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Subject Area - Nursing

Personal Development Plan

Personal Development Plan And Reflective Rationale With Regard To Leadership Development.

In order to understand the reasoning behind the personal development plan and reflective rationale in relation to leadership development in the Nursing field, one will have to define what these two terminologies are. According to the British Medical Association, the personal development plan (PDP), is a tool that can identify areas for further development and encourage life long learning. It acts as a process of planning, monitoring, assessment, and support to help staff develop their capabilities and potential to fulfil their job role and purpose. It is an approach to increase the effectiveness of the organisation's performance through ongoing, constructive dialogue to ensure that everyone knows what is expected of them; gets feedback on performance; is able to identify and satisfy their development needs. A PDP can identify goals for the forthcoming year and methods for achieving these goals. PDP's were advocated by the medical royal colleges as a basis for continuing professional development. While the reflective rationale, is stated as one where a practitioner seeks to apply learning and insights of other people in their work, and develop their own insights and share these with colleagues, Gorman (1998). Essentially reflection involves three key stages, awareness of an issue, analysis of knowledge and feelings, and identification and integration of new learning, Atkins and Murphy (1993). Sharing and discussing these insights with their multi-disciplinary team will promote honest open communication and mutual trust. Reflection may be recorded in a diary, journal, or learning log.

Now, that we have understand the meaning of these two concepts, we will talk about the personal development plan with regard to nursing from the following the three issues, namely transformational leadership, managing conflict, and motivation.

PART 1

TRANSFORMATIONAL LEADERSHIP

Due to the emerging importance of clinical leadership, the issue of transformational leadership in the nursing field has become a very important issue. This is partly due to the fact that existing literature covering leadership has found it difficult in characterizing effective clinical leaders. Using five attributes identified by Cook (2004) and other relevant published material, one would explain the issue of transformational leadership. The attributes are Creativity, highlighting, influencing, respecting, and supporting.

Creativity

This is required to generate new ways of working. As Sadler (1997), puts it, the essence of nursing, can be said to be 'an individually and socially defined creative process, to meet a recognised need'. Creativity results from engaging actively with the surroundings to seek new possibilities. Using an experience from a mental health nurse, it was explained that the organisation (nursing) was not forward looking, but strictly structured. However, from an experience from a nurse who had just come back from a nursing course, the nurse applied for the course and enrolled, and that over the years

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they both used their creative experience to develop nursing to what it is now.

Highlighting

This attribute gives one the ability to point out new ways of care delivery, based on engaging actively with the care environment. According to Cook (2004), the effective clinical nurse leaders were willing to look for new ways of doing things. On a regular basis questions were asked to clarify and enhance understanding. The status quo, were persistent and shared their new knowledge with others. As stated by an experienced sexual health nurse, one of the important issues was the ability to highlight her case her case through others.

Influencing

Influencing others through provision of meaningful information is the key to this attribute. According to Cook (2004), effective clinical leaders were able to help others to see and understand situations from various perspectives. For example, a community adult nurse explained how she had agreed to take on the care of a person, within her team, in which there was already a burgeoning caseload. She used accurate case notes to keep a log of the happenings, whereby she shared it with her line managers and team. This helped in improving the team's performance as to how to deal and tackle with situations.

Respecting

This involves having a regard for the signals that emanate from individuals and the wider organisational area. Respecting these signals enables people to position themselves appropriately to respond to both individual and organisational needs Sergiovanni (1992), West-Burnham (1997), and Jarrold (1998). Hall (1974) uses the term proxemics to explain this phenomenon. In this case effective clinical leaders have well-developed perceptual ability, and therefore, respect signals from individuals with whom they work with.

Supporting

This attribute refers to the ability to support others through change, whether at an individual level, including changes to self, or involving groups or wider organisational levels. According to Cook (2004), effective clinical nurse leaders in this context recognise that by supporting staff through various situations they enhanced ownership of the problem and promoted effective learning. It is also likely that effective clinical nurse leaders have experienced similar challenges previously, and have acquired the skills to relate their learning to others. With the explanation of an experienced specialist sexual health nurse, Cook (2004) explains that by supporting a person through a problem, the effective clinical leader helped them to see different options and choices.

Bennis and Manus (1985), also explains that a transformativ leader has the ability to commit people to action-that is, to covert followers into leaders and to assist new leaders to become viable agents of social or institutional change. This type of leader has vestiges of what the German sociologist Max Weber called pure charisma. Such leaders employ power wisely, and they manage resistance, not autocratically or high-handedly, but by 'creating visions of the future that evoke confidence in and mastery of new organizational practices', Bennis and Manus (1985). They also add that 'leadership

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is like the Invisible snowman: he or she is never seen but his or her foot prints turn up everywhere'. Riba and Reches (2002), also add that there is a direct correlation between the charge nurse's charisma and authority and her nurses' level of commitment, self confidence, sense of belonging and desire to contribute.

