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Authenticity and the Role of the Leader

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As a Senior Paramedic (SP) within the Welsh Ambulance Services Trust (WAST), I provide clinical and professional leadership to ensure the delivery of a high-quality patient-centred service in line with the trust's policies, procedures and values. I am also responsible for the clinical leadership and supervision of paramedics and emergency medical technicians, supporting their development and maintaining professional standards. In doing so, I act as a professional role model to all staff, promoting effective practice, psychological safety and professionalism. Because these responsibilities rely heavily on effective leadership, it is important to understand not only how leadership is described in theory, but how different approaches align with my role as an SP. Therefore, in line with the module requirement "to critically evaluate at least five leadership theories and their relevance to the workplace", the purpose of this assignment is to examine a range of leadership theories and assess their relevance to my role as an SP.

The leadership style that I resonate with most is compassionate leadership. Compassionate leadership is increasingly recognised as an important part of effective healthcare practice, with evidence suggesting that it can enhance patient care and strengthen relationships between professionals (Jemal et al. 2023). However, Ramachandran et al. (2023, p.55) highlight that compassionate leadership is "ambiguous and fragmented" and has a vague, broad definition. Oruh et al. (2021) found that compassionate leadership reduced staff stress levels, but their research focused specifically on the COVID-19 pandemic, and so the findings may not fully apply to everyday healthcare settings. However, the COVID-19 pandemic was a highly stressful time and created intense pressure, which is similar to frontline ambulance work, suggesting that this study remains relevant.

In my experience as an SP, compassionate leadership is paramount. As shown by Heyes (2026), compassionate leaders are empathetic and create psychologically safe environments where staff feel able to speak openly, learn from mistakes and develop without fear of blame or punishment. This strongly reflects how I approach leadership on ride-outs with staff. I make a conscious effort to listen actively, show empathy, and ensure that staff feel heard. When staff feel as if they can be honest without judgement, they are far more likely to ask questions, reflect on their decisions and develop their

practice (Zulueta, 2021). As Bailey and West (2022) demonstrate, this kind of supportive environment enhances patient care and improves clinical outcomes, reinforcing the value of compassionate leadership.

On the other hand, Hougaard and Hobson (2020, p.3) show that compassion alone is not enough. They argue that leaders must pair compassion with wisdom to create what they call “wise, compassionate leadership”. This perspective reinforces the idea that while compassion is valuable, it cannot stand alone, as leaders also need to make difficult decisions, have difficult conversations and set boundaries that compassion by itself cannot provide. Another limitation of compassionate leadership is that it is “undertheorized and under-researched” (Simpson et al. 2021, p.342), which for me, creates a challenge. As an SP, I rely on clear, well-defined leadership models. When a concept/theory is not fully developed, it is difficult to apply consistently in practice. Additionally, evidence on how compassionate leadership works in frontline environments like mine is limited (Phuong et al. 2026), which makes it difficult to judge whether I am using it effectively and whether it does genuinely improve outcomes.

Overall, despite these limitations, I believe that compassionate leadership is extremely important in the role of an SP. The ambulance service can be fast-paced, highly pressurised and unpredictable, and I believe staff rely on leaders who are compassionate and empathetic.

The second leadership concept that I have focused on is emotional intelligence (EI). Goleman, McKee, and Achor (2018) argue that the most effective leaders are those with a high level of EI. EI incorporates self-awareness, self-regulation, motivation, empathy and social skill and is now seen as a key part of effective leadership (Cavaness, Picchioni and Fleshman, 2020). Bradberry and Greaves (2009) also describe EI, clearly explaining that before we think rationally, our brains generate emotional responses in the limbic system. We cannot control our emotions; however, we can notice them and choose how we respond. Our “emotional and rational brains” (Bradberry and Greaves, 2009, p.17) constantly communicate, and this ongoing conversation between what we feel and what we think that shapes our EI. Bradberry and Greaves (2009, p.22) state that

“people may be intelligent but not emotionally intelligent.” To me, this highlights that leadership is not just about having a high level of intelligence. What matters more is the ability to understand both your own and others’ emotions and use that awareness to guide your behaviour, reactions and decisions (Cavaness, Picchioni and Fleshman, 2020).

Although EI is evidently important, I believe it is not always an effective form of leadership. Leaders with high EI often show strong empathy and compassion (Carragher and Gormley, 2017), which can be a limitation of the concept. These leaders can develop compassion fatigue which reduces their ability to maintain their own wellbeing (Carragher and Gormley, 2017) which in turn significantly increases sickness and “poorer employee engagement” (Phung et al. 2022, p.10). In this sense, EI when used in isolation can hinder leadership rather than strengthen it. Saha et al. (2023) note that numerous reviews have examined the relationship between EI and leadership. However, many of them have significant limitations, highlighting the need for a new and more rigorous examination of the topic. This is corroborated by McCleskey (2014, p.78), who argues that EI requires a “better assessment and measurement”. One aspect of McCleskey’s article I found especially thought-provoking is that highly emotionally intelligent leaders can also be manipulative and have a “dark side” (McCleskey, 2014, p.79). This is mirrored by Austin et al. (2007), who explain that highly emotionally intelligent individuals can take advantage of their skills to read and manage the emotions of others, and they can often control their demeanour to suit the individuals’ interests. Austin et al. (2007, p.180) cite Carr (2000), who argues that the value of EI is “dependent on the moral end which it serves”, highlighting that EI can be helpful, but can also be used manipulatively. That said, Austin et al. (2007) admit that the relationship between EI and manipulation requires further research, and I believe this is a significant limitation.

Overall, the literature suggests that EI can be a valuable leadership tool; however, it should not automatically be seen positively, as its potential to be used manipulatively raises questions about how ethical it is in practice. Within the ambulance service, EI plays a significant role in how I lead. As an SP, staff and I are often exposed to high-acuity and distressing incidents that require critical thinking and decision-making.

Recognising when a colleague is overwhelmed or struggling allows me to tailor my support in a sensitive and appropriate way. EI helps me to create psychologically safe spaces during ride-outs, enabling staff to speak openly about mistakes or their weaknesses without feeling judged. This aligns closely with WAST's behaviours, which emphasise practising ethically, broadening understanding, and taking ownership, and it directly supports the development of clinicians. However, my experience has also shown me that EI needs to be used carefully as it can become draining if relied on too heavily. For me, EI is most effective when balanced with other leadership approaches, allowing me to support staff compassionately without compromising my own wellbeing.

So far, I have focused on two leadership styles that I adopt within my role as an SP. Given that SPs operate in fast-paced and dynamic situations, I believe it is not always appropriate or effective to rely on one single leadership model. This leads to the consideration of situational leadership which is a theory that emphasises the importance of leaders adapting their approach in response to demands of the situation and the "growing needs of staff" (Ghallab and Sallam, 2026). This paper highlights the importance of situational leadership in healthcare and argues that the ability to change leadership approaches in highly pressurised situations can improve performance and increase staff motivation (Ghallab and Sallam, 2026). Situational leadership, developed by Hersey and Blanchard in the 1960s (Oshame and Maureen, 2023), proposes that effective leaders will adapt their leadership style based on the "competence of their followers and the specific demands of the situation". The model outlines four development levels which represent varying degrees of competence and commitment (Egan, 2023). A key limitation of situational leadership within my role in the ambulance service is the assumption that SPs have prior knowledge of and a clear understanding of each staff member's competence. In pre-hospital environments, crews can often meet for the first time whilst on an incident, which makes it difficult to assess their competence and commitment accurately. Additionally, during high-acuity incidents, there is not enough time to complete this assessment, as mirrored by Oshame and Maureen (2023).

That said, all staff members within the ambulance service should wear epaulettes with their job role on. Therefore, this may help SPs make rapid assumptions about a colleague's likely competence. In contrast, clinical grade does not always reflect a person's actual confidence, competence, and commitment. For example, a newly qualified paramedic may possess the required clinical skills, showing competence; however, they may feel uncertain or hesitant when leading a high-acuity incident, showing a lack of confidence. However, an experienced technician who has fewer clinical skills may demonstrate greater confidence and a greater willingness to take initiative. This highlights a key challenge for situational leadership in pre-hospital environments.

Despite these challenges, variability in staff competence and confidence reinforces a key strength of situational leadership, which is its flexibility. Egan (2023) shows that within situational leadership sit four further leadership styles, including directing, coaching, supporting and delegating, and the leader can adapt which leadership style they use based on the staff member and the task. Therefore, in a pre-hospital environment, I believe this leadership theory is essential because it allows SPs to provide more directive support when a staff member lacks confidence, or adopt a more supportive and delegative style when working with staff who demonstrate higher levels of competence and commitment.

The fourth leadership style that aligns closely with my role as an SP is transformational leadership. As Oshame and Maureen (2023, p.1389) note, transformational leadership focuses on "inspiring and motivating followers" to achieve high levels of performance while supporting their personal and professional growth. Transformational leadership includes four components: idealised influence, inspirational motivation, intellectual stimulation, and individualised consideration (Mullins, 2016), all of which align closely with the responsibilities of an SP. Through idealised influence, I act as a role model to staff by demonstrating high clinical and professional standards and encouraging staff to do the same. Inspirational motivation is reflected in how I encourage staff to maintain high standards and build confidence in areas where they struggle. Intellectual stimulation is evident in the reflective discussions I have with staff during ride-outs,

where I review their paperwork, discuss different scenarios, and support their clinical reasoning. Lastly, individualised consideration is extremely important in my role, as I spend dedicated time before each shift discussing individuals' concerns, tailoring my support to that individual and helping staff identify goals that they want to develop. Together, these components demonstrate how transformational leadership is embedded within my practice and role.

Khan and Lega (2021) note that transformational leaders empower followers, support cultural change, and as a result, improve the organisation. While the four components of transformational leadership align closely with my role, I should not overlook its limitations. A limitation to transformational leadership is that some staff members do not respond well to inspirational or motivational approaches. In the ambulance service, many staff members are long-serving and prefer clear, direct instructions with minimal discussion. These staff members tend to prefer structure and decisiveness over reflective conversations. This brings me back to the principles of situational leadership, which recognises the importance of adapting leadership styles to different staff members. Additionally, transformational leadership can be difficult to apply in high-acuity incidents where it is vital to make decisions quickly and decisively, and there is little time for reflection (Oshame and Maureen, 2023).

Despite these limitations, evidence strongly supports the value of transformational leadership within healthcare. Alimo-Metcalfe and Bradley's (2008) research examined leadership behaviours across 46 mental health teams within the NHS. Their findings demonstrated the importance of transformational leadership, as it showed an increase in staff motivation, job satisfaction and reduced job-related stress. The authors emphasise the importance of engaging with staff, listening to them, and making time for them, which closely aligns with the individualised consideration and inspirational motivation components of transformational leadership. Again, these findings reinforce the approach I take as an SP where I work closely with staff to build their confidence and promote high clinical standards.

The final leadership model that I want to focus on is transactional leadership. I have traditionally viewed this leadership style negatively, so examining it in greater depth will allow me to challenge my assumptions and consider whether aspects of transactional

leadership may be useful in my practice. Transactional leadership is based on rewards and punishments and motivates staff through transactions including pay, conditions, opportunities and compromises (Western, 2019). Transactional leadership has traditionally been recognised as “the foundation of effective leadership”, providing structure and clarity (Young et al. 2021, p.1256). However, over time the focus has shifted towards more modern approaches, such as transformational leadership, which places greater emphasis on motivation, engagement and staff development (Young et al. 2021). Abbas and Ali (2023) highlight this contrast by describing transformational leadership as person-focused, whereas transactional leadership is more task-focused.

Transactional leadership has clear limitations within my role. While it can be effective for ensuring compliance (Young *et al.*, 2021), it does not always support the reflective or development needs of staff. Conversely, Antonakis and House (2014) show that transactional leadership provides clarity, structure and a focus on maintaining standards, which can work well for ‘old-school’ and long-serving paramedics. These behaviours are particularly relevant in the ambulance service as clear expectations and consistent performance monitoring are essential for patient safety. Much of our work in the ambulance service is governed by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) guidelines, Health and Care Professions Council (HCPC) standards and WAST’s own policies, so having a leadership style that reinforces these expectations can be beneficial.

