Critical Leadership Analysis Report

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# Introduction

 When one is involved in the leadership process in the mental healthcare system, it is very important to have this realization that there are two factors that are always needed to be kept in mind. The first factor is that the resource constraint is going to be felt quite considerably, and at the same time, the margin of error is quite small as small dosage of the wrong medication can further complicate the issue. Keeping this aspect in mind, it is going to be seen that during the course of this scenario, the leadership skills are needed to be displayed and what are some of the leadership theories and its implications that are witnessed in this instance (Gordon et al, 2015).

# Overview of the Significant Episode of the Leadership

 In this case, one of the biggest issues is that the patent volatility is going to be seen. As the wrong dosage is taken by the patient, there is a case that can be seen here that how in the given scenario, the effort is going to be undertaken by the client to ensure that better clinical care is going to be provided. The other major issue is that how the resource constraint is being felt during the course of the whole episode (Gordon et al, 2015). The idea that can be witnessed in this case is that due to the shortage of the medical and nursing staff, the resource allocation has to be such that should not only allow quality healthcare in the given resources is needed to be provided to the client (Peltz et al, 2016). Not only that, the efficiency and the cost optimization is also going to be playing a major role during the course of the whole process. In the hindsight, what can be seen from the given scenario is that how there is a need to ensure that greater effort is carried out with regards to making sure that the vital information about the patient is needed to be collected. The way this whole case has unravelled, it has not allowed to ensure that information and history about the medical patient is being collected. And it is a well-known fact that the history, precedence and information play an important role during the course of the whole process when medical care is needed to be provided to the patient at a particular point of time (Peltz et al, 2017). So, all these aspects are needed to be kept in mind before the consideration that the whole case is going to be managed in the right manner (Patel et al, 2018).

# Style of Leadership Evident from the Case

 One of the key things that is needed to be kept in mind during the course of the whole process is to make sure that the demand for the physician attention is needed to be there. The idea for the whole process is to make sure that the within the limited time frame and resources. Optimum healthcare service is needed to be provided (Patel et al, 2018). Now, there are lot of comments that tend to suggest the fact that how the demanding supervisor is going to make sure that the trainee and some of the other medical staff is able to reach their potential. Another way it can be interpreted as a treatment method is the mistreatment during the course of the delivery of the healthcare process (Peltz et al, 2017). Not only that, the idea is to make sure that how one of the participant group is going to ensure that how the desired outcomes are going to be achieved. To make sure that it happens, one of the key determinants of the healthcare setting in the given scenario is that what sort of leadership style is going to be used during the course of the whole situation at the given point of time. The time and the skills of the people who are on board at the level of the team are going to be considerably important during the course of the whole process. What it means is that the promotion and the participation as well as the engagement of all the stakeholders is needed to be carried out to make sure that how the healthcare professional are going to be taking care of each other at the particular point of time. This whole thing further leads to dilemma that how the engagement among the team members is going to be created (Endacott et al, 2015). Now, looking at some of the empirical evidence, the whole thing can be managed in a better manner if the doctors are the one that are taking the initiative in a sense that they are the ones that are driving the whole healthcare process and how the whole thing is going to be managed at the particular point of time (Streiff et al, 2017). Most of the times, the performance tends to turn out better if there is a case that the medical departments are allowed to be run by the government (Gordon et al, 2015). The same thing should be happening in the given scenario (Endacott et al, 2015). There has to be an effort by the healthcare professional to make sure that the doctors are the one that are driving the whole healthcare process and thus have significant control over the way some of these things are needed to be carried out at the particular point of time (Endacott et al, 2015). In the hindsight, it can be said that with the increased experience that the doctors have in terms of the way leadership programs are designed these days, the whole case can be managed in a much more appropriate manner (Endacott et al, 2015). The physician leader also interacts with the team by teaching. Most physician participants thought this was an especially important aspect of physician leadership in an academic setting or any setting with trainees: teaching not only to provide good patient care but to prepare future physicians who will continue to focus on education.