It is of utmost importance that the charge nurse be a source of direction and strength, offer answers to professional questions, and provide on-the-spot solutions to on-the-spot problems. They also added that a charge nurse exercises a great influence on the professional development of her subordinates. Her critical role in times of emergency only reinforces that finding and demands a response at the policy-making level. Candidates with leadership potential should be looked for at early stages of professional assessment and given the appropriate leadership training. According to Goldberg (2001), the leadership role of ER charge nurses needs nurturing.

MANAGING CONFLICT

From the attributes identified by Cook (2004), the issue of influencing others through provision of meaningful information is a way of managing conflict. As described by the community adult nurse; she had to respond to a request to add a person with complex health needs to an already burgeoning caseload. The nurse agreeing to take on this extra person is a method of managing conflict. Also, notes were taken to monitor the impact of this situation, which is a very useful tool to keep a log of the difficulties and problems that arised as a result of this situation. The notes taken would act as a guideline for future recommendations or mishaps that might occur that is similar to what had previously happened. Another attribute mentioned by Cook (2004) which can be deemed as a useful technique to managing conflict is the one of respecting.

This attribute which involves having a regard for the signals that emanate from individuals and wider organisational arena. Being able to respect colleagues, and fellow team mates opinions can be regarded as the most important tool for managing conflict. As explained by the surgical nurse, when a previous patient had returned from a theatre that morning, the needs of the patient had made it difficult for care. So, at the time of handover the nurse made sure that a detailed explanation of the patient was made known to the new staff, in which the patient's partner insisted on participating and helping out with the care. The last attribute which can be described as another good technique to combat conflict is supporting. As Cook (2004), puts it the ability to support others through change, whether at an individual level, including changes to self or involving groups or wider organisational levels.

Clinical nurse leaders who are effective recognize that by supporting staff through various situations they enhanced ownership of a problem and promoted effective learning. As the example of the specialist sexual health nurse is explained, by supporting a person through a problem, the effective clinical leader helped them to see different options and choices, in order words rather than querying or arguing with a colleague, it is best to support them in their approach thereby avoiding and managing conflict. Harrington-Mackin (1996), also explains that one of the major problems presented in the team work approach is that people are not accustomed to 'group problem-solving' in order words working together as a team to avoid conflict and resolve a particular problem. It is a practice that not only hasn't been learned, but is a difficult one to institute.

For example, in school children are taught to rely on their own resources; to develop their individual capabilities. Harrington-Mackin (1996), cites the example of a fourth grader, who wouldn't be allowed to say, "Hey, Joe you're good

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at word problems and I'm good at multiplication tables, so let's get together for this test", yet the adult equivalent of this is seen in the workplace when teams are expected to come up with a group solution to a problem. This is an odd practice for most people, as well as the fact that trying to reach a consensus in a group of adults can frequently result in heated arguments, and no solution. Team decision-making can be frustrating. The team members have to take the time to listen to everyone's opinions; a time-consuming process where the inclination is frequently to jump on the first answer given rather than go through the lengthy and frequently tedious process of hearing from everyone, Harrington-Mackin (1996).

MOTIVATION

This is an issue that tends to crop up at every stage of one's work life. In this context, task variety and participation allows each member in a group or team to perform a number of tasks, motivating members to use different skills, as well as rotating less desirable tasks. According to Hackman and Oldman (1980), interdependence within a team or group also acts as a crucial element in motivation. One form of this is task interdependence, which involves members of the team depending on one another to accomplish goals. Goal interdependence refers not only to a group having a goal, but also to the fact that group member's goals should be linked. Interdependent feedback and rewards are necessary, as all of the interdependency characteristics, to promote motivation in the team.

Another task which helps keep motivation up is workload sharing. Another method to ensure motivation is the use of rewards. It is stressed that rewards should be given in a manner that promotes team cohesiveness. If given in the correct manner, they will likely increase potency, or the belief that the team will perform effectively in the future. Bowen and Lawler (1992), Wall and Martin (1994), also argue that empowering practices such as provision of organisational information to employees, reduction of bureaucratic controls and increased task autonomy helps in increasing employee motivation. French and Raven (1958) also add that motivation is an attribute that makes one want to do or carry-out a task willingly without being instructed.

This is related to the latter previously mentioned. Bass and Avolio (1990), also argue that a generally accepted approach that motivates followers to perform their full potential overtime is by influencing a change in perceptions and providing a sense of direction. The kind of knowledge required to motivate others is transformational knowledge. This is soft knowledge that is difficult to define and involves intuition, wisdom and mystery in contrast to technical control.