However, the authors offer a balanced evaluation, arguing that transactional leadership is limited because it primarily focuses on “rewards and sanctions” and offers little in terms of staff development. The leadership model can ensure compliance, but it does not necessarily inspire or motivate staff beyond basic task completion. This is mirrored by Mullins (2016) who states that transactional leadership is based on “mutual dependence and an exchange process of ‘I will give you this if you do that’”. I believe this does not translate well into the ambulance service, as it does not build confidence or encourage staff to think critically.

Abbas and Ali (2023) suggest that transactional leadership tends to be more effective in environments where work is routine and where “innovation” is not a central requirement. For example, transactional leaders “set standards and then expect their

followers to follow these standards” and result in corrective action when staff do not follow them. This mirrors the ambulance service where clinicians must work within protocols and maintain professional standards. However, the research also highlights that “workers can be less creative when their relationships with their leaders are transactional in nature”, which is important to consider in pre-hospital care. Although much of our work is protocol and guideline driven, clinicians often need to think flexibly, adapt to unusual presentations and problem-solve in complex situations. A purely transactional approach may not support this kind of thinking. For me, this reinforces that transactional leadership has its place in the ambulance service for maintaining safety and consistency; however, it should be balanced with more developmental approaches, such as transformational leadership, so staff feel supported while maintaining high clinical standards.

In conclusion, critically evaluating these five leadership theories has highlighted how complex and varied effective leadership needs to be within the ambulance service. As an SP, I do not believe that one single model is effective for my role, and each theory clearly offers something different. Compassionate leadership emphasises empathy and psychological safety, which I believe are essential in supporting staff working in highly pressured and emotionally challenging environments. Emotional intelligence highlights the importance of being aware of my own emotions and those of others, while also reminding me to use that awareness responsibly and ethically. Situational leadership has shown me that flexibility is crucial, particularly in pre-hospital environments where staff vary in experience, confidence and competence and where circumstances can change quickly. Transformational leadership aligns closely with my role, as it helps me inspire, motivate, and support staff to grow professionally, which is something I am very passionate about. Finally, exploring transactional leadership has challenged my initial assumptions. Although it has limitations, it does remain an important approach for maintaining standards and ensuring compliance, which is crucial for patient safety.

Overall, this assignment reinforced that effective leadership as an SP requires a balanced, adaptive approach. Each theory contributes something valuable, and I believe as an effective leader, it is important to know when to apply each one. As an SP, I

believe a combination of compassionate, emotionally intelligent, situational, transformational, and transactional leadership enables me to support staff, uphold clinical standards, and, most importantly, contribute to the delivery of safe and high-quality patient care.

Having explored these theories, it is now important to move from theoretical analysis to critical reflection by examining how these approaches translate into my own practice. Reflective practice is an essential aspect of paramedic professionalism and allows clinicians to learn from experience, strengthen clinical judgement and continually improve the quality and safety of patient care (Hilliard, James and Batt, 2017). This is consistent with the Health and Care Professions Council's (HCPC) expectations which emphasise ongoing reflective practice and maintaining evidence-based professional competence (HCPC, 2023). In this section, I will focus on my behaviours, interpersonal skills and leadership style, drawing on credible assessment tools, feedback from colleagues and critical incidents from practice. The purpose is to examine how my leadership approach affects others, how it has evolved and where further development is required. Linking theoretical analysis with reflective practice enables me to progress from understanding leadership in theory to understanding it in my own experience, increasing my self-awareness and forming the basis of my Personal Development Plan (PDP) appended to this submission (Appendix 1, p. 31).

To better understand how others experience my leadership, I created and distributed an anonymous colleague survey (Appendix 2, p. 35) to gather honest, unbiased feedback. Completing the survey was outside my comfort zone, as I find it challenging to hear negative feedback and knew that anonymous responses might include comments that were difficult to read. However, I chose to proceed because my personal development requires an honest understanding of how others perceive my leadership which also aligns with my dedication to continual improvement. Furthermore, my Insights Discovery Profile (IDP) recommends that I would benefit from "practising becoming more tough-minded" (Appendix 3, p. 48) and so completing this survey provided an opportunity to begin developing this by actively engaging with feedback that might feel

uncomfortable.

The feedback results closely align with the interpersonal traits highlighted within my IDP. Colleagues consistently described me as “approachable”, “compassionate”, “supportive” (Appendix 3, p. 48) and “calm under pressure” (Appendix 3, p. 44), which aligns with my IDP’s description of me as “warm”, “empathic” and “affable” (Appendix 3, p. 48). This strong alignment between the psychometric insights and my colleagues’ perceptions reinforced the profile’s accuracy and gave me a deeper understanding of how my leadership style is experienced. While most of the feedback was positive, one colleague highlighted areas for improvement, specifically in adjusting my leadership style to meet different learning needs and in improving my emotional intelligence (Appendix 2, p. 40). This feedback is especially concerned with the emotional intelligence domains of self-awareness and social awareness, as my colleague noted the importance of understanding both my own and others’ emotions to strengthen empathy, conflict resolution and overall team morale. This insight was valuable as it offered an alternative perspective on my leadership and highlighted the importance of balancing a supportive approach with greater adaptability.

To structure this reflection clearly, I have chosen to use Rolfe, Freshwater and Jasper’s (2001) Model of Reflection. The model is based on three questions – What? So what? and now what? - which offer a clear way of examining my leadership behaviours, interpersonal skills, and their impact on others (Rolfe, Freshwater and Jasper, 2001). It is especially appropriate for postgraduate leadership reflection, as it not only describes my actions but also critically assesses the reasons for them and their impact, demonstrating a clear connection between self-awareness and professional development.

What?

A recent ride-out with a colleague prompted me to examine my leadership approach critically. As an SP, ride-outs are an important part of my job and provide an opportunity to support, assess, and develop my colleagues within actual clinical situations. At the

start of the shift, my colleague said that I am "too nice" and that he did not respond well to this leadership style. Even though he made the remark casually, it made me question the effectiveness of my leadership and showed a conflict between my usual interpersonal approach and the situational demands of clinical leadership. I was surprised by this comment, since the anonymous colleague survey I distributed showed that most staff have had a positive experience of my leadership (Appendix 2, p. 35) and appreciate its supportive and interpersonal aspects (Appendix 2, p. 38).

My natural tendency is to build strong relationships, create psychologically safe spaces and encourage staff. This aligns closely with my IDP, in which I am described as someone who "likes to build harmonious relationships" and who "may find it almost impossible to say 'No', even when the demands are unreasonable" (Appendix 3, p. 48). These traits have always felt like strengths, especially in a highly pressurised service where emotional support is essential. However, this comment revealed a blind spot for me. I had assumed that my supportive style worked well for everyone, without really considering how my leadership might feel to people with different levels of confidence, experience or expectations.

Shortly after this conversation, we attended an incident in which my colleague failed to meet the expected standard. His assessment was unstructured; he missed abnormal observations, and his overall decision-making seemed hesitant. When the emergency ambulance (EA) crew arrived as back up, my colleague did not provide a handover, and his communication during the incident was poor. He appeared indecisive and lacked control of the scene, which quickly became chaotic as multiple family members were speaking over him. The attending paramedic on the EA later pulled me aside and expressed concern about our colleague's performance, specifically highlighting his hesitation, lack of structure and inability to lead the situation effectively. Hearing this from another clinician reassured me that the issues I had identified were not simply a reaction to his earlier comment, but genuine concerns that could affect future patient safety if not addressed.

This sequence of events created a genuinely difficult leadership moment for me. My colleague's previous comment had knocked my confidence, and within an hour or so I was in a position where I needed to lead, assess and support him during an incident.

The emotional impact of what he'd said negatively affected my professional responsibilities, showing how easily personal triggers can influence leadership behaviour.

So what?

As an SP, I was responsible for addressing these concerns through a debrief, but I was also aware that my usual supportive and encouraging approach was not what my colleague responded well to. Although my instinct was to soften the feedback to avoid upsetting him, I was aware that this could have risked minimising the important learning points and failing to uphold clinical standards. This made it clear that the debrief required a different leadership approach, and it was at this point that Situational Leadership became relevant.

Situational Leadership provides a framework for selecting a leadership style based on a colleague's readiness to perform a specific task (Wang et al. 2024). Although the incident itself did not require me to use a particular leadership style – my role during the call was to observe, support patient care and ensure safety – it gave me important insight into my colleague's readiness. Wang et al. (2024) emphasise that leaders must assess this readiness before choosing how to respond, noting that “leaders should adopt a leadership style appropriate to their team members' abilities and willingness” (p.2).

In this case, his performance during the incident indicated low maturity for that specific task. This meant that the debrief, rather than the incident itself, required me to adopt a more directive approach. Within the situational leadership model, the directing style is used when an individual has low readiness for a task and therefore needs clear, structured guidance. This style is defined by high levels of direction and low levels of socio-emotional support, and Wang et al. (2024) highlight that “employees with a low level of maturity may require more guidance and directive behaviours” (p.2). This aligned closely with what the debrief demanded – clarity, structure and firm feedback.

Despite recognising this, I did not apply the approach effectively. I opened the debrief by saying, "As I'm too nice, I'll just be blunt and ask - what happened on that incident, and why did it go so badly?" On reflection, this was not an appropriate or professional way to begin the conversation. My frustration from the earlier comment influenced my tone, and instead of providing structured feedback, I delivered an emotionally driven response. This did not reflect the principles of the Directing style within Situational Leadership, which requires clear and structured guidance rather than emotionally influenced communication (Wang et al. 2024). My IDP highlights that I can be "unduly affected by others' opinions" (Appendix 3, p. 48), and this blind spot became evident in the moment. My colleague's comment about me being "too nice" had clearly upset me, and I allowed that emotional reaction influence the way I opened the debrief.

At this point, I realised that the interpersonal relationship was shifting into what is known as Karpman's Drama Triangle (Karpman, 1968). The direct way I opened the conversation led me to take on the Persecutor role, which Lac and Donaldson (2020, n.p.) describe as individuals who are "aggressive and hypercritical". I delivered feedback that came across as critical rather than constructive, which did not reflect the professional standards that I aim to uphold or align with my usual leadership approach. Instead, it showed how quickly emotional responses can pull leaders into unhelpful positions within the Drama Triangle. Hicks and McCracken (2014) describe how individuals can fall into dysfunctional roles – Persecutor, Rescuer and Victim – when communication becomes emotionally intense. My colleague's earlier comment left me feeling frustrated and doubtful about myself, and this emotional reaction initially kept me in the Persecutor role. This lapse in emotional regulation affected the way I communicated and prevented me from applying the Directing style appropriately. The fact that I had become aware of this was significant, as it indicated that the challenge with my leadership was not simply about choosing the right leadership style, but about managing my own emotional response in order to apply that style effectively.

My colleague immediately acknowledged that he had not performed to the expected standard and explained that he felt under pressure and "watched". His behaviour during the incident - hesitation, feeling overwhelmed and struggling to make decisions - aligned with the Victim role, where individuals communicate helplessness and feel

"incapable and powerless" (Hicks & McCracken, 2014, p.62). As the conversation continued, he became visibly upset and disclosed that personal issues outside of work were affecting his performance. At this point, I realised that it was necessary to revert to a more compassionate and emotionally intelligent approach. Although I had initially attempted to use a more directive leadership approach, his emotional response required me to shift into the Supporting style within Situational Leadership. This style involves "low directive and high supportive behaviour" (Oshame and Maureen (2023, p.1390) which was appropriate in this moment as he needed psychological safety, empathy and space to reflect honestly while I continued to uphold professional standards.

Sommer et al. (2026) emphasise that psychological safety is central to whether individuals feel safe to speak up, reflect openly, and engage meaningfully in debriefing. They note that "debriefing is closely associated with reflective facilitation and a psychologically safe environment" (p.1), which reinforced the importance of my response in that moment. Emotional intelligence, defined by Cavaness, Picchioni and Fleshman (2020) as the ability to recognise and manage both one's emotions and those of others, became crucial here. Responding with empathy rather than frustration allowed me to regulate my own emotional reaction and create the psychological safety he needed to reflect honestly.

Hicks and McCracken (2014) highlight that 'rescuing' is particularly common in healthcare because leaders can often feel responsible for stepping in and fixing situations. They also emphasise how easily emotional tension can cause leaders to move between dysfunctional roles within the Drama Triangle. The article has helped me recognise that, following my initial Persecutor response, I briefly shifted into the Rescuer role when my colleague became upset, softening my tone and attempting to protect him from further upset. My IDP notes that I "enjoy spending time around other people – and helping them feel good" (Appendix 3, p. 48), and this tendency became evident as I instinctively tried to comfort him. However, rescuing can prevent individuals from taking responsibility for their actions and can undermine accountability (Hicks and McCracken, 2014).

