

Personal Leadership Philosophy Conceptual Model

Innovative Leadership

NUR6800

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My personal leadership philosophy conceptual model draws concepts from complexity science, the army leadership model, the ministry L-model and the strengths-based leadership model. Additional concepts are incorporated from Kouzes and Posner's book on learning leadership and from Lencioni's book on the dysfunctions of teams.

The grey striped background represents the healthcare system or could even represent a team project. Within the system the leadership team functions to address both daily operational issues and to plan for long term growth or movement towards the systems goals. Today the healthcare environment is rapid paced and dynamic and the way in which one leads a healthcare system must be both adaptive and goal focused. This type of environment essentially describes complexity theory which recognizes the chaos and randomness of both individuals and systems (Smith, 2011). This is depicted in the model by the reproduced varying size and shapes of the leadership team as it shifts and adapts (changes shape, size and position) within the system.

When examining the Leadership or Project Team the entire team is incorporated within the largest circle with the core leader at its center surrounded by co-leaders. The position of the leader at the core represents the definition of leadership described by the Army leadership model in which the leader inspires, motivates and directs the team towards improvement and goal completion (Ledlow & Stephens, 2018). This position also represents traits within the ministry model in which the leader influences and helps others to grow through discipleship (Ledlow & Stephens, 2018).

The leader is encompassed in the smaller central circle within the circle is a solid core, a star and the encompassing blue circle. The small central core is solid this represents an area of unchanging beliefs upon which the leader's values and decisions are based. The center is solid to represent that this area is not influenced or changed based on circumstance or other's values/beliefs. My center is honesty, justice, loyalty, mission/customer focused and personal accountability. These traits are very consistent with my leadership strength areas which are Learner, Analytical, Responsibility, Command and Input (Rath & Conchie, 2008). Surrounding the core is a blue star in which the lines are not solid but instead "dashed". The blue star represents my values or the traits that I value or expect from those I work with. My values include:

Transparency- I believe that when team members understand and embrace organizational goals they can work to their full potential. This cannot be accomplished without transparency and honesty.

Competence- I value learning and personal growth both in myself and others. I believe that team member desire knowledge. Increasing knowledge and competence improves both organizational growth and mission success.

Communication- The success or failure of any relationship or organization can often be directly linked to the ability to effectively communicate.

Collaboration- In healthcare no one person can be an expert in every knowledge area. Effective leaders and team members learn to utilize and complement each other to achieve success and to ensure growth.

Passion for the organizational Mission-Team members and leaders who are motivated and passionate about the organizations mission can look past personal accomplishment (Ego) to accomplish the greater goal of the team when a personal win would mean mission failure.

While these values are highly valued, they are somewhat adaptive and might change based on a given situation. For example, while I value competence it might not be feasible to provide everyone within the organization unlimited reimbursement for education.

The outer core leader circle represents the area in which the leader draws information, direction and utilizes the strengths of others for decision making and organizational management. Several of the values that I listed are not within my leadership strengths. I am not strong in the areas of communication or collaboration.

For these areas I will need to rely on my team to both teach me to improve these areas and to suggest and maybe even direct decision making in these areas (Rath & Conchie, 2008).

The center of the larger star is an area of shared decision making this is where the leader and co-leaders combine skills and strengths to intentionally direct the organization. Again, this concept arises from the strengths-based leadership model which encourages leaders to build leadership teams with diverse skills and strengths (Rath & Conchie, 2008). The outer tips of the larger star represent co-leaders or team members. Each co-leader is recognized for their individual strengths, accomplishments, knowledge and contributions instead of being incorporated into the team but without distinction.

Last the entirety of the team is encompassed by the larger circle, this represents that the team is unified towards a common goal. Lencioni (2002) discusses the importance of team unity and the effect of sacrificing a common goal for individual accomplishment. Individual egoism is common in healthcare where most team members are highly educated and who have set individual goals and agendas.