PART 2

REFLECTIVE RATIONALE

According to Plato 'the un-reflected life is not worth living', Taylor (2000). These are very meaningful words that imply that individuals need to reflect on every aspect of their lives. This is more so whilst leading a professional life as practice in a profession has implications for more than just an individual. Taylor (2000) insists that the ability to reflect is a valuable part of human life. It is this ability that separates humans from other species. As Taylor (2000) argues, it is the throwing back of oneself to thoughts and memories using thinking, contemplation, meditation and any other forms of cognitive strategies to make changes if they are required. It requires a rational and intuitive process which allows change to occur.

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These aspects of thinking are integral to reflection, and for making sense of personal and work events and can depend on the demands of the situation and the enormity of the task, Taylor (2000). Schon (1983) thought similarly but was able to categorise reflective practice into reflection on action which can be viewed as a retrospective activity, looking back and evaluating ones professional practice. According to Schon (1983), reflection in action is a more dynamic process of thinking about and coming to an internal knowledge of current professional practice at the time. In practice these distinctions may seem quite blurred at times and the NHS Trust encourages nurses to focus on the process of reflective activity other than individual reflective strategies NHS Trust (2003).

Literature suggests that professionals can use strategies that will minimise the shortcomings of reflection and make it relevant to the present. The attribute of influencing others through provision of meaningful information, is one that correlates with the previous mentioned. Gray (1998) asserts that to be able to reflect, one needs to step outside the experience to make the observation comprehensive. With the use of creativity, one would be able to be as spontaneous as possible in recording thoughts and feelings for the best outcome of reflection. This tallies with Imel (1992), whereby reiterating that important insights will come from a frank and honest self, a view that is supported by Wilkinson (1996). Taylor (2002), states that 'if you try to sanitise these valuable parts of yourself, you will not be able to get to the 'heart' of the matter as effectively'. This means that in addition to the courage you need to face other people, one will need the courage to face oneself.

Highlighting a particular issue as an attribute from a transformativ leadership point of view enables one to share issues they have identified while on the job, promotes and enhances a reflective rationale which team members or management would all gain from, because it becomes knowledge or reflective rationale shared rather than tacit knowledge (knowledge that is not shared but held by one person). According to Cox, Hickson, and Taylor (1998), comments from nurses include not being able to be honest in case they are not able to handle what they find, and the fear of wrecking the illusion that keeps them sane. They argue that writing honestly ensures that the dialogue with ourselves is authentic, not softened by any other thing. They also argue that this is not an easy task, because it is almost impossible to scrutinise our own writing without justifying and rationalising our actions, and resorting to feelings of guilt, blame or victimisation. As a result, scrutiny with regard to reflective rationale, from a personal development plan perspective, one might find inconsistencies between what the PDP is required for and what has actually happened in reality.

For example, the issue of team work from a transformativ leadership view is one that is very objective. I.e. although one might reflect back on issues or conflicts that were encountered and resolved, there is no readily made solution to this. The dynamics of being part of a team makes it difficult to identify the best way to resolve possible conflicts of interests and opinions, which is the responsibility of the leader. According to Boud et al (1985), a mere description of events does not do justice to the practitioner. They suggest that reflection has two aspects of utilising positive feelings and removing obstructive bias feelings. Critical thinking can be described as an attitude and a reasoning process involving many intellectual skills and places rationality at the head of the list of characteristics.

Wilkinson (1996) states that, reflection is made up of a strong emotional subjective side whilst acknowledging that rationality is central to reflection. The attitudes suggested for critical thinking include independent thought, intellectual humility, courage, empathy, integrity and perseverance. He adds that other attitudes required are fair mindedness and the need to explore thoughts and feelings. This correlates with the attribute of respecting other people's thoughts with regard to transformational leadership. It acts as a means to develop a certain type of character which is enhanced by

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using a personal development plan. Although, the purpose of reflection is action if needed, it is done with a view to action. Practically speaking, the time consuming nature of reflective activities has often been cited as significant inhibitor to the consistent implementation of reflective practice. This assertion is that the rhetoric surrounding reflective practice has been strong, but implementing reflective strategies in a sustained, focused manner is increasingly becoming a common norm.

For practising nurses, reflection can be viewed as a link between theory and practice Emden (1998). Leadership is facilitative, aiming to mobilize all the skills, good will and know-how at the disposal of the practice. These qualities of the leader are inextricably linked with the empowerment of practice staff. If all participants (all staff, clinical and non-clinical, practice employed and attached) are involved in the planning stage, where the team decides if it wants to take part, then success is much more likely later on Jowett and Wellens (2000). Staff members find it easier to buy-into the ideas if they can see the relevancy and benefits of the changes to their practice. Three points are important here:

An approach that begins by consulting all practice staff, listens to their ideas and respects their differing professional perspectives is an important indicator to those staff that things will be made better by these moves.