Recognising that I had slipped into two of the roles in real time reinforced Hicks and McCracken's (2014) warning to "not get trapped in the drama triangle to begin with". By pausing, stepping out of the Drama Triangle entirely and re-establishing an adult-to-adult dynamic, I was able to bring the conversation back to clarity, professionalism and reflective purpose. This moment showed me how important emotional regulation is as a leadership skill.

Now what?

Overall, this incident has had a significant positive impact on my understanding of effective leadership within my role as an SP. It has highlighted that effective leadership is not just about choosing the right style, but about managing my own emotional responses so that I can apply that style effectively. I realise that when I am frustrated, it can come through in my tone and affect how I am perceived, which can, in turn, influence the quality of professional conversations. Therefore, I recognise that I must strengthen my emotional regulation to prevent emotion-driven behaviours from negatively impacting professional conversations.

Going forward, I want to be more aware of my emotional responses and triggers as they occur, paying attention to times when I am falling into unhelpful roles within the Drama Triangle and pausing before responding. I also intend to set aside time to critically reflect on difficult conversations I have experienced with my colleagues in order to work out what influenced the way I handled them and what I might do differently next time. By getting into the habit of reflection, I will be able to spot patterns and triggers that affect the way I lead, which in turn will make my leadership more thoughtful and consistent.

More importantly, this experience has clarified the type of leader I want to be. I want to be a leader who offers direct, structured feedback without losing empathy, and who responds with confidence even when conversations make me feel uncomfortable. I also hope to feel more comfortable adopting a more directive leadership role in matters concerning patient safety or clinical standards, without worrying that doing so will make me seem less supportive or approachable. This reflects a shift from relying on my

interpersonal skills to developing a more balanced leadership identity which includes clarity, accountability and compassion.

To achieve this development goal, I will book ride-outs with a range of staff and intentionally use opportunities with colleagues who respond best to a Directing situational leadership approach to practise giving clear, direct feedback. This will help me develop my confidence in using a more directive style when required. By practising this in psychologically safe environments, I can strengthen my ability to regulate my emotions and remain consistent during highly pressurised incidents.

I also recognise that the feedback model I currently use – the ‘Pendleton Rules’ - is not always appropriate for conversations where clarity and corrective feedback are needed. Orsini et al. (2022) explain that this model encourages the ‘learner’ to reflect on their performance first and identify what went well and what could be improved. As the leader, I then reinforce the positive elements of their performance and provide my opinion on how they can improve. Orsini et al. (2022) highlight that this model is rigid, which I agree with and have experienced first-hand. In situations like this, beginning with positives and waiting for the staff member to identify their weaknesses can feel inappropriate and may minimise the importance of the mistakes. This incident has therefore highlighted the need to learn about other feedback models and to apply them to different staff and different situations.

Bringing these development areas together, I recognise that strengthening my emotional regulation, broadening my feedback approaches and practising more directive leadership in psychologically safe environments must form the foundation of my ongoing development. These insights will directly inform the goals within my PDP, ensuring that my future leadership practice is supported by academic evidence, reflective discipline and a more balanced leadership identity. By approaching my development in this structured way, I can build greater confidence in how I lead, particularly in high-pressure situations where emotional triggers, accountability and clarity are most critical.

While my first reflection focused on interpersonal leadership challenges, the second reflection examines how my leadership responded under extreme clinical pressure. This incident required rapid decision-making, ethical clarity and structured scene management, offering a contrasting but complementary perspective on my leadership development.

What?

The second incident that has significantly contributed to my leadership development involved attending a three-year-old patient in cardiac arrest. This was an exceptionally difficult incident, both clinically and emotionally, and one that remains deeply personal and challenging to reflect upon. However, its impact on my leadership practice has been substantial, and engaging with it critically will enable me to understand how my behaviours, interpersonal skills and leadership approaches were adapted under extreme pressure.

This incident occurred during a night shift whilst I was working alone on the Cymru High Acuity Response Unit (CHARU). Lone working significantly intensifies emotional and cognitive demands, especially when responding to high-acuity incidents alone. The Welsh Ambulance Services University NHS Trust (2025) Lone Working Policy (LWP) states that staff may be required to work “without close or direct supervision, in isolated work areas, and at any time of the day or night”. This reflected my experience that night, as I had been informed en route that I would be the first resource on scene.

Knowing I would be alone increased my sense of responsibility and the pressure of making complex decisions without immediate support. Human factors were already influencing my performance from the outset, as I was managing increased cognitive demand due to fatigue, nighttime conditions and the lack of direct supervision.

En route, I was informed that the patient had a terminal condition and was approaching the end of his life. From my experience, end-of-life incidents are among the most emotionally demanding and complex situations we attend. In this case, the emotional intensity was heightened further by the fact that the patient was a paediatric. Paediatric

incidents can often be emotional, and so combining this with end-of-life circumstances created an exceptionally challenging situation before I had even arrived on scene.

Upon my arrival, I was surprised to find an EA crew already on scene, which immediately disrupted the plan I had formed en route and required me to adapt quickly. As soon as I walked into the property, it was clear that strong, directive leadership was needed. The crew were visibly overwhelmed. One clinician lacked experience in paediatric emergencies, while the other had previously experienced a paediatric death in her own family, and I was aware of both factors at the time. This created a distressed and disorganised environment, and I had to step into a more directive leadership role immediately to provide structure and safety. As the most senior clinician present, I needed to assess the competence and emotional state of both colleagues rapidly and adapt my leadership approach accordingly – a core principle of situational leadership (Ghallab and Sallam, 2026). However, I found it extremely challenging to establish structure immediately. On reflection, I recognise that the emotional intensity and the unexpected need to lead a distressed crew negatively affected my ability to organise the scene.

I obtained a history from the EA crew, who confirmed that the patient had a terminal illness and was known to the palliative care team. The patient's mother provided an advanced care plan (ACP), which stated that it was not legally binding. The parents were pleading with the crew and myself to do everything possible for their child. This is not a common situation to be in and one that I had never experienced before. The combination of an unclear ACP, terminal diagnosis and parental requests created an ethical dilemma, as I was required to balance their wishes with what was clinically appropriate and within the child's best interests. At that moment, I had to manage a paediatric cardiac arrest whilst simultaneously supporting the parents, working within the limits of the ACP and maintaining composure for both the team and the patient.

Once another resource arrived with an additional paramedic, I stepped away to make several phone calls. Within WAST, a senior clinician is on call to assist with complex incidents and support decision-making. I attempted to contact the senior clinician three times but did not receive an answer. Although I experienced a moment of panic

when I could not get hold of the senior clinician, I believe I maintained composure and continued to seek alternative clinical support.

I contacted the palliative care nurse, who agreed to speak with the consultant and ring me back. While my colleagues continued resuscitation, I contacted a Critical Care Practitioner (CCP) for further guidance. The CCP agreed that resuscitation was not within the patient's best interest but acknowledged that continuing resuscitation was reasonable given the unclear ACP and the parent's requests. The palliative care nurse then called back to confirm that the consultant advised stopping resuscitation. It was crucial that I delivered this information to the parents with compassion, clarity and appropriate assertiveness, balancing empathy with decisiveness.

Being honest, I felt out of my depth during this incident, which is why I have chosen to reflect on it critically.

So what?

As previously mentioned, I completed and distributed a colleague survey to obtain real data on how my leadership is experienced in practice. A key insight from this feedback has highlighted that I often "do the lion's share of the work" during incidents. My IDP reinforces this pattern, noting that I can be "inconsistent in delegation" and tend to "work to promote harmony within the work group" (Appendix 3, p. 48). This incident reflected that pattern clearly. As the most senior clinician on scene working with a distressed crew, I automatically took on the majority of the clinical, emotional and decision-making responsibilities. On reflection, this was unproductive as it increased my cognitive load and prevented shared decision-making within the team.

A further leadership theme that emerged during this incident was the contrast between my ability to remain level-headed and my difficulty establishing structure in a highly chaotic environment. My IDP notes that I often provide "life force and energy to the team" (Appendix 3, p. 48), and this was reflected in my use of calm, clear communication to stabilise the environment and reduce panic. However, my IDP also highlights that I can "create chaos through erratic organisational skills" (Appendix 3, p.

48), and on reflection, I recognise that the intensity of the incident made it harder for me to structure the scene as quickly as I would have liked. This contrast is important because it shows that emotional regulation alone is not enough, and effective leadership also requires quick organisation and decisive scene management. In this incident, my ability to support others emotionally was a strength, but it also highlighted a gap in my leadership approach, reminding me that compassion needs to be balanced with structure and shared responsibility to improve team performance.

The need for balanced leadership became even more apparent given the incident's emotional and ethical complexity. The parents' distress, combined with the ambiguity of the ACP, created an ethical dilemma that required immediate clarity, sensitivity and decisive leadership. Therefore, it was vital that I could move quickly between compassionate communication and firm, directive leadership to maintain safety and guide the team. This ability to adapt my approach in response to the emotional and clinical demands of the situation is, again, a core component of effective situational leadership (Ghallab and Sallam, 2026). On reflection, I believe that I achieved this.

Surendran, Beccaria and McIlveen (2025, p.1) found that emergency nurses experience cognitive overload when "cognitive demands exceed the brain's limited cognitive capacity," which can increase the risk of errors and forgetfulness. This truly mirrored my experience during the incident, where I was simultaneously managing clinical decisions, distressed colleagues and the emotional pressure of the incident. The combination of lone working, paediatric end-of-life care, crew distress and ethical ambiguity created significant cognitive strain which directly affected my ability to delegate and maintain a structured environment. This reinforces the importance of developing stronger cognitive agility and structured decision-making processes within my leadership practice.

As shown by Surendran, Beccaria and McIlveen (2025, p.8), "cognitive agility is the mental ability to rapidly switch and adapt thinking, action and behaviour to unpredictable changes in ED". Although this quote is referenced to the emergency department, the ambulance service is very similar in nature. Cognitive agility was essential during this incident, and reflecting on it highlights how important it is for me to

strengthen this skill to improve my leadership performance in future high-acuity situations.

Although this incident was one of the most emotionally demanding of my career, I believe I consistently demonstrated professionalism, empathy and ethical clarity. Engaging critically with the experience has highlighted the need to strengthen my organisational skills, delegation, and cognitive agility, while also recognising the value of the calm, compassionate leadership that I was able to provide. It has additionally strengthened my understanding of how emotional intelligence and situational leadership must work together during complex and emotional situations. This incident has therefore become an important part of my leadership development, and it will directly inform how I intend to improve my practice and continue to develop as a confident, structured and compassionate leader.

Now what?

This incident has highlighted several areas for development in my leadership practice, particularly in delegation skills, cognitive agility and situational adaptability.

Strengthening these skills will help me to lead more confidently and consistently during future high-acuity and complex incidents.

A recurring theme in my colleague feedback (Appendix 2, p. 42), IDP (Appendix 3, p. 48) and in this incident is my tendency to take on the majority of tasks and responsibilities during incidents. To address this, I recognise the importance of strengthening my delegation skills. Moving forward, I will adopt a more intentional approach to delegation by clearly communicating tasks and outlining my expectations. Once a delegated task has been completed, I will debrief with staff and provide constructive, honest feedback to reinforce good practice and identify areas for improvement. This will help increase my colleagues' confidence and competence, and my trust in their ability to manage similar responsibilities in future incidents.

I also recognise that effective delegation relies on colleagues' clinical competence and confidence. To support this, I will use ride-outs and informal discussions to explore

incidents. This will allow me to identify staff learning needs and organise Continuous Professional Development (CPD) sessions to ensure they remain up to date with their training. By actively contributing to staff development and learning, colleagues will hopefully feel more prepared for complex situations, which in turn will increase my confidence and trust in their abilities and allow me to delegate more effectively. This intention is reinforced by my colleague feedback survey, in which one colleague suggested that I “provide more in house CPD days” (Appendix 2, p. 43), indicating that structured learning would benefit both my colleagues and me.

The cognitive overload I experienced during this incident has emphasised the need for me to strengthen my cognitive agility. Moving forward, I will engage in structured simulation training and scenario-based exercises to practice adapting my thinking and decision-making under pressure. I will also continue to complete reflections after high-acuity/complex incidents to critically evaluate how well I adapted my thinking under pressure and identify moments where cognitive overload may have affected my decision-making and performance.