One of the core leader's greatest challenges is to identify and hire people who are willing to embrace the organizational goals and mission. While at the same time recognizing, promoting and encouraging diversity of skills and knowledge. The idea being to promote individual accomplishment when it is directed towards and only if it benefits the organizational goals (Lencioni, 2002).

The arrows signify the communication flow that occurs between the leadership team and the overall organizational team members. Most arrows that are out to the overall organization are lighter than the incoming arrows. This signifies the importance of leaderships teams listening to input from everyone within the organization. Recognizing that everyone is an expert within their position and that team member contributions are not only important but are imperative for organizational growth and mission success. The two bold arrows directed into the core leader represent my belief that core leaders should be accessible to everyone within the organization and that it is important for leaders to intentionally encourage all team members to provide feedback on organizational leadership decisions and the impact or success of those decisions on the customer.

The single bold arrow that extends from the leader to the leadership team and the systems as a whole signifies my belief that while shared decision making is superior to autocratic leadership the core leader is ultimately accountable for all leadership team decisions and organizational outcomes outside of the leadership. This belief is in alignment with the Army model of leadership but also flows from my belief of personal accountability (Ledlow & Stephens, 2018). Again, the copies of smaller, differing sizes and shapes and multiple reproductions of the leadership/project team represents that the team needs to be highly adaptive and innovative in their approach to systems management.

Throughout this course I have learned most about my own strengths and weaknesses as applied to leadership. Most people prefer a stable unchanging work environment which describes a state of balance or "homeostasis". However, we often forget that states of homeostasis are achieved through constant system adjustments(change) and without these changes stability cannot be maintained. Today's healthcare systems are required to make these same types of constant system adjustments to maintain balance. My personal leadership challenge is to embrace my weaknesses learning to trust others to form strong leadership alliances. As a healthcare organizational leader my challenge to my team would be to create a culture that embraces the chaos of change while continuously working to maintain balance to promote system growth. Because healthcare systems that cannot rapidly adapt and change with soon be obsolete.

References:

Smith, M. (2011). *Philosophical and Theoretical Perspectives Related to Complexity Science in Nursing*. In A. Davidson, M. Ray, & M. Turkel (Eds.), *Nursing, caring and complexity science*. New York, NY: Springer Publishing Company, LLC.

Ledlow, G. R., & Stephens, J. H. (2018). *Leadership for health professionals: Theory, skills, and applications* (3rd ed.). Burlington, MA: Jones & Bartlett.

Rath, T., & Conchie, B. (2008). Strengths based leadership: Great leaders, teams, and why people follow. New York, NY: Gallup.

Kouzes, J. M. & Posner, B. Z. (2016). *Learning leadership: The five fundamentals of becoming an exemplary leader.* San Francisco, CA: Wiley. ISBN: 978-1-119-14428-1.

Lencioni, P. (2002). *The five dysfunctions of a team: A leadership fable*. San Francisco, CA: Wiley. ISBN: 978-0-7879-6075-9.

Enlarged Legend provided for ease of reading only:

Conceptual Model Legend

Gray Striped Background Represents a Healthcare System or Project, also represents the area that leadership theory is expressed

Blue Center Circle/Dark Blue Center Circle and Light Blue Star Represent Core Leader (in this case Me in the core leadership role)-

- Dark Blue Center Represents Core Beliefs
- Light Blue Star Represents Professional Values/Team Member Expectations

Orange Circle Represents the Leadership Team or Project Team

- -Large Gray Star Tips Represent Team Co-Leaders
- -Gray Star Center Represents an Area of Shared Decision Making and Ultimately the Leader's Independent or Team Leadership/Management Decisions

Arrows Represent the Flow of Information and/or Leadership Decisions

- -Arrows from the Organization either as a whole or project as affected by the organization flow into the leadership circle either through the co-leaders or directly to core leader
- -Bold Large Arrow that Flows from the Core Leader to the Organization or the Project Represents that the Core Leader as the Recognized Central Leader takes Ownership of all Decisions made independently or through shared decision making

Duplexed smaller and different shape copies of the original represent change and adaptation to the environment.