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Title: You want me to sign what! Scenario

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What style of leadership do you think best suits this scenario, and why?

In the health care organisation, the healthcare profession is accountable and responsible to their performance (Nordal & Roberts, 2012). This scenario is best suitable with Autocratic Leadership style, which is also known as Authoritarian, regarding to Shams (2014). Autocratic Leadership style is demarcated on how all the decisions that a leader makes without consulting with other staff member (Shams, 2014). There are positive side and drawback (Shams, 2014). The positive side is that the leader can make rapid decision independently without the input of other staffs, which accelerates their speed of responding to the patient's need quickly (Lee, Crouse & Gipson, 2016). But, the disadvantages are no one will support or recover those people when encounter with mistakes and all the liability will go to individual faulty (Azzare & Gross, 2011).

In some circumstances, it is benefit when applying procedure by enforcing the policies in order to protect denizen health and their safety (Fernande, 2013). Nonetheless, this will affect on promoting the trust in teamwork, and more proliferates of developing error on individual incident in the work place without any team support (Azzare & Gross, 2011). For instance, according the the study scenario, depicts that one of the professional health worker has already administered antibiotic to the patient without co-sign with other nurse; so to cover her miss conduct she has asked other people to co-sign with. Despite to this demeanour, it is against the hospital policy and will be arduous to find someone to backup those mistakes (Cross et al., 1017); because no one willing to risk their entire Registered Nurse's career just to sign this mysterious document (Maboko, 2012).

What Code does this scenario sit under? Why?

This scenario is sit under the code of conduct one statement, which nurses are responsible and accountable for their safety practices and reach of competency level, according to NMBA statement (2008). Each individual nurse's practitioner, have their own responsibility to deliver the competent care and safe performance to the patient's health, regarding to NMBA declaration (2008). It is essential that each health care profession maintains their scopes of practice activities without breach of unprofessional conduct or patient's safety care, in order to accomplish toward their holistic nursing care (Pugh, 2006). Despite to the scenario, the nurse should report her own document error in the medication chart to the nurse in charge or the manager, so that they can figure out the suitable solution for her safety and the patient's safety (Medved et. al, 2016). Additionally, hiding her own mistakes by letting other people to be involved and get into trouble with, will not be the best resolution for her outcome (Azzare & Gross, 2011). Therefore, be the nurse who responsible for the own tasks and not compromise to other quality health care (Eder et al., 2014).

References:

- Azzare, J. and Gross, J. (2011). The nature of leadership style in nursing management. *British Journal OF Nursing*, 20(11), 672-680.
- Cross, R. et al. (1017). Nurses' Attitudes Toward the Single Checking of Medications.

 Worldviews on evidence-based nursing, 14(4), 274-281.
- Eder, D. A. et al. (2014). Leadership of the nurse technically responsible: a necessity for the professional practice. *Journal of Research: Fundamental Care Online, 6(3), 9998-1006.*
- Fernandes, T. (2013). Patient safety. Nursing Standard, 27(43), 58.
- Lee, T. L., Crouse, M. and Gipson, K. (2016). No-Pass Zone: Multidisciplinary Approach to Responding to Patient Needs. *Journal of nursing care quality, 31*(4), 327-334
- Maboko, D. R. (2012). Nursing leadership in an academic hospital in Gauteng. *Journal of Nursing Management*, 20(7), 912 920.
- Medved, C. et al. (2016). Medication, environmental, and patient factors that influence medication administration delivery times. *ProQuest Dissertations Publishing*.
- Nursing and Midwifery Board of Australia (2008). Code of Professional Conduct for Nurses in Australia. *Code of conduct one statement, 1-2.*
- Nordal, K. and Roberts, M. (2012). Healthcare Reform: Implications for Independent Practice. *Professional Psychology: Research and Practice*, *43*(6), 535-544.
- Pugh, D. (2006). Substantive theory to explain how nurses deal with an allegation of unprofessional conduct. *Source: RMIT Research Repository*. Retrieved from http://researchbank.rmit.edu.au/eserv/rmit:6281/Pugh.pdf

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Shams, H. (2014). Autocratic Leadership In Nursing. *Manager's Journal on Nursing*, 4(3),25-29.