To support this further, I will make more consistent use of JRCALC guidelines and WAST checklists to help reduce cognitive load and maintain clarity during intense and emotional incidents. By strengthening my cognitive agility, I will be able to manage complex incidents with greater clarity, adaptability and confidence. Ultimately, this will then have a positive impact on team performance and patient care.

Although I demonstrated situational leadership during this incident, I recognise that I need to apply it more consistently. Moving forward, I will work on recognising earlier when I need to change my leadership approach. I will work on recognising my colleagues' emotions, my own cognitive overload or loss of structure during incidents and will respond with a more directive approach when necessary. I will also practise transitioning between compassionate and directive leadership during simulation training and debriefs, as these environments allow me to practise without the emotional intensity of a real incident.

To further strengthen my situational leadership, I will continue to develop my ability to assess colleagues' competence and emotions quickly on arrival. This will support more accurate decisions about which tasks I need to delegate and to whom.

Reflecting on this incident has also been reassuring, as new organisational guidance has since been published that closely aligns with the decisions I made at the time. This confirms that my actions were consistent with best practice and demonstrates that even under extreme emotional and clinical pressure, I was able to apply safe, ethical and effective leadership.

When I put these areas of development together, I realise that it is essential to improve my delegation skills, cognitive agility and ability to adapt to different situations as the basis of my continued development. The insights I have gained from this reflection will influence the goals set out in my PDP.

Conclusion

From both reflections, I have gained a clearer understanding of how my leadership methods work in practice and the areas in which further development is required. The first reflection showed that interpersonal triggers and emotional reactions can influence my behaviour, thereby underlining the importance of improving my emotional regulation, broadening my feedback methods, and gaining more confidence in taking on a directive leadership role when patient safety requires it.

The second reflection demonstrated how my leadership performs under extreme clinical pressure, showing the value of calm communication and ethical clarity while at the same time revealing shortcomings in my delegation skills, cognitive agility and ability to quickly organise a scene.

Together, these reflections show that effective leadership in my SP role requires a balanced approach that combines compassion with structure, adaptability and accountability. I will apply the insights gained directly to my PDP with the aim of focusing my future development on emotional regulation, directive leadership, structured delegation and cognitive agility to enable me to lead with confidence and consistency in both interpersonal and high-acuity situations.

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Appendices

Appendix 1: Personal Development Plan (PDP)

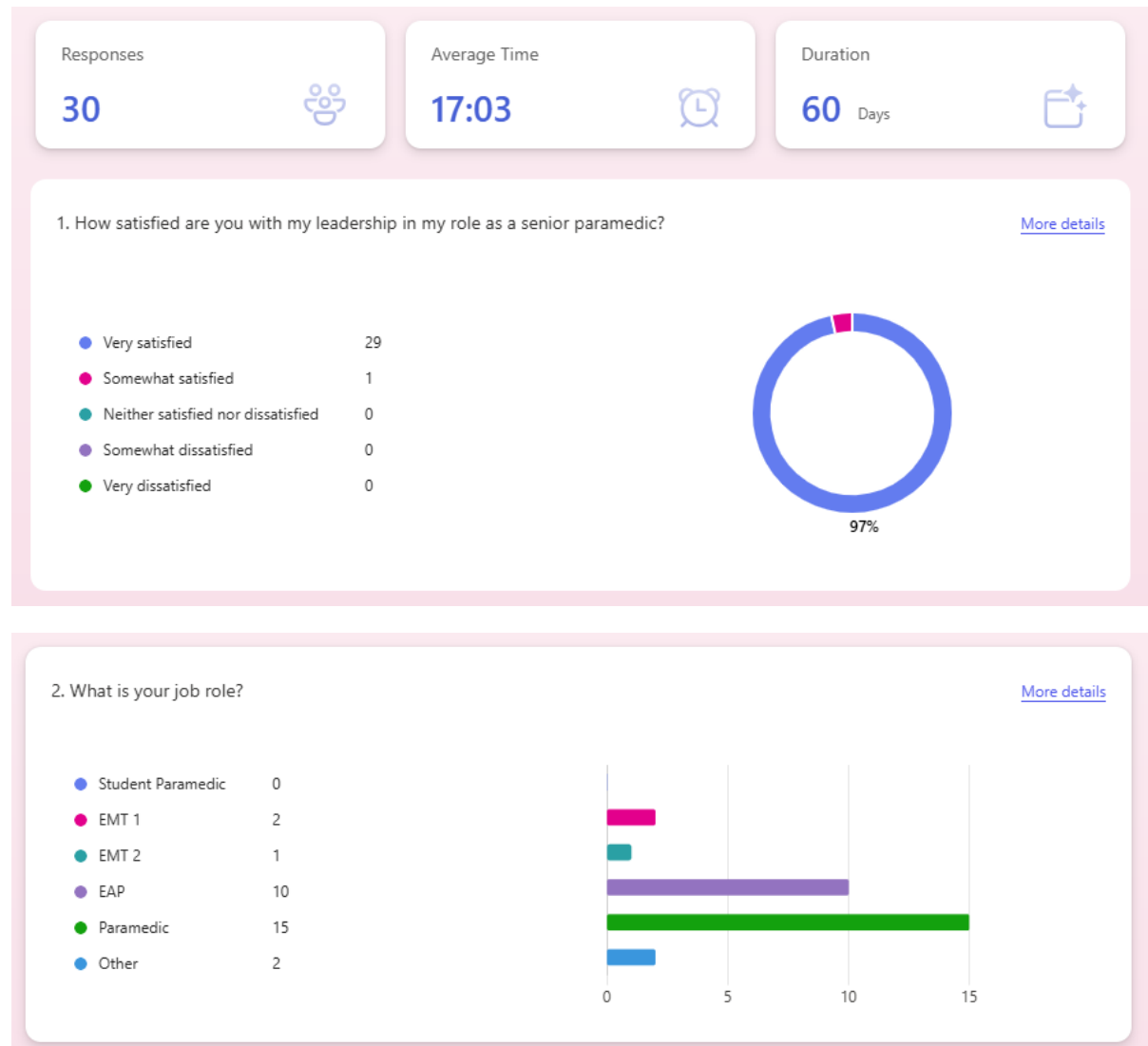
Development area	Specific goal	Actions required	Evidence/Measures of Progress	Timeline
Situational adaptability	Strengthen my ability to adapt my leadership style to different staff needs, particularly those who prefer direct, structured leadership.	Complete ride-outs with staff who prefer a more direct leadership to increase my confidence. Have discussions with staff members before shift to identify their preferred learning styles.	Gather feedback from colleagues to see if I have improved clarity and alignment with their needs. More consistent performance during incidents where rapid direction is required.	3-6 months.
Delegation	Improve my confidence and consistency in delegating tasks during high-acuity incidents.	Use structured delegation frameworks. Practise delegating early in incidents rather than stepping in myself. Reflect after each incident using Rolfe's model.	Gather feedback from colleagues to see if my delegation skills have improved.	3 months.
Cognitive agility	Improve ability to organise chaotic scenes quickly and switch tasks under pressure.	Use Objective Structured Clinical Examination (OSCE) scenarios to develop cognitive agility and practise rapid, structured decision-making.	Documented OSCE outcomes showing improved speed and structure.	6-12 months.

		Use cognitive agility techniques. Complete structured, critical reflections after incidents to enhance cognitive agility.	Evidence of quicker scene organisation in incident reports. Feedback from colleagues confirming improved adaptability.	
Assertiveness	Develop a more confident, direct leadership approach during high-pressured incidents and decision-making moments.	Practise giving clear, concise instructions during ride-outs and simulations. Use structured communication tools. Role-play assertive scene-management scenarios with colleagues, other SPs and the Health Board Clinical Lead (HBCL). Reflect on incidents where I used or did not use assertiveness.	Complete incident logs showing clearer direction and scene control. Gain feedback from colleagues, SPs and HBCL confirming increased assertiveness. Complete reflective entries demonstrating improved confidence in directive leadership.	3-6 months.
Emotional regulation	Strengthen emotional regulation during challenging conversations and highly pressurised incidents	Use structured reflection after difficult interactions. Apply pause techniques before responding.	Gather feedback from colleagues to see if my emotional regulation skills have improved.	3 months.

Feedback skills	Strengthen my ability to deliver corrective feedback clearly and confidently using models suited to the situation.	Learn about alternative feedback models. Practise delivering corrective feedback without softening key messages. Role-play difficult conversations with my colleagues, other SPs and HBCL. Complete a reflection comparing feedback models and their relevance to SP practice.	Complete reflections on incidents where I have used a specific feedback model. Gain feedback from colleagues, SPs and HBCL confirming clearer, more structured feedback. Evidence of improved colleague performance following feedback.	3-6 months.
Psychological safety & Emotional Intelligence	Strengthen my ability to create psychologically safe spaces during debriefs and emotionally intense incidents.	Use emotionally intelligent communication techniques (e.g. active listening, respond with empathy). Practise supporting colleagues while maintaining accountability. Reflect on emotional interactions to identify triggers and improvements.	Gain feedback from colleagues indicating increased psychological safety. Complete reflections showing improved emotional awareness and regulation. Have more open and honest debriefs with staff.	3-6 months.

Reflective practice	Get into the habit of completing frequent reflections after incidents to strengthen self-awareness and leadership consistency.	Complete reflections after any significant incidents. Review reflections monthly to identify triggers/patterns. Use reflections to set goals for upcoming shifts.	Have evidence of a maintained reflection log showing regular entries. Evidence of recurring theme and triggers identified over time. Observe any changes to my leadership behaviour linked to my reflections. Monthly review notes demonstrating reflective habit.	Ongoing (review every 3 months).
Plan and deliver CPD sessions	Increase the number and quality of CPD sessions I create and deliver to colleagues.	Use ride-outs and informal discussions to identify learning needs. Create short CPD modules addressing common staff development needs. Deliver CPD sessions during structured CPD days. Meet with my HBCL to outline my intentions.	Document discussions with HBCL/SPs. Increase my attendance at CPD sessions. Evidence my delivery of a CPD session. Reevaluate colleague feedback to ensure the CPD days are meeting staff needs.	1 year.

Appendix 2: Colleague Feedback Survey



1. How satisfied are you with my leadership in my role as a senior paramedic? [More details](#)

Very satisfied	29
Somewhat satisfied	1
Neither satisfied nor dissatisfied	0
Somewhat dissatisfied	0
Very dissatisfied	0

97%

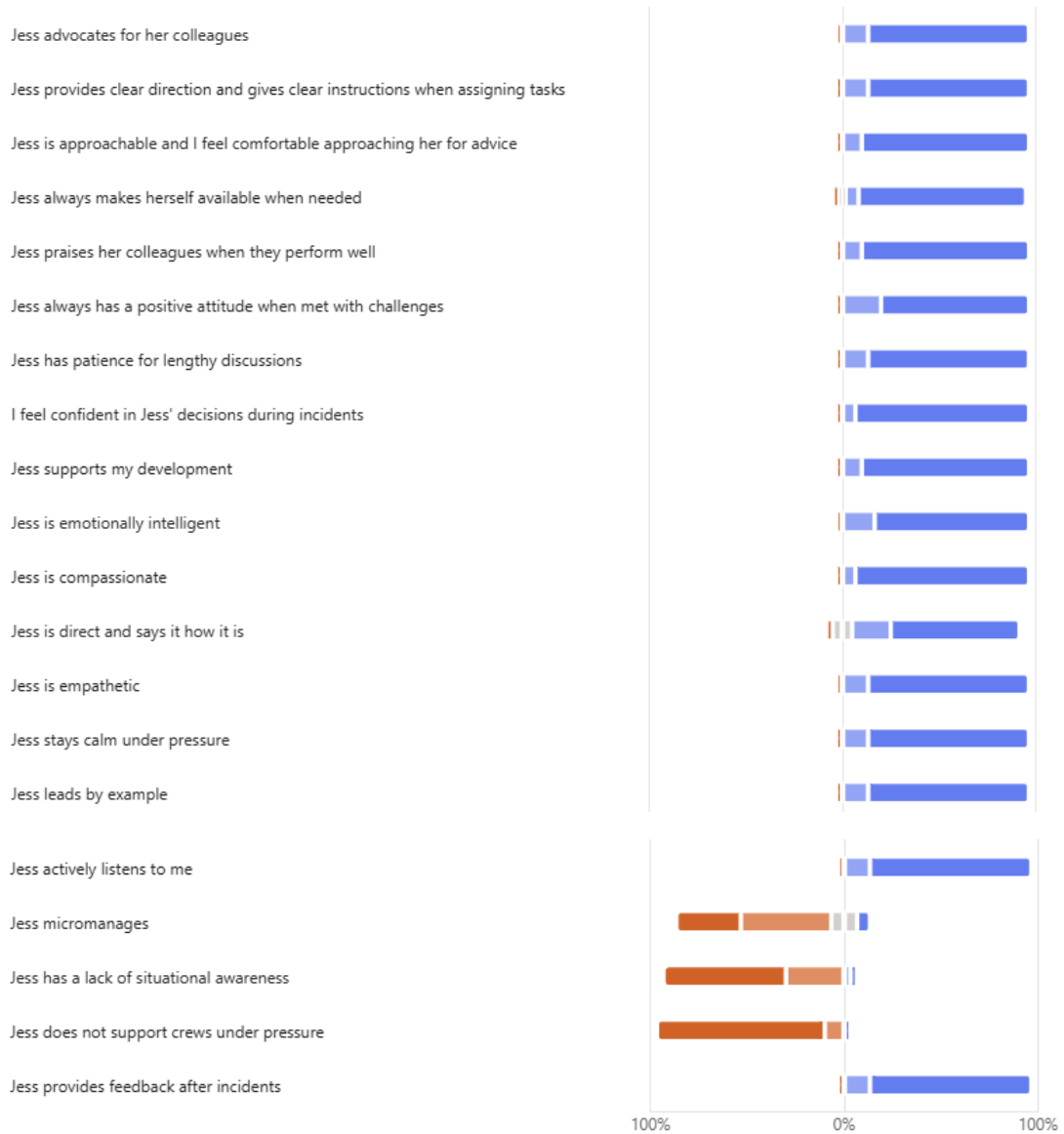
2. What is your job role? [More details](#)