# Critical and Reflective Discussion of the Whole Situation

 One interesting revelation that is being done by the empirical evidence is that the ideal healthcare scenario can only be delivered if the doctors are able to be in the position to make sure that how the previous research in this regard is needed to be carried out (Peltz et al, 2017). It constitutes the role of the medical as well as the non-medical manager in the given situation (Cooper et al, 2016). It has to be noted that in the given scenario, the whole situation can be managed in a better manner if the empirical evidence works out in the manner that allows the doctors to make sure that they have complete control of the situation. The only way result is going to be improved if the doctor is allowed to run their course. If there is interference at the different level, then the likelihood is on the higher side that the medical examiner is going to be having control of the direction in which the things are going on at the moment. Not only that, the medical leadership is also going to ensure that each of the stakeholder that is on board during the course of the decision making of the team is going to be working out in the manner as per the advice that is given by the doctor at that particular point of time (Endacott et al, 2015). The sense of purpose can also be achieved in terms of how the professional clinical roles are played by different stakeholders at the particular point of time. In that way, the doctor is not only going to be in the position to ensure that they manage the resources in an appropriate manner, they would also be in the control of the whole process. For instance, what dosage of the medication has to be provided, what are some of the staff security protocols that are needed to be placed in the given scenario and how the different aspect of the whole thing in terms of the way personal development is going to be made. The key thing though is that doctor should make sure that other than the provision of the clinical healthcare procedure, the idea must be to ensure that the complete perspective in sense of the way better treatment is being provided to the doctors at the particular point of time. This aspect is going to go a long way towards making sure that with the stakeholder management process, the doctor is going to ensure that they membership and the protocol development needed at the executive level is needed to be managed at the particular point of time in an appropriate manner to say the least. The other thing that the doctor has to make sure that the necessary arrangements are needed to be made to ensure that the family members of the patient are let known about what has happened and how the potential effects of the non-prescribed medication is going to be worked out. Thus, the whole idea of the process is to ensure that the way degree of control is implemented in terms of the way proper healthcare management is being offered to the stakeholders at the particular point of time and thus ensuring better hindsight (Cooper et al, 2016). The leader strives for continuous improvement by providing and accepting feedback. In a similar manner, the leader is able to identify and address problems, conflicts, and dissent that interfere with the team's goal.

# Recommendations for the Improvement of the Healthcare Setting

 During the course of the whole process, one thing is being missed out is that how the patient and staff security protocols are being developed (Cooper et al, 2016). The problem at the moment is that the situation is so abrupt, and the emergency response is needed at the such a better level is that effort to ensure better perspective in this regard is needed. So, when the degree of stability is obtained, one of the first things is that the security personal are needed to be called (Cooper et al, 2016). At the moment, the way this person barged and took the medication, it goes to show that the security protocols that were available at the given sight were far from ideal (Streiff et al, 2017). The other aspect of the training is that how better training protocols are going to be setup to make sure that the staff that belongs to the non-medical category is going to be in the position to take care of themselves (Endacott et al, 2015). It has to be noted that the proficiency and the pro activeness of the non-medical staff and the level of training that they are needed to be provided is going to be one of the deciding factors with regards to the way this whole case is going to be turning out. One of the ways through which the rationalization of the training process can be carried out is to ensure that the cross functional trainings are carried out that provide the staff with insight regarding how things are managed (Endacott et al, 2015).

# Conclusion

 In the hindsight, it has to be taken note that the whole scenario is needed to be managed by the doctor on duty and one of the ways through which the management of the situation is going to be carried out is to ensure that the doctors are given the free reign in terms of the particulars of the training (Peltz et al, 2017). If there is intervention at any level, then even that has to be managed by the healthcare professional and doctor. A recent study surveying doctors’ reaction to hospital reform found that doctors who were also leaders reacted more positively to hospital reform than those who spent most of their time caring for patients (Endacott et al, 2015). By discussing the details of the care, interns and residents felt they were able to make a decision when results were received, without reconvening the team, since they understood the bigger picture.

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