

Assessment 1: Collaboration and Leadership Reflection

Capella University

NURS-FPX4005: Nursing Leadership

Part 2: Reflection on Interprofessional Collaboration

During the simulation, I watched as members of an interprofessional team came together to create a care plan for a person in an underserved area. My team consisted of a

physician, a community health nurse, a pharmacist, a social worker and a nutritionist. The team came together to manage the patient's diabetes, assist with overcoming financial obstacles and improve home safety.

What Went Well

They reviewed each team member's skills and soon gathered all necessary information about the patient. As an illustration, the pharmacist shared information about medicine while the social worker introduced available resources in the community. The team was supportive and honest with one another: they listened and contributed ideas. It was considered a success when one member took the lead and confirmed that the team was in agreement about the next steps. The effective teamwork here is consistent with studies showing that organized communication and agreement from all staff improve how healthcare teams work together (Sirimsi et al., 2022).

What Did Not Go Well

There were also moments when people's roles were not understood, and talks merged. One example is when two people addressed a social issue without planning together which resulted in confusion. At times, both the social worker and nurse interrupted one another, and the physician took the lead in the discussion which caused a few team members to refrain from talking as much. Concerns about the patient's safety at home came up late in the meeting because no checklist or order of tasks was planned. Having an agreed outline of who does what and a basic agenda allows the team to avoid repeating each other and discuss all concerns as soon as possible. Studies show that poor coordination and weak communication among healthcare staff may put patients at risk (Samuriwo, 2022).

Effective vs. Ineffective Leadership

Leadership can be either efficient or inefficient. The nurse made a difference by reorganizing the discussion when it needed to be handled differently. She understood the related problems and took charge by distributing duties and guiding the social worker. This inclusive, supportive behavior is an example of transformational leadership since it empowers staff and makes sure everyone shares the same focus on patient wellbeing (Ystaas et al., 2023). When no one took charge of the meeting, it became disorganized. For instance, when goals were not set, talking about small things often delayed progress. Almost all the team members almost missed a vital decision because there was no strong guidance. It is clear from both reports that when everyone shares in the decision-making process and leadership, role confusion declines, the team is more supported, and people are happier (Silva et al., 2022).

Leadership's Impact

Effective leadership within the team led to positive outcomes, as duties were assigned, team spirits remained strong, and patients' needs were fully met. Transformational leaders build trust by inspiring members and including them, just as we noticed with the nurse's clear guidance being recognized by others (Ystaas et al., 2023). At the same time, when leadership was missing, people felt uneasy and frustrated, especially if their ideas were not considered. Research by Ystaas et al. (2023) found that better leadership training supports both effective teamwork and positive results for patients. Proper leadership helped the team stay focused, while lack of it could have seen patients not receiving proper help.

Best-Practice Leadership Strategy

Transformational leadership is considered the best way to lead healthcare teams. When leaders care about empowerment and vision, team members feel more committed, and the work environment becomes cohesive. Ystaas et al. (2023) suggest that employing

transformational leadership gives structure and commitment to nurses, resulting in increased patient safety. Using this strategy, I see that reminding the team of their shared goal could have motivated them and helped with decision-making. It would also be beneficial for our team to try out shared leadership techniques, as outlined by Silva et al. (2022). If team members take turns making decisions and support each other, it helps everyone better understand what needs to be done and enjoy being in the group. By having team huddles where different team members lead, everyone would join in and share the responsibility.

Best-Practice Collaboration Strategy:

Cooperating effectively relies on organization and effective communication among individuals. The recommendations suggest using SBAR communication and shared decision models to make sure necessary information gets to the right people. Using a quick round-robin for updates or noting down a care summary in advance could have prevented us from learning about important details late into the process. According to Sirimsi et al. (2022), strong communication and coordination help primary care teams work well. Our team needs to pay close attention to how we discuss and document, since this will guarantee clear and accurate communication.

My Development Needs

In my reflection, I realize I can improve my skills in assertive facilitation. When participating in the simulation, I was sometimes unsure about taking charge or explaining what should be done. I intend to take part in workshops on interprofessional communication to strengthen my skills in team coordination. I will find guidance from nurse leaders and conduct team exercises as the team lead. Using transformational steps such as reminding the team of our common mission and asking timid members to express their thoughts at the start will make leading the group less intimidating for me. The plan relies on ideas from the

literature that stress the need for continuous leadership training to promote teamwork and better patient care.

References

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