Student Paramedic	0
EMT 1	2
EMT 2	1
EAP	10
Paramedic	15
Other	2

3. With regard to my **leadership style**, how strongly do you agree or disagree with the following?

[More details](#)

● Strongly disagree ● Disagree ● Neither agree nor disagree ● Agree ● Strongly agree



4. Describe how I am as a manager/leader in three words.

30 Responses

ID ↑	Name	Responses
1	anonymous	approachable, understanding, compassionate
2	anonymous	Supportive, encouraging, compassionate
3	anonymous	Empathetic. Dependable. Knowledgeable.
4	anonymous	Caring, compassionate, approachable
5	anonymous	Approachable, understanding of others (patients and colleagues) and compassionate
6	anonymous	Approachable. Calm. Knowledgeable.
7	anonymous	Approachable, Knowledgeable, Honest
8	anonymous	Approachable, knowledgeable, advocate
9	anonymous	friendly, supportive, informative
10	anonymous	Role model, passionate, brilliant
11	anonymous	Inspirational, conscientious, ab-fab
12	anonymous	Approachable, knowledgeable, reassuring
13	anonymous	Approachable, caring, empathic
14	anonymous	Approachable. Supportive. Knowledgeable.

4. Describe how I am as a manager/leader in three words.

30 Responses

15	anonymous	Understanding, patient and supportive
16	anonymous	Knowledgable, empathetic, understanding
17	anonymous	Compassionate, Supportive, Role Model
18	anonymous	Supportive / Approachable / Effective
19	anonymous	Kind, compassionate, knowledgeable
20	anonymous	Humble, approachable, empathetic
21	anonymous	Empathetic, patient and supportive.
22	anonymous	Approachable , kind , understanding
23	anonymous	Kind, competent and encouraging.
24	anonymous	Excellent, Excellent, excellent
25	anonymous	Approachable, supportive, knowledgeable
26	anonymous	Trustworthy committed knowledgeable
27	anonymous	Supportive, accountable, compassionate
28	anonymous	Approachable knowledgable supportive
29	anonymous	Supportive. Motivated. Enthusiastic.
30	anonymous	Approachable, knowledgeable, supportive

5. How could I improve as a manager/leader?

30 Responses

ID ↑	Name	Responses
1	anonymous	N/A
2	anonymous	I don't think there is much room for improvement as a manager for you to achieve. You are always available and supportive of not just me but all staff. I think you should have more confidence in your ability as a manager as we all think you're an excellent leader.
3	anonymous	The only area I can think of, is that I think she could benefit from having more confidence in herself as a leader, on times. She consistently demonstrates excellent clinical knowledge and supports every member of her team incredibly well. So backing herself and recognising the value she brings would make her an even stronger manager.
4	anonymous	Jess is a great leader, I think when being on jobs with her I have felt comfortable and confident and don't see any areas for improvement.
5	anonymous	Jess is a wonderful Senior Paramedic and is so easy to talk too and willing to support colleagues at every angle. She makes time me and for my colleagues and actively listens. If Jess doesn't know something so is up front about it and always helps us in the right direction. Improvement is hard to suggest because she is so valuable to our locality and is an asset to us as a whole team.
6	anonymous	I find this question difficult to answer as a manager and a leader are two different roles in my opinion. We have DOM's and a LM to manage crews. I look up to SP's for more clinical guidance, support and reassurance. I would like to see you take on a role solely as an SP, which sets you apart from the other SP's. A role that targets lesser qualified clinicians to achieve goals or qualifications. An example of this i can think of - If you became the SP lead for our EAP to Paramedic Conversion course colleagues. The EAPs could come to you direct for any additional support and or guidance as required to help them with their learning including OSCE preparation. A number of our soon to be Paramedic Student colleagues are female. You are the best placed Senior Paramedic in our locality to offer them support as i know from experience as a rep on the paramedic science course currently, some females are more likely to reach out to a fellow female colleague for support, versus a male. You can do this Jess. I believe in you.
7	anonymous	As a leader you could improve by ensuring you adapt your approach depending on your colleagues learning style. You can also improve your emotional intelligence to ensure that you understand your own and colleagues emotions which will help improve conflict resolution, empathy, and team morale.
8	anonymous	More confidence in your leadership ability
9	anonymous	really difficult for me to comment as not having worked with you for long.
10	anonymous	Nothing, Jess is a brilliant leader in all aspects

5. How could I improve as a manager/leader?

30 Responses

10	anonymous	Nothing, Jess is a brilliant leader in all aspects
11	anonymous	Since you have joined the locality as an SP, I have nothing but positive things to say about you and would genuinely be lost if you ever left (don't ever leave). I do find it difficult to attend multiple incidents in a row as these incidents can be very mentally heavy at times - especially with incidents that require a longer than normal time on scene.
12	anonymous	If you continue to be completely yourself and carry out your role as you currently do you will naturally develop and improve but there is nothing you need to improve on currently.
13	anonymous	Jess has always shown a strong ability to adapt and improve as the dynamic of the service and her role has changed, and has done this of her own accord. I have had the privilege of seeing Jess grow and adapt as she has taken more and more senior roles. Each one has been taken with grace and she has remained grounded throughout. However, I believe Jess fails to see how incredible she is at her job, and sometimes this can be her downfall. Maybe I see this more as I have worked with Jess since I was a student. She is absolutely amazing at her job, however, if she had a bit more confidence and understanding of just how amazing she is, she has the ability to go as far as possible in this role as she should be the bench mark of what makes a truly amazing, one of a kind paramedic.
14	anonymous	Offer CPD days from the 'role of an SP' perspective so we can learn about your role, how to get there and be inspired to progress to SP. clinically and, in regards to support, I cannot find any faults.

5. How could I improve as a manager/leader?

30 Responses

		support, I cannot find any faults.
15	anonymous	I think continuing to encourage open communication and regular informal check-ins with staff would be beneficial. Giving people opportunities to discuss any concerns or areas for development helps maintain a supportive environment.
16	anonymous	Can't think of any improvements :)
17	anonymous	N/A
18	anonymous	Jess should carry on the way she is. Although no clinician is perfect, her attitude to the role is exemplary and instills confidence in those around her.
19	anonymous	Delegate more, on jobs you've often done or are doing the lions share of the work.
20	anonymous	I don't believe you need to improve as a manager/leader. I think you sometimes worry a little to much what others think and you shouldn't.
21	anonymous	Jess is an approachable member of the senior paramedic team. Both during operational ride out shifts and outside of that 1-1 environment Jess will take time to answer any problem no matter how big or small. She is a very knowledge and down to Earth member of staff who I believe is a fantastic role model to other members of staff including myself within the NPT locality. In respect to improvement as a manager/ leader, I feel it would be beneficial to potentially have little drop-in sessions where a particular topic is covered each month; for instance, for the jobs which are very infrequent i.e births, drownings etc, or for when theres been a large influx of JRCALC updates to ensure everyone is up-to-date with current ways of working. She is a credit to the NPT senior paramedic team.
22	anonymous	no improvements required

5. How could I improve as a manager/leader?

30 Responses

21	anonymous	to each member of staff who I believe is a fantastic role model to other members of staff including myself within the NPT locality. In respect to improvement as a manager/ leader, I feel it would be beneficial to potentially have little drop-in sessions where a particular topic is covered each month; for instance, for the jobs which are very infrequent i.e births, drownings etc, or for when theres been a large influx of JRCALC updates to ensure everyone is up-to-date with current ways of working. She is a credit to the NPT senior paramedic team.
22	anonymous	no improvements required
23	anonymous	I genuinely feel that you are a great leader and fit for the SP role, I think you should have more confidence in your ability.
24	anonymous	There is no need to improve. Keep being you, your caring and supporting and you Dont realise how much people learn from you.
25	anonymous	More in house CPD days
26	anonymous	Keep being you- strong and positive
27	anonymous	I have no issues in Jess as a leader and it's difficult to find any areas to improve on. The one thing I could say is to possibly provide more CPD days surrounding specific areas where we are not used too. EG Paeds resuss, HOTT resuss.
28	anonymous	Be more confident, you are strong in your managerial abilities. Trust in yourself more and not worry too much about other peoples opinions
29	anonymous	Nil
30	anonymous	Be more confident.

6. What are my strengths as a leader?

30 Responses

ID ↑	Name	Responses
1	anonymous	Able to delegate tasks, stay calm and take control under pressure. Show empathy and compassion to both staff and patients and always has time to listen/help.
2	anonymous	Nothing is ever too much to ask. If you don't know the answer to a question to ensure you get the correct answer for staff. You have been incredibly supportive of me and my progression. You're a good listener, give clear instructions and present yourself as a kind and compassionate leader who is decisive in high pressure situations. You are knowledgeable and can easily pass this knowledge on to others with your communication skills and approachable demeanour. You always make time to listen and understand. You prioritise feedback, both constructive and positive which allows me to better myself.
3	anonymous	Her strengths are empathy, approachability and commitment to supporting every individual on her team. She always makes time to listen and provides thoughtful and constructive feedback. I continually come away from our discussions and rideouts having gained new knowledge; and feeling more confident in myself. She creates a positive environment where I feel comfortable asking questions and discussing challenges. Her strengths as a leader have definitely had a positive impact on my own professional development.
4	anonymous	Caring, understanding, approachable, respectful, intelligent.

6. What are my strengths as a leader?

30 Responses

		professional development.
4	anonymous	Caring, understanding, approachable, respectful, intelligent.
5	anonymous	Jess is a strong willed, compassionate but determined leader on jobs. Jess is intelligent and is able to share her knowledge and encourage us to work as a team in the most stressful and demanding situations. If I have any concerns I know I can speak to Jess in confidence and that she is there to support me and my colleagues at all times. She often comes and speaks to me just to ask how I am and that everything is okay in work, it is nice to know my senior is still looking out for me and checking on her team without being asked too. Jess is invaluable to our locality and has taught me a lot.
6	anonymous	Young, relatable to our younger aged workforce. I find you very approachable and often i contact you as a first point of contact as historically i may not have received the support/ answers back from other SP's. I believe you are growing into the SP role well and will only get stronger as you look to expand your experience within the role.
7	anonymous	I find that you are a very approachable leader who is honest with feedback. As a leader you encourage staff development and have a wide range of knowledge which you pass onto colleagues. You empathise with staff and can relate to any issues that staff bring to you.
8	anonymous	Approachability, extremely competent, able to lead well in stressful fast paced environment.
9	anonymous	knowledgeable, supportive, proactive

6. What are my strengths as a leader?

30 Responses

11	anonymous	You are someone who I know I can approach with any issue; whether this is work related or personal. You have truly been a rock during some of my hardest times especially when those in official 'managerial' positions have not had the time nor the patience to listen. During our rideouts, you allow me space to be a clinician in my own right and don't laugh or make me feel stupid when I am sounding ideas out loud yet you're there ready to assist should I need further guisance. You always have the time to go through an incident in great depth to ensure understanding and this is never done in a condescending manner. Your teaching style is something that I really get on with as it is clear and I know exactly what is expected of me as a learner. It is clear that you care and you have advocated for me and my patients multiple times, especially with hostile/uncivil doctors. Working with you on rideouts has made me the clinician I am today and I am sure that this is echoed across the locality. Thankyou Jess, you are an angel
12	anonymous	Jess is approachable and is happy to give help, advice and support when needed. Jess is also a real person and that makes her a better leader as she feels like one of us not a manager stuck in an office who doesn't see the real situation. Jess is a genuine person who really cares about patients and staff members the example she sets is easy for staff members to follow.

