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ANALYSE THE RELATIONSHIPS BETWEEN NURSING LEADERSHIP, COLLABORATIVE HEALTHCARE TEAMS AND PATIENT OUTCOMES

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Introduction

In modern healthcare, the registered nurse, also known as an RN, plays an important role within a collaborative team to make sure the patient outcomes are improved, safe, and of high quality. This essay helps understand the responsibilities and leadership of registered nurses within interdisciplinary care teams. With the help of a case study of Mr. John Smith, who is a 68-year-old stroke patient with other complicated coexisting conditions, the responsibilities and leadership of RN's are evaluated. The main focus is placed on the responsibilities of registered nurses in coordinating care, establishing active communication, and advocating for patient-oriented care plans. This analysis also highlights how the leadership of registered nurses directly impacts the safety, welfare, and recovery rate of the patients. The discussion is properly aligned with the "NMBA registered nurse standards" for practices and is supported by evidence.

Critical appraisal of the role of the registered nurse in a collaborative healthcare team for improved patient outcomes

Registered Nurses, also known as RNs, are extremely important for fostering effective collaboration and patient-oriented care within multidisciplinary healthcare systems. In the case of Mr. Smith, the patient is Mark with diseases like diabetes, stroke, social isolation, and COPD. Therefore, appropriate coordination from the registered nurses in this case seems to be essential to navigate through the complicated requirements of the patient and also create an effective recovery plan

Firstly, the RNs play the part of coordinators to make sure that relevant professionals engage with the care plan appropriately and equally. For example, following the case of Mr. Smith, who has a "cerebral vascular accident," due to it is important to evaluate his early speech and mobility. The appointed RN in this case must initiate and follow through with referrals and also

Analyse the relationships between nursing leadership, collaborative healthcare teams and patient outcomes. help prevent complications such as permanent loss of mobility or the possibility of pneumonia. As stated by Thwaites et al., (2023), timely referrals led by RNs in the cases of strokes are directly linked to minimised hospital stay/visit and better recovery outcomes. Secondly, RNs also play an important role in clinically assessing and escalating patients (Donnelly et al., 2024). In the case of Mr. Smith, the instability within the blood pressure and increased blood glucose indicate that the RN must continuously monitor and communicate the changes to concerned experts.

This viewpoint supports early interventions that ultimately reduce the risk of secondary strokes among patients. Thirdly, the registered nurses also provide the patient as well as the family with awareness. Given the condition of diabetes and very limited family support for Mr. Smith, the appointed RN thoroughly educates him on nutrition, medication, as well as the self-monitoring process after discharge. This education can directly influence the reduction of readmission and can help in fostering long-term positive health outcomes.

Relationship between the leadership of registered nurses in collaborative teams and outcomes of people receiving care

Leadership shown by the registered nurses within collaborative healthcare teams affects the outcome of the patients, especially in complicated cases like Mr. Smith's. To main leadership relationships that mostly stand out are:

Leadership and communication, and coordination

The ability of the registered nurses to communicate actively across professional boundaries helps in making sure the continuity and accuracy of the care planning in a healthcare setting (Ljungholm et al., 2022). In this case, for Mr. Smith, the registered nurse coordinated different input from different specialists, including rehabilitation, a neurologist, as well as an

Analyse the relationships between nursing leadership, collaborative healthcare teams and patient outcomes. endocrinologist. Such leadership creates a shared understanding of the priorities. The registered nurse for the case of Mr. Smith has used information related to glucose control and rehabilitation timelines for minimising further delay and duplication. According to the statements of Jankelová & Joniaková (2021), communication is positively related to improved team functioning and patient satisfaction within effective nurse leadership. Therefore, these leadership dimensions show how the registered nurses actively change the direction of treatment for the patients by promoting more invested, customised, and agile care.

Leadership in advocating for patient-oriented care

The registered nurses, beyond their clinical duties, also master patient-oriented care by understanding the psycho social requirements of the patients. In this case, registered nurses address the psychosocial requirements of Mr. Smith, like isolation and lack of immediate family support, that can come in the way of effective recovery. The RN then initiates discussion with healthcare teams in alignment and recommends effective community support. This shows the leadership that makes the dignity and long-term welfare of a patient a major priority. According to the viewpoint of Abugre & Bhengu (2024), registered nurses who show remarkable leadership abilities to align dignity with welfare are equipped to create patient-centred care principles. Ultimately, such nurses contribute to a better and functional outcome besides restoring the emotional welfare of the patients.

