

## **Personal Leadership Philosophy**

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My personal philosophy of leadership starts as a child growing up in Alaska. Raised in a quaint community that was only accessible by boat or plane, a keen sense of ingenuity and consideration was threaded throughout the culture I grew up in, undoubtedly shaping my realtor and ideation strengths.

At five years old, Mrs. Smith is a memory of a gifted talent who embodied the five aspects of transformational leadership, encouraging me through three years of early education by challenging the process, inspiring a shared vision, enabling me to act, modeling the way, and encouraging the heart (Kouzes and Poser, 2017). She was exceptional at communicating with conviction on the purpose and significance of my work and its meaning (Kouzes & Posner, 2003), qualities I constitute in my personal leadership philosophy, led by her primary example.

Other inspirers followed suite in formative years, providing mentorship and opportunities to test the abilities of myself and others, learn from mistakes, and build consensus around a common set of values and beliefs (Kouzes & Posner, 2017). These attributes were alluring, modeling reciprocity and impact on wholesome community care and system-level reform.

Innately I was drawn to the profession of nursing, excited with the prospect to evoke change at multiple levels, wholeheartedly guided by my developing strengths of 1.) empathy, 2.) achiever, 3.) relator, 4.) context, 5.) ideation, highlighted in my StrengthsFinder results from this semester.

Uniting with the pathways of Public Health, I continue to experience the immeasurable potential of nursing influence to embrace new leadership roles through interdisciplinary collaboration, advocacy, political involvement, and community partnerships, drawing on the historical legacy as nursing advocates, experts, educators, and how nurses are ideally positioned

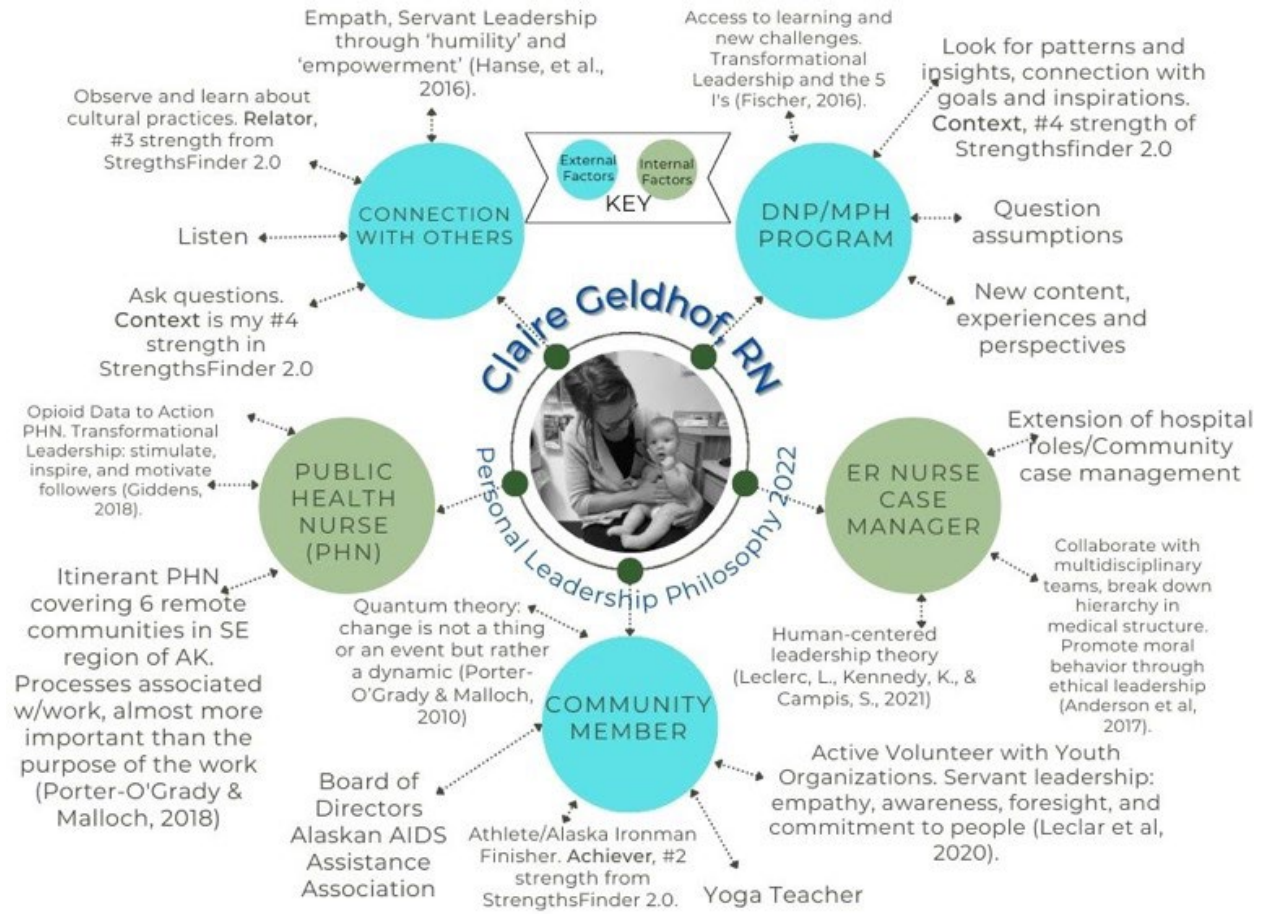
to lead the nation in strategies that promote health equity (Lathrop, 2013). The brilliance to maneuver such accomplishments and care are demonstrated not only by leaders in healthcare but other influences in community, like Mrs. Smith and several others, highlighting the importance to always be open to acknowledge, respect, and learn from great leaders in any field or discipline (Leininger, 1992).

(Figure 1, Concept Map of Personal Leadership Philosophy), further illustrates how internal and external factors correspond with the virtues of my personal leadership philosophy, connected through bidirectional arrows that underscore shared connections, commitment to learning, and reflective practices.

From the hallmarks of growing up and becoming a leader in Alaska, I am particularly drawn to the human-centered leadership theory, rooted in giving voice to nurses around the globe to frame their leadership style and action in a way that reflects the essence of nursing (Leclerc, L., Kennedy, K., & Campis, S., 2021). Attuned with this theory, I continuously draw on the benefits where this practice fosters lifelong learning because it helps me recognize gaps in my own knowledge and further stimulates learning, that the human-centered leader must practice reflective thinking and develop it in others (Westberg and Hilliard, 2001).

My tenure with the dual DNP/MPH program offers innumerable experiences to learn and develop leadership practices and skillsets, a profound parallel process as a professional Public Health Nurse. Through direct care and systems-level involvement with six remote communities in the Southeast Region of Alaska, I continually cultivate transformational leadership practices and human-centered theories, engaging with strategies and partnerships that, stimulate, inspire, and motivate followers (Giddens, 2018), evolving my personal philosophy and commitment to lifelong learning and nursing care.

Figure 1: Concept Map of Personal Leadership Philosophy



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