6. What are my strengths as a leader?

30 Responses

13	anonymous	You have been available to me through some of the hardest parts of my career, I can come to you without hesitation regardless this issue I am bring to you. You offer the experience to our conversations that comes with being a senior paramedic but have an amazing ability to bring the human element staff need, to be empathic and caring, even in the most difficult of situations. Even when broaching difficulty topics with staff over say, improving practice, this is done in a constructive manner and always with and emphasis on the positives. Even when a negative issue has to be covered, you never leave a conversation feeling defeated. Your left with a plan, and a skip in your step that this is simply a hurdle we have to overcome with your SP with you each step. I hope management realise just how much of an asset she is not only to the NPT locality but as en exemplary employee of WAST,
14	anonymous	You act promptly and address any concerns quickly. You provide support without hesitation. You are very approachable. You want to help people be confident in their role. You do not talk down about staff.
15	anonymous	I feel able to discuss my concerns and areas where i may need development with you in confidence. You support me in working through these with clear action plans and provide guidance when i need it.
16	anonymous	You always make time for your colleagues and will always be happy to discuss incidents they have attended. Easily contactable :)
17	anonymous	Jess is a supportive leader, who actively encourages a positive environment to work in. You communicate with confidence and inspire confidence in others.
18	anonymous	Communication skills, ability to act effectively under pressure which makes those around her confident in her decision making process.
19	anonymous	Active listener, democratic leader, fair.

6. What are my strengths as a leader?

30 Responses

20	anonymous	if i had a problem i could approach you and you'd listen without judgement and support me in every way possible that's a strong leader and so are you.
21	anonymous	Jess is patient, knowledgeable and approachable. During operational ride out shifts she provides constructive criticism ensuring my practice is golden standard. She is patient when providing explanations and ensures whoever she is relaying the information to has total understanding in that specific topic/ task.
22	anonymous	very approachable , always listens to concerns, very supportive , kind , strong leader , very knowledgeable
23	anonymous	I believe you have great knowledge of the requirements of the role due to your past experience within WAST. This experience, both from a clinical and managerial standpoint really shows and makes me feel confident and comfortable when seeking/receiving guidance and support. You are super approachable, kind and make time to genuinely check in during our ride outs. You are clear when providing feedback, this means I know exactly what steps to take in order to improve going forward. It's clear to me that you care about doing the job well and I think you're a great SP.
24	anonymous	very good communication, Dont panic under stressful situations. Approachable, caring and good listener
25	anonymous	Very approachable and supportive with any questions, you are always easily contactable and will help in any way you can.
26	anonymous	Positive, committed, compassionate

6. What are my strengths as a leader?

30 Responses

24	anonymous	caring and good listener
25	anonymous	Very approachable and supportive with any questions, you are always easily contactable and will help in any way you can.
26	anonymous	Positive, committed, compassionate
27	anonymous	Jess' strengths as a leader, is that she has a clear vision in what is wanted or needed for the patient and staff. She makes sound clinical judgment and backs her decision making. We are able to have lengthy conversations surrounding incidents and general work place issues or problems and have lengthy feedback and constructive chat. The conversation is always engaging and there is never a right or wrong outcome to the discussion. I feel as I am able to approach Jess about anything, and her confidentiality, decision making/professionalism is never questioned. Jess focuses on developing the new staff in the role and is committed on passing her sound knowledge, and drives them to be the best clinicians going forward in encouraging problem solving and open discussion. Jess provides feedback and drives small improvements in current practice, whether to new or existing staff.
28	anonymous	You have a strong leadership style and give clear direction. You are strong at communicating and are very approachable. You are an excellent listener when support is needed
29	anonymous	Whenever I have attended incidents with Jess, I felt supported and heard as a team member and clinician. I like Jess's leadership style which is very inclusive and team-orientated but also displaying authority when needed.
30	anonymous	You encourage and support others with a great enthusiasm and I think this is a great strength to have as a leader.

Appendix 3: Insights Discovery Profile (IDP) (see over)



Discovery[®]

Personal Profile

Jessica Torkington

02 February 2026

Foundation Chapter
Management Chapter
Personal Achievement Chapter

Personal Details

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Telephone:

Date Completed: 02 February 2026
Date Printed: 03 February 2026
Referral Code: 2026-Feb26-WAST

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Introduction

This Insights Discovery profile is based on Jessica Torkington's responses to the Insights Preference Evaluator which was completed on 02 February 2026.

The origins of personality theory can be traced back to the fifth century BC, when Hippocrates identified four distinct energies exhibited by different people. The Insights System is built around the model of personality first identified by the Swiss psychologist Carl Gustav Jung. This model was published in his 1921 work "Psychological Types" and developed in subsequent writings. Jung's work on personality and preferences has since been adopted as the seminal work in understanding personality and has been the subject of study for thousands of researchers to the present day.

Using Jung's typology, this Insights Discovery profile offers a framework for self-understanding and development. Research suggests that a good understanding of self, both strengths and weaknesses, enables individuals to develop effective strategies for interaction and can help them to better respond to the demands of their environment.

Generated from several hundred thousand permutations of statements, this profile is unique. It reports statements which your Evaluator responses indicate may apply to you. Modify or delete any statement which does not apply, but only after checking with colleagues or friends to identify whether the statement may be a "blind spot" for you.

Use this profile pro-actively. That is, identify the key areas in which you can develop and take action. Share the important aspects with friends and colleagues. Ask for feedback from them on areas which seem particularly relevant for you and develop an action plan for growth personally and interpersonally.

Overview

These statements provide a broad understanding of Jessica's work style. Use this section to gain a better understanding of her approaches to her activities, relationships and decisions.

Personal Style

Jessica is sympathetic, empathic and affable. She may benefit from taking a step back to consider the cause and effect of her actions, and from practising becoming more tough-minded. Her social gatherings are frequent and worth attending, particularly when they mark important events. Theoretical work holds little interest for her and she needs to feel she is doing something rather than just thinking about it. Her warmth, sympathy and understanding encourages others to come to her.

Her home will be a haven for people to have a good time, and will have mementoes or photographs of people having a good time! Her mental processes operate best when she is in contact with other people. She is seen by most others as a friendly, practical, realistic and down-to-earth person. At times, events can overwhelm her and she may find it almost impossible to say "No", even when the demands are unreasonable. Jessica can be very effective in using her concern for others to ensure involvement.

She will be hurt if people ignore her and likes to be remembered and appreciated for the services she continually seeks to offer to others. Jessica seeks greater fulfilment in her life through the offering of help and service to others. Jessica can combine social expertise within her normally assertive behaviour. With her friendly organisational skills, Jessica is supportive of other colleagues and will enthuse over most projects. She is aware of and involved in her physical environment and likes to be active and productive.

Jessica displays fierce loyalty to and for people who report to her. Jessica can be gregarious, sociable, and focused on others' needs. She is proficient at alleviating the concerns of others. She tends to be fiercely loyal to her friends, prepared to sacrifice her own wants for the needs of the other person. Attending to others' wants is felt by her to be a satisfying, legitimate way of expressing her own deeper needs.

She may ignore or deny anything that threatens the harmony she seeks. If her job requires that she work alone for long periods then she can become restless and unsettled, unless the job is really engaging. At her best in jobs which deal with people and situations that require co-operative working, she dislikes impersonal tasks and work demanding factual accuracy, unless she can be free to include the people factor. She may become pessimistic and gloomy when she is thwarted or fails to see ways to make the important changes in her life. She is often more interested in "real things" than intangibles, such as abstract ideas and theories.

Interacting with Others

Jessica likes to build harmonious relationships with others and continually seeks to maintain these relationships. Her major goal is to create and maintain good feeling and harmony among the people she relates to. She functions best when she is talking with people, which she enjoys immensely. Much of her pleasure and satisfaction comes from other's warm responses. She

enjoys relating to others, especially on known subjects and existing situations. She likes to seek out the company of others and is a good conversationalist.

She may dislike and even avoid tasks which require attention to detail or inordinate paperwork. She constantly seeks opportunities to talk things through with others. She enjoys meeting like minded people, to allow her to relate her experiences at length. If she cannot avoid putting off telling someone an unpleasant truth, she will soften the message by putting it in an affirmative way. With a joy for living that is contagious, Jessica moves to seek the company of others whenever she can.

Shifting attention inward for long periods may produce anxiety for her as she prefers to look outward towards others for her emotional security. Jessica is both charming and popular, constantly enthusing through her gift of ready articulation. Jessica is very co-operative and articulate, communicating sympathy, concern and a willingness to become involved. Looking for perfection in a relationship can result in her sensing a vague dissatisfaction with the reality of the way things are. She is noted for her innate ability to inspire and encourage others around her and exhibits excellent interpersonal skills.

Decision Making

Jessica's tendency to think "out loud" enables others to follow her line of thinking. She may often make decisions based upon how she feels about a situation, rather than how the situation actually is. In her attempts to please others she may make promises she cannot fulfil. Concern for others' welfare can affect the validity of her decisions. She sees herself as realistic, practical and matter-of-fact, although others may not always see the practicality of some of her decisions.

She may value opinions over facts in considering a possible course of action. She may get bored quickly and tend to ignore significant detail in her desire to move on to more exciting things. She may unconsciously manipulate the process to get her own way. She is a quick decision maker and considers people within the context of the result of the task. She makes decisions relying on her personal experiences to see her through.

She may choose to change her decisions if it turns out that someone may be adversely affected by them. She is prepared to make decisions through group consensus. She will tend to be concerned with the effect that the decision making process, and its result, will have on others. Because she values harmony and agreement, she believes the best way to maintain this is to persuade others of the validity of her viewpoint. She is prone to jump to conclusions and may act on assumptions that may well turn out to be wrong.

Personal Notes

Key Strengths & Weaknesses

Strengths

This section identifies the key strengths which Jessica brings to the organisation. Jessica has abilities, skills and attributes in other areas, but the statements below are likely to be some of the fundamental gifts she has to offer.

Jessica's key strengths:

- Knows how to enjoy the journey as well as the destination.
- Has an outgoing nature and builds relationships quickly.
- Enjoys spending time around other people - and helping them feel good.
- Gracious, charming, empathetic and considerate.
- Will work to ensure harmony and equity.
- Easy going and fun approach to most things.
- Ability to see options and alternatives.
- Appreciative of others' contributions.
- Fluent and reassuring.
- Displays lots of self-confidence.

Personal Notes

Key Strengths & Weaknesses

Possible Weaknesses

Jung said “wisdom accepts that all things have two sides”. It has also been said that a weakness is simply an overused strength. Jessica's responses to the Evaluator have suggested these areas as possible weaknesses.

Jessica's possible weaknesses:

- Will set unrealistic deadlines for herself and others.
- Vocally defends her faults when challenged.
- Her solutions may appear rather “off the wall”.
- Over optimistic about the abilities of others.
- Answers the question before it has been asked.
- Like a butterfly, she may be difficult to catch or tie down.
- Idealistic in relationships - wants everyone to be happy.
- Unduly affected or influenced by others' opinions.
- Finds it difficult to concentrate on a single topic for long periods.
- May be perceived as too trusting.

Personal Notes

Value to the Team

Each person brings a unique set of gifts, attributes and expectations to the environment in which they operate. Add to this list any other experiences, skills or other attributes which Jessica brings, and make the most important items on the list available to other team members.

