing and Midwifery Council's (NMC) [6] Code of Conduct has stressed the importance of nursing leadership and the promotion of health and wellbeing of patients. Since nurses are in direct contact with patients in different healthcare settings, they are able to recognise the health and social care needs of the patients [7]. In this essay, the development of leadership skills and how these could be applied in a team setting will be critically discussed. Past personal experiences and evidence from published studies and policies will be used to underpin the discussion in this essay.

Critical reflection on self

Reflection in healthcare settings is strongly promoted since this has been associated with professional development and improvements in the quality of patient care [8]. In nursing settings, reflection is described as a tool that allows nurses to generate professional knowledge [9]. It is also defined as a process that helps nurses examine and explore an incident or issue in more depth and use learnings from these experiences to improve current and future nursing practice [10]. Learning from practice is also essential since this will help develop a culture of enquiry, learning and exploration within teams [9]. A culture of learning within a team or organisation could help clarify roles and improve performance [11]. For instance, more senior nurses can share knowledge and expertise with junior colleagues, which in turn can help foster a culture of support and development. The importance of reflection in supporting registered and student nurses in professional learning and development is also emphasised by the Nursing and Midwifery Council (NMC) [6].

Despite the importance of reflection, this practice may be viewed negatively due to its exhaustive application in different care settings [9]. Although some negative perceptions may persist, the evidence-base on the effectiveness of reflection in improving practice is well established [12]. Further, nursing curricula now integrate reflection in practice to prepare student nurses to become reflective practitioners once they become registered nurses [13]. The theory of reflective practice in nursing is identified as a middle-range theory [14]. This theory proposes that reflective practice involves the following: reflection before actions; reflection in action; refection on action and reflection beyond action [15]. Reflection before action involves reflection in advance of a learning situation or prior to entering clinical practice [16]. This type of reflection allows nurses to become mindful of future actions and provides them with opportunities to consider any particular skills that would be needed for a specific clinical situation. [16] Reiterates that through reflection before action, nurses become better prepared as they anticipate situations or scenarios in clinical practice.

Reflection in action entails reflection while nurses are immersed in the clinical situation [17]. Meanwhile, reflection on action requires retroactive analysis to recreate incidents in clinical practice [18]. This type of reflection helps nurses connect theories to actual practice [16]. Reflection beyond action, on the other hand, requires an analysis of one's clinical practice and how nurses developed. The main aim of reflection is for healthcare practitioners to become more equipped in providing high quality care and improve care outcomes [15]. Reflection is critical in improving healthcare and in the context of this essay, this type of practice is necessary in forming leaders who are emotionally competent [19].

Leaders who are emotionally competent are known to be high in emotional intelligence [20] describes emotional intelligence as the ability to manage one's emotions and the emotions of other team members. In nursing practice, emotional intelligence is known to promote the wellbeing of nurses, which in turn has an impact on their patients and family members [21]. In general, emotional intelligence allows nurses to manage their patients in a more effective manner, improve relationships, make better decisions and improve the quality of care of the patients [19,21,22]. Reflection has been suggested to improve the nurse's emotional intelligence since critical appraisal of incidents involves identifying the emotions felt during these scenarios [23,24] reiterates that in leadership, it is important for nurses to be self-aware, to have emotional intelligence and to reflect on their own practice. During reflection, a nurse practitioner is encouraged to undergo critical self-reflection in order to become self-aware, which is all necessary in improving one's emotional intelligence.

In leadership practice, emotional intelligence has been recognised as an important factor in the success of leaders [25] reinforce that emotional intelligence helps individuals work more effectively and manage conflicts within teams. Further, emotional intelligence improves performance and leadership, which are important in promoting the effectiveness of leaders [26]. In a study conducted by Nabih et al. [27], results suggested that emotional intelligence has a positive effect on leadership effectiveness. Leadership effectiveness is described as the extent in which team members perceive their managers as successful leaders [27]. Recent theories suggest that the personality of the leaders, quality characteristics of employees and the conditions in the workplace impact leadership effectiveness [28]. It is argued that health leadership requires communicating with and understanding individuals who have different characteristics and background in a variety of situations and not only focusing on producing health outcomes and processes. Hence, in healthcare settings, leaders who possess emotional intelligence can inspire passion and influence team members to achieve goals that might have been difficult to achieve [22].