

Title:

Servant Leadership in the Emergency Room

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Session Title:

Leadership Poster Session 2

Keywords:

Change management, Servant leadership and Transformational leadership

References:

Mahon, K., (2011), In praise of servant leadership -- horizontal service to others. Dynamics, 22(4), 5-6. Retrieved from <http://www.caccn.ca/> Berkowitz, E., (2014). The education gap. Patient satisfaction in the era of transparency. Marketing Health Services, 34(3), 14-15. Retrieved from <http://www.ama.org> Goloback, M., McCarthy, D., Schmidt, M., Adams, J., & Pang, P., (2015). ED operational factors associated with patient satisfaction. The American Journal of Emergency Medicine. 33(1), 11-112. doi:10.1016/j.ajem.2014.09.051

Abstract Summary:

By attending my session the audience will be able to learn how instilling servant leadership in the frontline staff will improve their patient satisfaction metrics.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learning objective of this abstract is to teach servant leadership to front line staff.	The content is a step by step approach to serving the patient and anticipating their needs
The second learning objective its teach communication techniques to front line staff.	The content is to teach frontline staff to communicate with ether patient and keep them informed of all aspects of the care during the entire stay.

Abstract Text:

Servant Leadership in the Emergency Room

abstract

Doing business the same way it was done ten years ago is not feasible and will cause the facility to fall behind the times and become stagnant. Having fresh ideas and processes are inevitable to keep up with the ever-changing ways of healthcare. The key is to not chase a specific metric, especially when dealing with patient satisfaction, but to observe the overall process. Servant leadership is a tool that when implemented raises the patients satisfaction and increases the scores for the metrics. It is also important to remember the success is measured from the patient's point of view not the staff. To meet the needs of change it is imperative the culture of the facility be changed instead of a specific metric. If a specific metric is chased then the focus and goal will change every month. With a culture it is not an end goal but an ever-evolving practice where all are expected to participate. This new culture is servant leadership and serving the patient rather than feeling like they owe the nurse for being there. This new servant leadership culture seeks to anticipate the needs and desires of the patient and proactively strives to meet them.

Eventually this culture of teamwork will be the expected normal and focusing on the patient. When teamwork makes the patient the focus, the metrics will reach the goals. Reaching the goal is accomplished through a process revealing the strengths, weakness, opportunities and threats. By understanding the weakness the team focused on how to be a servant and overcome the weaknesses. When everyone feels they are important, they have a voice in the process, and can observe the influence from senior leadership the new values will evolve and become the expected culture (Joyner, 2015). This project helped to change the culture of the facility and improve the service and satisfaction that the patients felt when they visited the department. Though there were some initial setbacks the overall results were positive and prove that servant leadership has a place in bedside care in the emergency room. The culture is mentored by a stable leadership will improve patient satisfaction scores.