As a team member, Jessica:

- Takes on and shares ideas.
 - Brings boundless energy to any situation.
 - Enjoys an empathic approach to others.
 - Impacts many and varied ideas.
 - Can organise the social calendar.
 - Is readily approachable and willing to accept others views.
 - Works to promote and maintain harmony within her team.
 - Allows individual potential and contribution to team effort.
 - Displays a strong people-orientation.
 - Provides stimulation and resourcefulness.
-

Personal Notes

Communication

Effective Communications

Communication can only be effective if it is received and understood by the recipient. For each person certain communication strategies are more effective than others. This section identifies some of the key strategies which will lead to effective communication with Jessica. Identify the most important statements and make them available to colleagues.

Strategies for communicating with Jessica:

- “Temper” her optimism with realism.
 - Support her need for new ideas, material and challenges.
 - Maintain harmony in exchanges - minimise conflict.
 - Be prepared to share problems openly.
 - Sprinkle in praise, flattery and compliments.
 - Avoid detailed reports, focus on people issues.
 - Take care that you don't overload her.
 - Adapt to sudden changes in direction.
 - Keep the conversation lively.
 - Provide information that stimulates conversation.
 - Talk tangibly and with enthusiasm.
 - Be clear on completion details.
-

Personal Notes

Communication

Barriers to Effective Communication

Certain strategies will be less effective when communicating with Jessica. Some of the things to be avoided are listed below. This information can be used to develop powerful, effective and mutually acceptable communication strategies.

When communicating with Jessica, DO NOT:

- Insist on cumbersome reporting procedures.
 - Isolate her from regular contact with others.
 - Talk slowly, mumble or whisper.
 - Restrict or restrain her natural exuberance.
 - Forget to recognise her personally in a job well done.
 - Show disregard for her feelings by your words or actions.
 - Overload her with irrelevant information.
 - Shout, bully or threaten with position power.
 - Get carried away by her enthusiasm.
 - Talk with her using a low-key voice tone.
 - Fail to allow enough time to talk with her.
 - Forget to offer praise and recognition when it is due.
-

Personal Notes

Possible Blind Spots

Our perceptions of self may be different to the perceptions others have of us. We project who we are onto the outside world through our “persona” and are not always aware of the effect our less conscious behaviours have on others. These less conscious behaviours are termed “Blind Spots”. Highlight the important statements in this section of which you are unaware and test them for validity by asking for feedback from friends or colleagues.

Jessica's possible Blind Spots:

Jessica may feel pressured to make decisions too quickly, before she has had adequate time to gather all the more obscure facts and consider the fuller implications of her actions. Her natural quickness and pressure to anticipate what is coming means she occasionally assumes wrongly that she knows what a person is going to say, and is tempted to jump in to finish their sentences. She responds well to praise, but is easily hurt by negative criticism, which makes her appear over-sensitive to some others.

She would do better if she sought the advice of more practical people to find out how workable and useful her ideas are. She needs to try to anticipate what dangers might be in store and develop an alternative plan in case things should become unpleasant. She may jump to conclusions or make incorrect assumptions and decisions too quickly, without gathering all the important facts. She often overlooks her own needs due to her desire to please or help other people. She tends to ignore her problems instead of finding rational solutions for them and needs to try to keep her eyes and mind open as well as her heart.

Although she can do certain detailed work she will tend to be less careful and more restless in longer term projects. She needs to learn to deal more directly and honestly with conflict, trusting that her natural sensitivity to others' feelings will provide her with what needs to be done even in the most difficult situations. By applying some objectivity and even scepticism to her analysis, she might become a better judge of others. Trying to be less sensitive would enable Jessica to hear the often helpful information that is contained in constructive criticism. Taking the time to pay closer attention to what is actually going on in the world around her and listening carefully to both the input and reactions of others will help her.

Personal Notes

Opposite Type

The description in this section is based on Jessica's opposite type on the Insights Wheel. Often, we have most difficulty understanding and interacting with those whose preferences are different to our own. Recognising these characteristics can help in developing strategies for personal growth and enhanced interpersonal effectiveness.

Recognising your Opposite Type:

Jessica's opposite Insights type is the Observer, Jung's "Introverted Thinking" type.

Observers are precise, cautious and disciplined and are painstaking and conscientious in work that requires attention and accuracy. They are objective thinkers, concerned with the right answer and will avoid making quick decisions. Jessica may see the Observer as hesitating to acknowledge a mistake or as becoming immersed in researching for data to support an isolated view.

Observers tend not to trust strangers and will worry about outcomes, their reputation and their job. They are reticent about expressing their feelings and Jessica will often see the Observer as unresponsive, cool and uncaring. Observers draw conclusions based on factual data. They may be slow at producing results, as gathering data is the stimulating part of the job for them.

Observers like to make rules based on their own standards and apply those rules to daily life. Jessica may find herself at odds with Observers due to their private nature and lack of enthusiasm for social events. Introverted analysis may prevent the Observer from expressing thoughts as readily as Jessica would wish.

Personal Notes

Opposite Type

Communication with Jessica's Opposite Type

Written specifically for Jessica, this section suggests some strategies she could use for effective interaction with someone who is her opposite type on the Insights Wheel.

Jessica Torkington: How you can meet the needs of your Opposite Type:

- Keep her informed of all the details.
- Take your time getting to know her if you want critical feedback.
- Stick to business at all times.
- Bring proof and evidence of performance.
- Keep the conversation impersonal.
- Be honest, moderately paced, straightforward and open with her.

Jessica Torkington: When dealing with your opposite type DO NOT:

- Speak too quickly.
 - Expect her to immediately strike up close relationships or friendships.
 - Be vague about facts and statistics.
 - Encourage her to undertake a high profile task against her will.
 - Reinforce her own self criticism.
 - Get too excited or emotional.
-

Personal Notes

Suggestions for Development

Insights Discovery does not offer direct measures of skill, intelligence, education or training. However, listed below are some suggestions for Jessica's development. Identify the most important areas which have not yet been addressed. These can then be incorporated into a personal development plan.

Jessica may benefit from:

- A plethora of rules and regulations for her to follow.
 - Finishing and reflecting on each book she reads before starting a new one.
 - Reducing the level of activities in her life.
 - Organising situations so they proceed exactly as she predicts and plans.
 - A more dispassionate and objective outlook.
 - Taking life more seriously.
 - Questioning the motives of others.
 - Being left alone to work quietly.
 - Becoming less intense, steadier and more reliable.
 - Distancing and formalising certain relationships.
-

Personal Notes

Management

Creating the Ideal Environment

People are generally most effective when provided with an environment which suits their preferences and style. It can be uncomfortable to work in an environment which does not. This section should be used to ensure a close match between Jessica's ideal environment and her current one and to identify any possible frustrations.

Jessica's Ideal Environment is one in which:

- The surroundings may be comfortably and classily furnished and decorated.
 - The emphasis is on informality rather than rules.
 - Rules on time keeping and dress code are generally more relaxed.
 - She is free to be herself.
 - The workplace is light, spacious and attractive.
 - She sees the impact and results of her efforts.
 - Ideas can be practically applied.
 - A flexible approach is taken to the specification of hours and days worked.
 - There is ample opportunity to express ideas.
 - There is time for play during work hours, and social bonding outside of work.
-

Personal Notes

Management

Managing Jessica

This section identifies some of the most important strategies in managing Jessica. Some of these needs can be met by Jessica herself and some may be met by her colleagues or management. Go through this list to identify the most important current needs, and use it to build a personal management plan.

Jessica needs:

- Overall guidance that is steady and firm.
 - Consistent recognition of her achievements.
 - Involvement in all the team activities.
 - Varied work, which will incorporate her creativity and allow her free expression of ideas.
 - Support in completing tasks she starts.
 - An understanding manager, who is mentor and coach, and who is consistent, patient and calm.
 - Freedom from bureaucracy.
 - To understand the need for time-management disciplines.
 - To be more precise when delegating.
 - The opportunity of networking during her working day.
-

Personal Notes

Management

Motivating Jessica

It has often been said that it is not possible to motivate anyone - only to provide the environment in which they will motivate themselves. Here are some suggestions which can help to provide motivation for Jessica. With her agreement, build the most important ones into her Performance Management System and Key Result Areas for maximum motivation.

Jessica is motivated by:

- A high degree of freedom and independence.
 - Opportunities to enjoy the moment.
 - Being made to feel “one of us”.
 - Team activities to lighten the gloom.
 - A “key” role within a successful team.
 - Investment in equipment for her exclusive use that encourages her sense of worth.
 - Participation in lively arguments, debate and discussions.
 - Personal appreciation and public recognition for a job well done.
 - Tasks which necessitate “group” involvement.
 - Authority to match her responsibilities.
-

Personal Notes

Management Style

There are many different approaches to management, most of which have different situational applications. This section identifies Jessica's natural management approach and offers clues to her management style, highlighting both gifts and possible hindrances that can be further explored.

In managing others, Jessica may tend to:

- Give team members plenty of freedom.
 - Provide “life force” and energy to the team.
 - Be passionate about her ideas.
 - Create chaos through erratic organisational skills.
 - Be inconsistent in delegation.
 - Find it difficult to deal with disciplinary matters within her team.
 - Allow her team plenty of freedom to make decisions.
 - Become distracted by peripheral events, losing sight of the key objectives and outcomes.
 - Be optimistic and sometimes over-confident of the abilities of her staff to perform effectively.
 - Work to promote harmony within the work group.
-

Personal Notes

Personal Achievement Chapter

At its best, life is a rewarding journey of personal exploration and growth.

This chapter is designed to focus on several highly important aspects of personal development. Using the guidance suggested in these pages can lead to exciting changes and can have a profound impact on success.

The sections will help Jessica define her life's purpose, set her goals and organize her time and life to achieve them. It offers suggestions on how she can tap into her natural creativity, and unleash further creative potential from deeper aspects of her personality, to overcome any obstacle.

Finally, it gives powerful suggestions for Jessica to understand and enhance her preferred learning styles.

When applied, the ideas contained in this profile can provide insights and support to life's journey of development.

Living on Purpose

Having a sense of purpose and worthy goals are important to building a strong foundation for a successful life. Here are some of the things Jessica should be aware of in setting goals and defining her purpose.

Living on Purpose

Jessica recognises that 'to err is human'. This might be her justification for, or release from, the attainment of pre-set outcomes. Her unbounded creativity constantly generates brilliant ideas which are not always entirely relevant to the current task. Sometimes distracted by her desire for popularity and acceptance she may unconsciously set goals which gain approval rather than stretch her as an individual.

Jessica may seek to achieve her goals whilst maintaining her easygoing, warm and friendly nature. Saying "no" is difficult for her, but doing so more frequently would give her more time to attain her own objectives. People are clearly more important to her than task related issues, and her values tend to reflect this. For each "people focused" goal, a career related goal could be set simultaneously. If her efforts are not recognised, or approval is withheld, she may feel deflated. She does not always see the need to plan intensively. She should not forget that, once attached, a rudder provides both direction and stability.

Exhibiting a tendency to become concerned and hurt if her ideas are met with indifference, she may be tempted to set more mediocre goals that will meet with universal approval. She will avoid setting personal goals that might adversely affect others. Her commitment to the overall long-term process can be enhanced by short-term gains: it helps her to establish a reward schedule. Adopting a relaxed attitude to life, she may take a similar approach to identifying her short term purpose. She may need to adopt a greater sense of urgency to fulfil her true potential. Whilst recognising that writing goals down is important to maintain focus, she finds it rather difficult to discipline herself to do this.

Personal Notes

Time and Life Management

Benjamin Franklin said "Dost thou love life? Then do not squander time, for that is the stuff life is made of". This section contains some strategies that Jessica can use to become more effective in the area of time and life management. Choose the most significant ones and apply them every day for high levels of effectiveness.

In managing her time, Jessica,

Suggested Action For Development

Has the ability to create interesting work schedules.	→	Be sure the schedule is totally relevant to the need.
May set herself tough, optimistic targets.	→	Add a little realism, too - allocate 50% more time than appears necessary.
Can change direction quickly to go with the flow.	→	Make sure it is the appropriate direction to avoid being taken way off track.
Accommodates most requests for help.	→	Remember the benefits of occasionally saying "NO"!
Sees variety as the spice of life.	→	Should consider narrowing her range of activities in the interest of job completion.
Enjoys meetings where she can help and question.	→	Develop complementary skills of clarifying and directing.

