

Leadership Journal

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In the given week, I came across the ethical consideration to exercise the consent and signing the electronic consent on the behalf of the doctors and the surgeons. It can lead to problematic challenges such as compromised ethics and also lead to the consequent problematic issues during the time in and time out. It is also an issue which can lead to the challenges of who is approving on the behalf of whom and how it would lead to complicated issues (Weiss, 2019).

In such a case the leadership style which has been chosen is of the transactional leadership which is more based on the trust, faith and quick access to it. Though the idea is highly optimal and efficient and it would help the teamwork to collaborate and jointly work in together. It would also help to synchronize work in line with the one mission. The teamwork the reasons to work on one patient can be timely coordinated and the issues of the passwords can be ethically handled on the basis of the authorization and the consent. It can lead to the complicated issues, of who is approving on the behalf of whom and then making an accountable and responsibility issues. The nurses can take consent through the surgeon's approval, but they are there to better coordinate and also act on behalf of the care of the patients. The nurse's duty is also to do as per the directions of the surgeons and of the other team members, but operating and interfering in the behalf of the administration can lead to interference and compromises in the ethical framework a dilemma.

The nurse's leaders can collaborate and can work on the basis of the written and the oral consents of the company. During the conversation, while the director has quickly detailed about the problem, he has shown a great leadership style and exhibited a participative leadership style. It has also shown how there can be problematic challenges, which can be overcome with the help of the team working collaboratively and unitedly. It is even important to work towards one cause, but understanding the pros and cons of allowing the e-signatory consent and also be able to approve can be an issue here.

Some of the nurses may require training and understanding of how to correctly do the assigned task. Such as the rightful administration can be understood on the basis of the anesthesia department meeting that would be adjourned on the basis of the PCD or the chiefs of Anesthesia, NPO status, new pregnancy test policy. All should be detailed and directed, but also the nurses have to abide by the clauses of the confidentiality and the breach of the conduct, which can lead to more ethical complications. All the directions which can help to ascertain in a rightful manner should be directed on the basis of the IV access done in PSC unit which has to be done by the butterfly needle along with also making a big problem in OR for CRNA or even adhering to the anesthesia to use for induction. All such lessons should be wisely be taught and be directed on the basis of the offered to teach with the given PSC nursing staff with IV placements.

The staff members and the nurses tend to reflect what the nurse's leaders would be directing them and under no circumstances would try to resist and overcome the given challenges (Cherry, 2016). As the safety and the care is the top priority of the nurses, but such actions are actually dictating when it comes to mentioning time in and out it would be leading to the administration compromises. It would lead to the dictating if such consent is also allowed to full out basic administration details. In my opinion, the leaders have somewhat built out the given story and have also tried to cover up why the signatory consent should be permitted. In my opinion, the e-consent or the obligation to adhere to the electronic signatory should be done by the surgeon and the team themselves, and should not obligate the nurses to do such tasks. It is best advised apart from training, such administration rights should be dutiful to be done by the administration and the other staff, rather than obliging the nurses to do and enact on the behalf of the nurses (Dyess, 2016). It can help in the overcoming the challenges of the missing the identifies and the authorization, for which the nurses can be blamed for it. A

quick actions and an abidance by it, should be well directed by the leader himself rather than obliging them to obey it, in a given scenario.

References

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