A learning practice which is primarily the reason for writing a reflective rationale or practice is unlikely to work unless it is owned by those involved in it; they want it to happen, shape the outcomes Cohen and Austin (1997) and feel they have some control over the inputs and process. Therefore, clearly learning practice strategies for change and development must emanate from within the practice and not be imposed.

In Primary care, this might mean taking sometime and care to allow staff to learn about the ideas, discuss them and warm to them, before the whole practice signs up to the changes.

Time-out or time taken to examine the effectiveness of a particular approach or response to a situation can lead to more effective performance next time. Becoming a reflective practitioner can be the first step towards recognizing the hidden skills that exist within primary care or rather nursing. This type of experience routinely goes unnoticed. However, skills, gained through experience, can be passed on to new learners to enhance and speed their learning, or assist job-shadowing and critical questioning. Reflective practice is likely to be useful both in administrative roles in health care settings and in clinical leadership.

Now when writing out a reflective rationale it should include three sections:

An introductory section

On going journal writing for a period of at least 10 weeks

A closing synthesis section

INTRODUCTORY SECTION

The most difficult part of journaling is finding a place to begin. Literature relating to journal writing, suggests that one of the best ways to get started is to begin with yourself. One can do this by writing a short autobiographical section. This will help to locate yourself in the context of growth, to get a sense of where you have come from. Some of the following questions may help provide useful guidelines:

Why did I decide to become involved in Nursing?

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When and how did I decide?

What and who influenced me?

In what ways?

As I look back to this time what feelings and images remain?

If I could make the decision again to become involved in this profession, would I?

Why or why not?

What do I see as my greatest professional strengths?

What would I like to change or work on to improve my practice as a nurse?

What are a few of the frustrations I experience in my work place?

What are a few of the hopes I have for health and safety practice in the organisation I work in or work for?

Why did I decide to pursue a management course to become a charge nurse?

When and how did I decide?

If one has not been involved in reflective practice writing before it may seem like a daunting task at first. It does become much easier with practice.

ON-GOING JOURNAL WRITING FOR A PERIOD OF AT LEAST 10 WEEKS

Allocating time to writing a reflective professional preference and work situations vary but as guidelines writing your reflective journal may require three writing sessions of 10 - 15 minutes spread throughout the week, and one slightly longer session to facilitate greater reflection and theorising. Writing journal entries it is helpful to think of it as an activity which can take place at three different but overlapping levels:

Describing

Reflecting

Theorising

Writing at each of these levels can be facilitated by asking a series of questions about aspects of what you do. Describing is about questions such as:

What happened?

What did I do?

Where was I?

Who was I interacting with?

Who else was in the range of interaction

Reflecting is about looking beyond the surface and asking questions such as:

Why did I do that?

What was I thinking and feeling at the time?

Where did these thoughts and feelings come from?

What assumptions was I making at the time?

What values and beliefs underline my decisions to act in this particular way?

How did relationships with other people influence what happened?

Theorising goes beyond reflection in that it takes the writer beyond the context of their personal experience and links

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them with the broader theoretical underpinnings of their profession. Theorising builds on reflection as described above but is also itself the subject of reflection. It is about questions such as:

How well does my experience fit in with contemporary approaches to nursing practices?

Are there ways in which my experiences suggest ways of revising or developing these approaches and the theoretical perspectives which underpin them?

What do my experiences suggest about ways in which the health and safety management needs to develop as a profession?

CLOSING SYNTHESIS SECTION

If reflective writing is to realise its full potential with regard to transformational leadership as a means of learning professional development, it is important to bring together and synthesise in some way what your journal has revealed to you 'reworking, rethinking and re-interpreting the diary entries, further powerful insights can be gained. To bring what your journal reveals to you to consciousness it is necessary to re-read it. Sometimes it is appropriate to return to your writing shortly after you have written it. Sometimes a longer time lapse will be more appropriate. In either case it is important not to be judgemental about what you have written and put yourself down, rather experience and appreciate the story you have written so far.

SUMMARY AND CONCLUSION

This paper looks at the use of personal development plan in the field of nursing, from the perspective of transformational leadership, using five attributes mentioned by Cook (2004) namely, Creativity, Highlighting, Influencing, Respecting, and Supporting; managing conflict; and motivation. It also talks about the use of a reflective rationale incorporating the above mentioned. Additionally, a critical analysis as to the above mentioned is used with regard to the validity of the use of a reflective rationale to improve ones personal development for leadership in the field of nursing.

It will be conclusive to state that the issue of leadership within the nursing field is one that has come about in the past decade. However, due to a lack of preparation and hindsight over the years and decades with regard to the growing importance of care nursing, there has not been a formal leadership programme in the field of nursing. The use of the personal development plan and a reflective rationale are tools that are useful to addressing this issue. With constant refinement and identifying particular individuals who are suited for this role, with time, real leaders in the field of nursing will come to be a thing of the past.

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