Personal Notes

Personal Creativity

Creativity has been defined as seeing the same thing as someone else but thinking something different. Different people have different creative strengths. This section identifies some of Jessica's creative characteristics and how she can build on them.

In her creativity, Jessica,	Suggested Action For Development
Externalises her opinions.	→ Take the time to listen to those of others.
Likes the encouragement of others to remain confident and productive.	→ Use criticism to build on, not destroy the idea.
Likes to share her ideas with others.	→ Give additional time to pre-planning the sharing.
Is articulate and quick.	→ Others may perceive this as superficial or flash.
Listens to the views of many others in developing new ideas.	→ Save time by limiting the number of people needed to make an input.
Enjoys bouncing ideas around with colleagues.	→ Schedule regular group brainstorming events.

Personal Notes

Lifelong Learning

Continual learning is a key part of personal development and growth. This section identifies several ideas Jessica can use to learn more effectively. Use these statements to map out a learning strategy and to create the environment for optimum personal growth.

Jessica's preferred learning style is supported when she:

- Frequently changes between activities which are fun and fast paced.
- Can read about personal experiences that illustrate the subject.
- Has information presented in a variety of lively formats.
- Is able to develop a 'sense' of, or 'feeling' for, the subject matter.
- Has excitement and fun during the learning process.
- Can have many stimulating projects and interests on the go simultaneously, where she is free to respond in different ways.

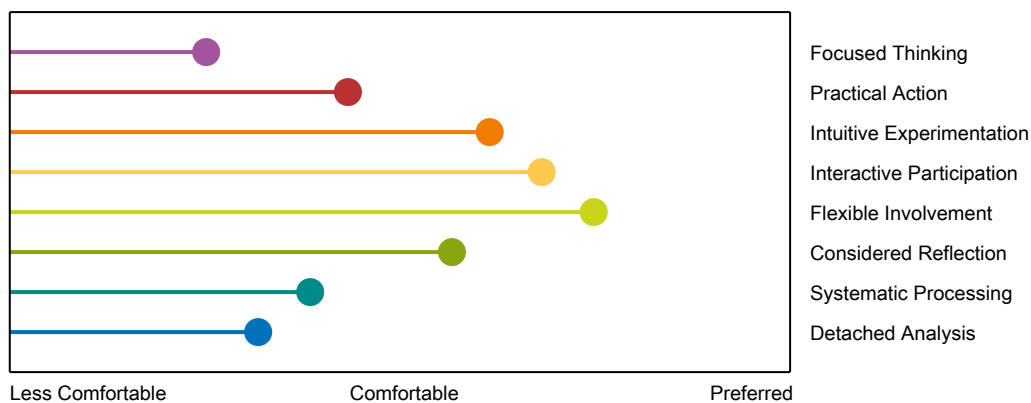
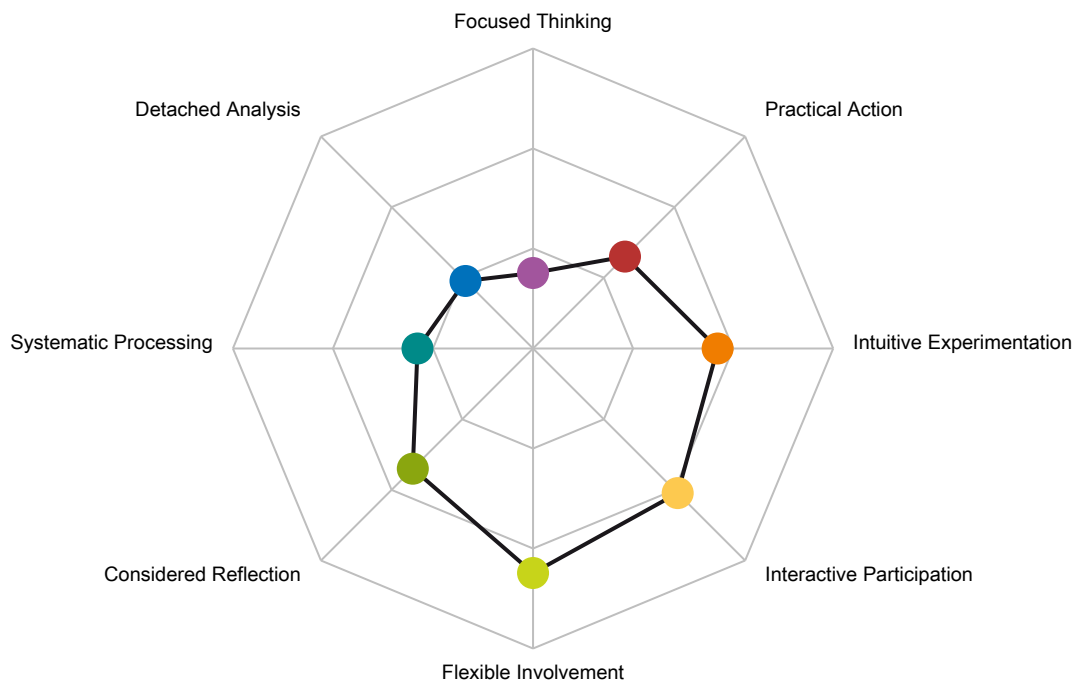
Jessica can stretch in learning by:

- Using a range of resources to obtain supporting information.
- Using more objective assessment techniques.
- Gathering facts from a wide range of sources and acting on them.
- Becoming more critical of the spoken word, taking less at face value.
- Sometimes asking the question "what is the real, practical benefit of doing this"?
- Setting regular time aside for disciplined study and reading.

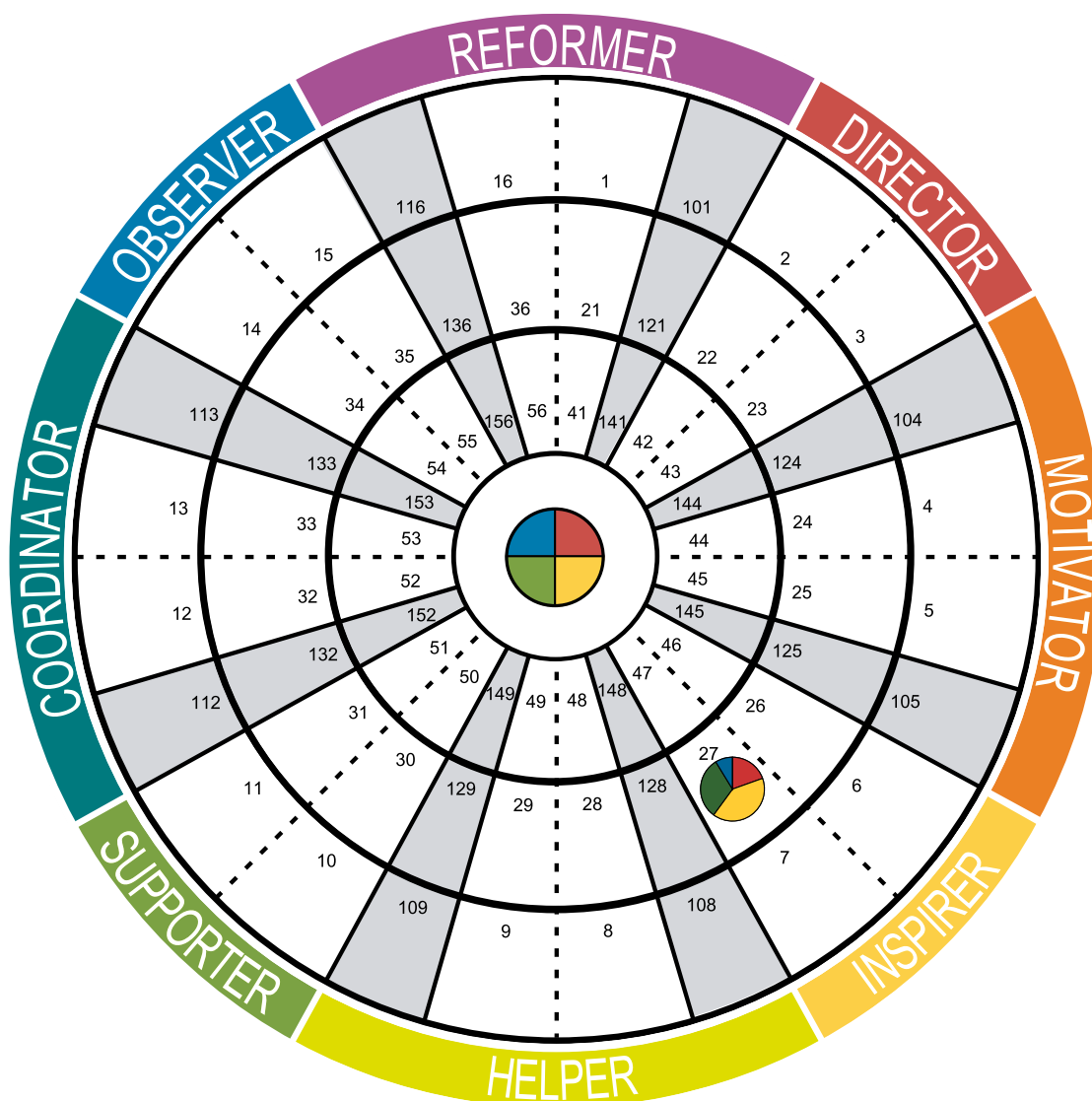
Personal Notes

Learning Styles

02 February 2026



The Insights Discovery® 72 Type Wheel



Conscious Wheel Position

27: Helping Inspirer (Classic)

Less Conscious Wheel Position

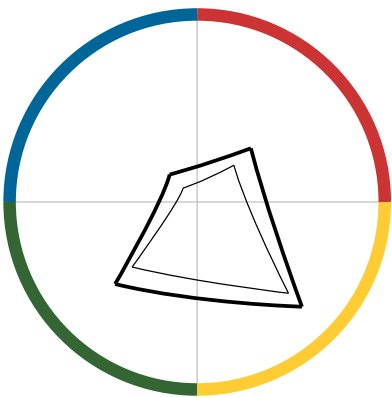
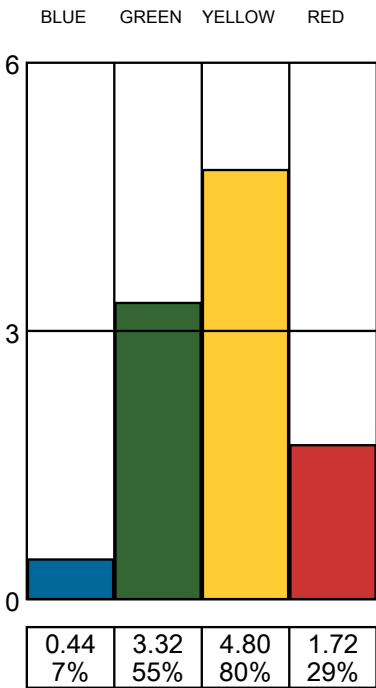
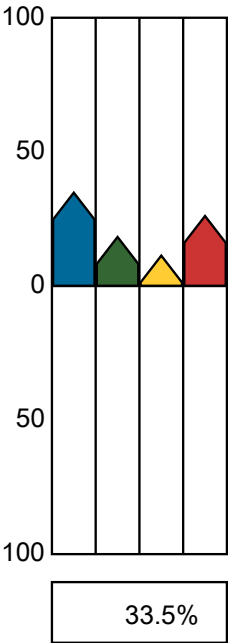
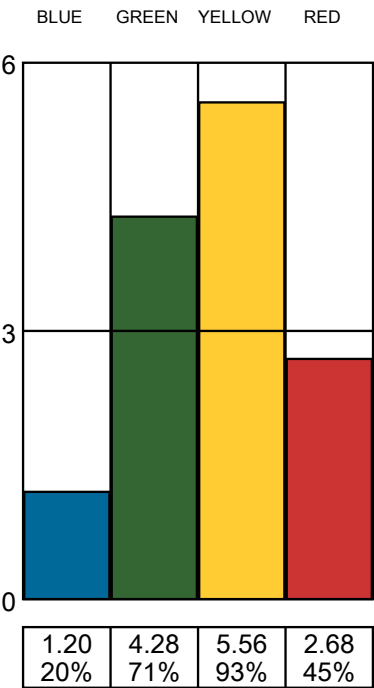
27: Helping Inspirer (Classic)

The Insights Discovery® Colour Dynamics

Persona (Conscious)

Preference Flow

Persona (Less Conscious)



— Conscious
— Less Conscious



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