Nursing Capstone: Advocacy and Cultural Competence and Transformational Nursing Leaders

Name

Institution

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Discussion Number One:

The state can find itself in a stalemate if no consideration is made to ensure no violation of culture and beliefs while providing health-care to the different races and cultural and religious indifferences. It is the responsibility of the managers to ensure all patients are fully satisfied. In this case, there will be development in the sector which will provide a good platform ensuring better transition in the health sector (Lin, Lee, & Huang, 2017). In reference to a patients cultural beliefs, dialect clinical practices acknowledges the importance of integrating these critical elements especially at the community level to assess the customer needs to serve them better eliminating any risk of violating peoples’ culture or beliefs. The diversification of cultures in Community must be integrated in nursing practices to offer healthcare equity and quality services for a healthy society.

In the recent past, I have seen developments and efforts being made to integrate culture preference in the physicians’ education and examination. It has been cited that we are beings connected to our traditions in the pursuit of having a human experience. Agreeing with the statement, I personally believe that if cultural consideration spirituality is fully incorporated in the health-care system better health-care will be achieved. This is because; in times of illness and pains we often turn to prayers, rituals and other spiritual activity like meditation as an option to curb pain. From this I have created a community group in collaboration with health care professionals in the medicinal field by offering the resources towards the responsibility to care for their patients compassionately despite their cultural and spiritual differences (Shen, 2015). Each patients cultural and spiritual preferences are very important a thing all medics should acknowledge.

Discussion Two

Our current Chief Nursing Officer (CNO) is such a competent executive officer who exhibits the enlisted competencies in Appendix A: I – Communication and Relationship-Building (Finkelman, 2016). As a personnel involved in the healthcare system including the nurses, physicians, and others have interdependent roles though largely depend on the leadership style of the Nurse Executive. This is because of the prevalent challenges in the clinical professional requires transformational leadership as illustrated by the CNO within our organization. As a transformational leader, he has managed to develop followership and offering guidance in addressing problems to provide excellent health care services. There are a number of leadership skills which are shared by such transformational leadership qualities including visualizing success, forging effective change strategies, visions for future of nursing, and prompting antecedents for success (Clavelle et al., 2012). All along the CNO has illustrated integrity and professionalism, striving for excellence in the effort of ensuring provision of quality health care services and at the same time motivating the clinical workforce to be innovative ready to fit the future and leading to the path of self-discovery.

The CNO has managed to develop followership inspiring the workforce that prompted to the achievement of extraordinary outcomes which has inculcated leadership capacity at a personal level. Within the health institution, the transformational leadership has fostered confidence amongst the workforce and enhancing critical and creative thinking skills increasing productivity and has led to sustenance of competitive edge in the dynamic health care sector.

In a show of transformational leadership, the CNO has given the workforce the ability to act and enlisting them to taking up new opportunities to foster collaboration which has led to development of trust and empowerment. The Executive Nurse has exhibited extensive dedication to the concept of transformational leadership fronting professional governance through workforce involvement to achieve shared decision-making.

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