Defining Leadership in a Changing Time

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ABSTRACT

The purpose of this article is to discuss the difference between leadership and management. Leadership and management have been discussed for many years. Both are important to achieve success in health care, but what does that really mean? Strong leaders possess qualities that inspire others to follow them. This fosters team engagement, goal achievement, and ultimately drives outcomes. Managers plan, organize, and coordinate. It takes dedication, motivation, and passion to be more than a manager and be a good leader. There is not a single correct leadership style, but there are important characteristics that all leaders must demonstrate to get the desired results with the team. In a time when health care is rapidly changing, leadership is important at all levels of an organization.

Key Words

Leadership, Leadership principles

TRAUMA LEADERSHIP

Trauma nurses are responsible for performing patient assessments, actively monitoring patient status, assisting or performing procedures, helping patients and families cope with their situations, as well as many other items. In addition to the patient care activities, trauma nurses are actively involved in the development and sustainability of trauma centers and trauma systems. Trauma nurses are leaders in every aspect of the word.

The Joint Commission states good leadership is critical to an organization’s success.1 This is not only true for the entire health care system, but also the trauma system. Trauma systems have been proven to be an effective way to provide optimal care to patients. The quality of care provided by the trauma team is a direct result of the leadership that is provided. Trauma leaders are a fundamental part of the trauma system and must understand the system strengths and weaknesses from the prehospital arena through rehabilitation.

LEADERSHIP DEFINITION

Have you ever wondered how effective your leadership style is or even what leadership style best fits you? Are you tired of taking quizzes to determine what leadership style fits you? As trauma leaders, we have all had these thoughts and participated in these educational offerings. The real question is what do we do with the information that we have learned?

Leadership styles vary, along with personalities. The concept of leadership is not new, but rather one that is continually researched. Many have written on the most effective leadership strategies and how to incorporate those strategies into practice. These concepts influence a person’s ability to guide trauma teams, the performance improvement process, or even the health care organization to accomplish a defined mission, outcomes, or tasks. We have all had leaders that stand out above the rest from the trauma room to the board room. Were they better leaders or did they connect with us differently?

One of the concepts that is important is understanding the differences of leading versus managing. According to the Merriam Webster Dictionary, leading is providing direction or guidance, while managing is to handle, direct, govern, or control an action or use. While sometimes these terms are used interchangeably, and may even overlap, they are certainly different concepts. While both of these concepts are important for different reasons, leaders are needed now more than ever in the ever-changing health care environment.2

Being a leader is not an easy undertaking. Assuming a management position does not guarantee someone is going to be an effective leader. In fact, sometimes managers are not leaders and leaders may not be managers. It takes dedication, motivation, and passion to be a good leader. Being invested in the team and getting staff engaged is crucial for success and desired outcomes.3

LEADERSHIP TRAITS

Remember the first time you were promoted to a leadership position? Regardless of what role you assumed, you were ready to tackle the task at hand. While leading and managing may go hand in hand, they are not synonymous. The manager’s job is to plan, organize, and coordinate, while it is the leader’s job to inspire and motivate. There is an important distinction between the 2 though. You do not need to be in a management position to be a leader. Leading can and should occur on all different levels.
Being a successful leader is something to strive for and is expected by many others in the health care environment. The first step in the leadership journey is realizing the ability to influence others and drive outcomes. Often times newly appointed leaders focus on managing staff with task-oriented work and often leadership skills come later. There are many ways to be a good leader; however, there are a few concepts to consider integrating into your practice.

Before you can lead an effort it is important to know the program you are leading. A leader must have a clear understanding of where the organization is today, the current health care climate, and the mission and vision of the organization. Understanding the gaps that exist in care and developing creative ways to fill those gaps with the team is imperative to empower staff and engage them in solutions. The team wants a clear understanding of the problem, plans, requirements, and expectations from the leader so they can deliver positive results. As a trauma leader it is important to know where the system is overall, health policy impacting trauma care, and what resources are available for injured patients. Not only is this awareness important but also it is vital to work with providers throughout the system to achieve high performance.

