

# Clinical leadership and pre-registration nursing programmes: A model for clinical leadership and a prospective curriculum implementation and evaluation research strategy



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## ABSTRACT

**Aim:** To present for wider debate a conceptual model for clinical leadership development in pre-registration nursing programmes and a proposed implementation plan.

**Background:** Globally, leadership in nursing has become a significant issue. Whilst there is continued support for leadership preparation in pre-registration nursing programmes, there have been very few published accounts of curriculum content and/or pedagogical approaches that foster clinical leadership development in pre-registration nursing. A doctoral research study has resulted in the creation of an overarching model for clinical leadership.

**Design:** A multi-method research study using theoretical and empirical literature 1974–2015, a focus group, expert opinion and a national on-line survey.

**Discussion:** A conceptual model of clinical leadership development in pre-registration nursing programme is presented, including the infinity loop of clinical leadership, an integral curriculum thread and a conceptual model: a curriculum-pedagogy nexus for clinical leadership. In order to test out usability and evaluate effectiveness, a multi method programme of research in one school of nursing in Australia is outlined.

**Conclusion:** Implementation of the proposed conceptual model for clinical leadership development in pre-registration nursing programmes and a programme of (post-doctoral) research will contribute to what is known about curriculum content and pedagogy for nurse academics. Importantly, for nursing students and the profession as a whole, there is a clearer expectation of what clinical leadership might look like in the novice registered nurse. For nurse academics a model is offered for consideration in curriculum design and implementation with an evaluation strategy that could be replicated.

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## 1. Introduction

Globally, leadership in nursing has become a significant issue and the importance placed on 'leadership as a key component in all industries' is well recognised (Ezziane, 2012 p.261). Since the 1990's, there has been a plethora of literature on clinical leadership and healthcare (Curtis et al., 2011). This body of literature generally focuses on the existing registered workforce, despite calls for support for the inclusion of clinical leadership in preparatory health professional programmes (Ezziane, 2012 p.261). Despite this continued support there have been very few published accounts of curriculum content and pedagogical approaches that foster clinical leadership development in pre-registration nursing (Brown et al., 2015). As a means of addressing this deficit, a

doctoral research study was designed and two outputs have resulted. First, a model for pre-registration clinical leadership – the infinity loop of clinical leadership and second, a conceptual model: a curriculum - pedagogy nexus for clinical leadership has been designed but not yet implemented. In this paper we will present the two models and then we will outline the planned programme of research: a curriculum evaluation inquiry and prospective longitudinal cohort research study in one school of nursing in Australia.

## 2. Background

Whilst it is accepted there is no one universal definition of clinical leadership in nursing (Curtis et al., 2011) one needed to be adopted in the context of the doctoral research to ensure a shared understanding of the phenomenon of interest. Therefore the definition offered by Millward and Bryan (2005) was embraced and underpins the research and the conceptual model presented here. Briefly, Millward and Bryan's

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definition of clinical leadership in nursing was adopted because it infers management and leadership are implicit and it has been adapted to make this more explicit.

*'...the reality of clinical leadership must involve a judicious blend of effective management [of self and others] in the conventional sense with skill in transformational ... [leadership of self and others] in order to make a real difference to the care delivery process...'* (Millward and Bryan (2005) p.xiii, (adaptation in square brackets) (Brown et al., 2015, 2016)

This definition inspired a vision of clinical leadership as a continuum incorporating the two key concepts: leadership and management, initially relating to self and then broadening to encompass others. Our premise is at the point of registration as a novice the new graduate nurse should be able to lead and manage themselves in most everyday and in some challenging situations. Including recognising and responding to effective leadership and management when they see it and where necessary delegation and supervision of junior colleagues and to assimilate into the health care team appropriately. Following this the graduate nurse continues to gain knowledge and skills in leading and managing others; thus an infinite continuum for learning. Indeed, we visualise the two concepts as an infinity loop or Mobius strip. The loop as a strip or band with only one side and one edge, whilst appearing to be a two dimensional object (Darling, 2004). This creates the appearance that there is continuous movement along the continuum. This view of movement of clinical leadership in nursing betwixt and between managing and leading self and others is inspired by Schön (1983) and Escher (2014) a Dutch graphic artist (Fig. 1).