Promoting Evidence-Based Practice through Clinical Leadership

RN leadership in collaborative healthcare teams affects patient outcomes by supporting evidence-based practice. Current clinical recommendations must be applied to Mr. John Smith, who has a brain vascular accident, type 2 diabetes, and COPD. RN leaders should assess, integrate, and share stroke recovery, glycaemic control, and pulmonary management studies

Analyse the relationships between nursing leadership, collaborative healthcare teams and patient outcomes. (Camicia et al., 2021). RNs conduct multidisciplinary team meetings on evidence-informed treatments to ensure that care plans match national clinical standards and patient requirements. Early mobility procedures, stroke rehabilitation timetables, and glucose control techniques are best executed by nurse leaders who can evaluate and apply studies. This leadership supports standardised, high-quality treatment, which reduces complications, improves functional recovery, and shortens hospital stays for Mr. Smith.

Fostering a Culture of Mutual Accountability and Continuous Improvement

RN leadership in collaborative teams must also promote mutual responsibility and ongoing development. Nurse leaders in interprofessional groups affect task performance, team morale, reflective practice, and peer learning. Duffy (2022) argue that the RN leader's role in defining high standards of care and supporting open feedback channels will improve care continuity and responsiveness for a patient like Mr. Smith, who will need long-term rehabilitation and lifestyle change instruction. Nurse leaders increase team efficiency and patient safety by demonstrating professional conduct, recognising care gaps, and motivating performance assessments (Stucky et al., 2022). In complicated, high-acuity settings like stroke units, this proactive approach helps identify deterioration early, improve documentation, and improve patient experiences and health outcomes.

Two learning goals for professional development and application of the NMBA registered nurse standards

Clinical needs and Nursing and Midwifery Board of Australia criteria must guide registered nurses' professional development for Mr. John Smith, a 68-year-old male patient hospitalised after a cerebral vascular accident (CVA). The acute and rehabilitative stages of stroke treatment for Mr. Smith, who has hypertension, type 2 diabetes, and COPD, need carefully coordinated,

Analyse the relationships between nursing leadership, collaborative healthcare teams and patient outcomes. multidisciplinary management. In this case, professional development should improve the registered nurse's capacity to completely perform and record nursing assessments in a timely and methodical way, which conforms with Criterion 2.1 of the Registered Nurse Standards for Practice. Mr. Smith has right-sided weakness, slurred speech, and an ischaemic stroke confirmed by CT. The RN must assess his neurological status, respiratory function due to COPD, glycaemic control in diabetes, and psychosocial state due to social isolation and limited familial support. This examination must also account his age and post-stroke cognitive or functional deterioration. Substandard 2.1 helps nurses build clinical decision-making and interprofessional communication skills (Nursing and Midwifery Board of Australia, 2016). Taylor & Flaherty (2022) state that by improving their holistic assessment skills, such as using the National Institutes of Health Stroke Scale (NIHSS) and Glasgow Coma Scale (GCS), and observing for subtle signs of emotional distress or anxiety, the RN can initiate early interventions and communicate vital findings to the healthcare team. Making sure treatment plans are accurate, patient-centered, and focused on early rehabilitation and secondary problems enhances patient safety and results.

According to NMBA Registered Nurse Standard for Practice, substandard 5.1, the second learning goal for the registered nurse (RN) in the case of Mr John Smith, a 68-year-old patient admitted with a cerebral vascular accident (CVA) and comorbidities like type 2 diabetes mellitus, hypertension, and COPD, should be to improve clinical decision-making through the effective use of assessment data and the best available Under this category, the RN "uses assessment data and best available evidence to develop a plan" (Nursing and Midwifery Board of Australia. (2016). The RN must create a thorough, evidence-based treatment plan for Mr. Smith due to his right-sided weakness, slurred speech, and high blood glucose levels. This entails

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combining neurological examinations, blood glucose monitoring, vital signs, and CT imaging findings to produce a personalised treatment route. Early detection of speech impairment-related aspiration pneumonia or immobility-related pressure ulcers must influence nursing actions. The RN can assist recovery and reduce complications by using evidence-based stroke rehabilitation, diabetes management, and COPD care recommendations (Moura et al., 2024). This area of professional development may involve evidence-based practice, critical thinking, and clinical decision support system training. Care plans for Mr. Smith are reactive to his symptoms and proactive in predicting issues when these skills are used. The RN should also adjust treatments to Mr. Smith's requirements by studying clinical guidelines and research on integrated care for stroke patients with various chronic conditions. Enhancing competency under Standard 5.1 improves patient outcomes and reinforces the RN's knowledge-based practice, leading to more personalised and high-quality treatment.

van Dyk et al. (2021) note that the RN also promotes a supportive and collaborative workplace culture by maintaining trusting and respectful professional relationships, which is crucial when coordinating care for vulnerable patients like Mr. Smith, who lives alone and has no family support. This learning aim supports the RN's role in advocating for the patient's preferences and requirements, keeping the patient at the centre of decision-making. This competence increases the RN's clinical practice and places them as a vital and valued part of the healthcare team, satisfying ethical and regulatory requirements stipulated by the Nursing and Midwifery Board of Australia.

Conclusion

With Mr. John Smith, a 68-year-old stroke patient with diabetes and COPD, RNs learn to increase interprofessional care coordination and psychosocial support via effective

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