Once you have an understanding of your current state, it is important to set goals. Goals are crucial to being a successful leader and give a clear understanding of what the team is working toward. Setting realistic and measurable goals is equally important. Goals should be achievable in a set time frame and should be discussed with staff regularly to check in on progress. Leaders should present the desired outcome to staff and allow them to brainstorm solutions to gain buy-in as this is the preferred leadership style by staff.

**ENGAGEMENT**

Team members each have different emotional needs and leaders must take time to become aware of his/her emotional state and gain a social awareness of the team. This will allow the leader to capitalize on each team member's strong suites and minimize weaknesses. The morale and culture of the organization is driven by the leadership team through emotional cues and behaviors demonstrated at each level of leadership; positive influences and behaviors will lead to increased engagement and passion with the workforce. The team that you are leading plays an integral part in the overall success. Learn about your team and how you can involve them in your initiative. The more the buy-in from team members the more successful you will be. The work of leaders often impacts many staff directly and indirectly, thus empowering them to influence change is important to their satisfaction and achieving results. Involving the entire team will ensure that everyone is working toward the same goal, and not rowing in opposite directions.

Empowering your team members will have a direct impact on your ability to achieve your goals and have a successful trauma team. The leader must be about the entire team, and not themselves as a leader. While it is important to empower your team, it is equally important to not micromanage the work the team is doing. Leaders must build trust within their team. This can be accomplished in several ways, including modeling the desired behavior, promoting transparency, and encouraging active involvement of the team.

**YOUR STYLE**

Leadership styles are not 1 size fits all. Each leader has unique characteristics and should use these to complement their leadership style. Team members are looking for a leader that will set a clear direction for the team. These leaders must be able to accommodate both the emotional and behavioral needs of each member of the team. While each individual may have a different technique, remember your leadership style will ultimately determine the legacy that you leave behind.

Recognize that you are not perfect and failures are a key to successful leadership. Leaders must be willing to take risks and be innovative to remain competitive. It is important to use these times as an opportunity to recognize what went wrong and improve for the future. As a new leader, taking risks and potentially facing failure are scary and seem threatening to your career. Leaders who rise up during difficult times and advance historically have taken chances, thought outside the box, and engaged the team to produce outcomes. The outcomes are not always desired and the leader must own those failures and dissect them with the team to prepare for future endeavors. Coping with failure and understanding its value is important for leaders. Successful leaders can adapt their leadership styles to meet the needs of the team.

Finally, don't give up! Leading is not always an easy task. In fact, it may be one of the most difficult tasks around. Trust yourself. You have been recognized as a leader for a reason. While everyone has an opinion and will be sure to give you feedback, don't stray from the beliefs that led you to where you are today. Leverage your strengths and don't try to be someone that you are not.

**OUTCOMES**

Why does any of this matter? Successful leaders get positive results across many facets of the health care environment including patient outcomes, recruitment and retention of staff, nurse job satisfaction scores, and overall improved work environments. Different leadership styles produce different outcomes and characteristics of different models.
must be used to obtain desired results. When leaders support professional practice, it leads to a better work environment. The current and future nursing shortage will have significant impact on the health care environment and nursing leadership will have an integral role in maintaining the current workforce while providing high quality care. Nursing leaders are key to empowering their teams to practice professionally and provide optimal patient care.

Leaders have expectations of themselves and the team. When the team meets those expectations, it is confirmation of the leader’s hard work to inspire the team and the team’s commitment to deliver on the vision. Knowing when you are an effective leader is an important component as well.

CONCLUSION

Trauma nurses are special people. Not many people can say they provide care to our most seriously injured patients during their unexpected time of need. Anyone can be a manager but not everyone can be a leader. Leadership in a high energy, stressful trauma environment is vital to the success and positive outcomes expected in a trauma center. As trauma leaders it is imperative that we take the information that we continue to learn and incorporate this into our leadership style. Effective leaders continue to learn, grow, and inspire their teams. In a time when health care is rapidly changing, leadership is important at all levels of an organization. Let’s inspire our trauma teams and be the leader that everyone wants to follow.