In the context of the doctoral research discussed here, the study was designed to identify and verify the antecedents of clinical leadership (leadership and management), in the curriculum content and the best way to deliver the curriculum content in pre-registration programmes. An international literature review revealed clinical leadership in pre-registration nursing is almost invisible in the published literature (Brown et al., 2015, 2016), notwithstanding the association of clinical leadership as fundamental to the provision of safe, effective quality health care (Storey and Holti, 2013). In addition, within this limited range of literature there was no consistent or conclusive evidence for either the curriculum content or recommended pedagogical approaches. The doctoral research went onto carry out a national online survey of the nursing profession (clinicians, managers and academics) in Australia seeking their views on curriculum content aggregated from the available literature and other credible sources (Kouzes and Posner, 2012, Yukl, 2012). The survey results were unequivocal, with a consensus on what was important and relevant across the different stakeholder groups (Brown et al., 2015, 2016). Having identified 'what' was needed (i.e. broad content) attention turned to 'how' the content would best be organised and delivered. However, the dearth of

empirical evidence on the educational strategies and effective pedagogical approaches required a deeper exploration of existing educational theories and evidence culminating in the development of an integral curriculum thread. (By curriculum thread we mean purposefully structured and logically sequenced content across the curriculum). Further, critical consideration of the antecedents of clinical leadership (as the curriculum content) and integral curriculum thread has accomplished the development of a conceptual model. Fig. 2 sets out the overview of the doctoral research study culminating in the illustration of the conceptual model - the curriculum-pedagogy nexus for clinical leadership in pre-registration nursing programmes.

Next, we expand on our description of the conceptual model in more detail as an introduction to the curriculum innovation and the curriculum evaluative inquiry and the proposed longitudinal cohort research study.

### 2.1. The Curriculum – Pedagogy Nexus for Clinical Leadership in Pre-Registration Nursing Programmes

A common understanding of curriculum is 'a course of study or syllabus' (MacNeill & Silcox, 2003 p.1) and this is appropriate and applicable within our model. Pedagogy in the context of this model, we have defined as a 'reasoned, moral, human interaction, within a reflective, socio-political, educative context that facilitates the acquisition of new knowledge, beliefs or skills' (MacNeill & Silcox, 2003 p.1). The curriculum - pedagogy nexus is presented in Fig. 2 as a series of concentric rings demonstrating the interconnectedness of the concepts within the model encompassing the integral curriculum thread. Central to the conceptual model is the integral curriculum thread utilising transformative/emancipatory learning and teaching methods. The proposed thread contains the two core concepts leading-self and managing-self composed of the antecedents (i.e. identified content), suggested educational strategies and effective pedagogical approaches derived from existing educational theories. Fay's (1987) enlightenment-empowerment-emancipation continuum provides philosophical support for how the antecedents of clinical leadership will be developed over the duration of the programme of study and how the integral curriculum thread will culminate in the context of clinical leadership and the scope of practice as a beginning registered nurse (See Brown et al., 2016 for detailed description).

The next two rings (shaded in the diagram) embody the definition of pedagogy (MacNeill and Silcox, 2003 p.1). This definition has been interpreted and reflected within the conceptual model as the processes and outcomes of learning and teaching.

<i>'reasoned, moral, human interaction, within a reflective, socio-political, educative context</i>	=	Process of learning and teaching
<i>that facilitates the acquisition of new knowledge, beliefs or skills',</i>	=	Outcomes of learning and teaching

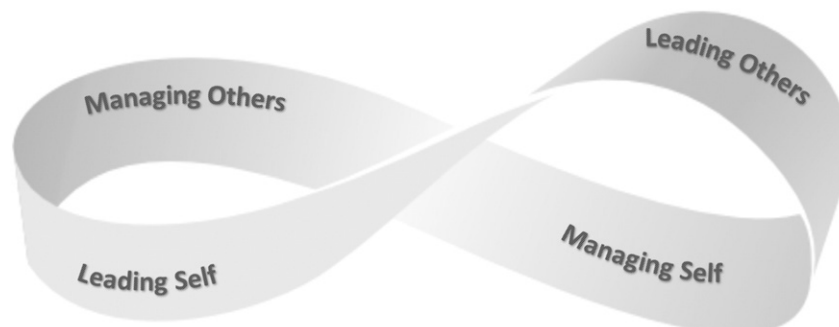


Fig. 1. The infinity loop of clinical leadership development.

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