REFERENCES


For more than 33 additional continuing education articles related to trauma, go to NursingCenter.com/CE.
## CE Test Questions

**General Purpose Statement:** To provide information about an educational nursing program called Nurses Improving Care for Healthsystem Elders (NICHE) to improve outcomes, reduce hospital complications, and reduce health care costs for this high-risk population.

**Learning Objectives:** After reading this article and taking this test, you should be able to:

1. Recognize the implementation of an education system to improve outcomes and reduce health care costs with the growing number of elderly trauma patients.
2. Identify teaching strategies utilized by the Nurses Improving Care for Healthsystem Elders (NICHE) program.

### CE Test Questions

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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>1. Older adult patients consume a large number of health care resources, leading to a. longer length of stays. b. lower health care costs. c. decreased readmission rates.</td>
<td>a. proper medication management. b. absence of impaired cognitive functioning. c. multiple comorbid chronic illnesses.</td>
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<td>2. What is the primary mechanism of injury in the geriatric trauma population? a. blunt trauma b. falls c. abuse</td>
<td>a. diabetic education b. reduction of inappropriate medication use c. pain management</td>
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<td>3. The following are causes for falls in the elderly except a. weakness b. balance and gait instability. c. blindness.</td>
<td>a. early mobilization b. dementia treatment. c. nursing interventions.</td>
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<td>4. Younger patients compared with older adult patients demonstrate a. fewer complications. b. comorbidities. c. longer hospital stays.</td>
<td>a. diabetes education b. reduction of inappropriate medication use c. pain management</td>
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<td>5. Which outcome is related to iatrogenesis? a. geriatric syndromes b. frailty c. diabetes</td>
<td>a. regular diet despite lack of mobility b. long periods of nothing to eat by mouth status c. trauma without effect on dietary habits</td>
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<td>6. Factors that influence iatrogenesis included all except a. proper medication management. b. absence of impaired cognitive functioning. c. multiple comorbid chronic illnesses.</td>
<td>a. positive fiscal results b. compliance with treatment plans c. compliance with competency training</td>
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<td>7. Which of the following is a core component of Nurses Improving Care for Healthsystem Elders? a. Generic aging practices b. Geriatric staff competence c. Discipline-specific care plans</td>
<td>a. delegate education to staff development team. b. do not need to consult with peers. c. provide comprehensive geriatric nursing assessments.</td>
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<td>8. Which is a benefit associated with Nurses Improving Care for Healthsystem Elders designation? a. positive fiscal results b. compliance with treatment plans c. compliance with competency training</td>
<td>a. early mobilization b. dementia treatment. c. nursing interventions.</td>
</tr>
<tr>
<td>9. Geriatric resource nurses in trauma settings a. delegate education to staff development team. b. do not need to consult with peers. c. provide comprehensive geriatric nursing assessments.</td>
<td>a. diabetes education b. reduction of inappropriate medication use c. pain management</td>
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<td>10. Which of the following is not an example of a geriatric-focused process improvement project? a. diabetes education b. reduction of inappropriate medication use c. pain management</td>
<td>a. early mobilization b. dementia treatment. c. nursing interventions.</td>
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<tr>
<td>11. Geriatric considerations in collaborative rounds include a. diabetes education b. reduction of inappropriate medication use c. pain management</td>
<td>a. diabetes education b. reduction of inappropriate medication use c. pain management</td>
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<td>12. Which of the following can lead to insufficient nutrition posttrauma? a. regular diet despite lack of mobility b. long periods of nothing to eat by mouth status c. trauma without effect on dietary habits</td>
<td>a. early mobilization b. dementia treatment. c. nursing interventions.</td>
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B Test Answers: Darken one for your answer to each question.

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