



## Clinical leadership as an integral curriculum thread in pre-registration nursing programmes



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### SUMMARY

**Background:** In recent years there has been a growth in leadership development frameworks in health for the existing workforce. There has also been a related abundance of leadership programmes developed specifically for qualified nurses. There is a groundswell of opinion that clinical leadership preparation needs to extend to preparatory programmes leading to registration as a nurse. To this end a doctoral research study has been completed that focused specifically on the identification and verification of the antecedents of clinical leadership (leadership and management) so they can shape the curriculum content and the best way to deliver the curriculum content as a curriculum thread.

**Objectives:** To conceptualise how the curriculum content, identified and verified empirically, can be structured within a curriculum thread and to contribute to the discussion on effective pedagogical approaches and educational strategies for learning and teaching of clinical leadership.

**Design:** A multi-method design was utilised in the research in Australia. Drawing on core principles in critical social theory, an integral curriculum thread is proposed for pre-registration nursing programmes that identifies the antecedents of clinical leadership; the core concepts, together with the continuum of enlightenment, empowerment, and emancipation.

**Conclusions:** The curriculum content, the effective pedagogical approaches and the educational strategies are supported theoretically and we believe this offers a design template for action and a way of thinking about this important aspect of preparatory nursing education. Moreover, we hope to have created a process contributing to a heightened sense of awareness in the nursing student (and other key stakeholders) of the what, how and when of clinical leadership for a novice registered nurse. The next stage is to further test through research the proposed integral curriculum thread.

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### Introduction

Leadership, and especially clinical leadership has become one of the most frequently highlighted requirements for safe, effective and high quality health care and services (Storey and Holti, 2013) 'doing the right thing and doing things right' (Bennis, 1989). As a result there has been a concerted effort to develop leadership frameworks and role/skill development opportunities in health, the majority focused on the existing workforce (Curtis et al., 2011b). Simultaneously, there has also been a proliferation of leadership programmes developed specifically for qualified nurses (Curtis et al., 2011a). Given the importance placed on clinical leadership, it is our contention and the view of others

(Scott and Miles, 2013; Ailey et al., 2015) that there is a need to extend clinical leadership development to preparatory programmes leading to registration as a nurse. Within this support there are suggestions that we need more 'effective pedagogies' (Scott and Miles, 2013, p. 77) and more 'discussion of educational strategies for teaching leadership' (Ailey et al., 2015, p. 24). The outcome of such curriculum development, it is argued, would ensure that nursing students realise that leadership is an expectation of all registered nurses (Ross and Crusoe, 2014) whether in formal or informal roles (Australian College of Nursing, 2015; Health Education England, 2015) but most importantly at the point of care (Millward and Bryan, 2005). The doctoral research study underpinning this paper has focused specifically on the identification and verification of the antecedents of clinical leadership (leadership and management), that is the curriculum content and the best way to deliver this curriculum content as a curriculum thread. In this paper we will present the curriculum content (antecedents) associated with clinical leadership development, derived empirically from our research and set out a discussion on educational strategies and effective

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pedagogies for the learning and teaching of the antecedents of clinical leadership, which we position as an essential curriculum thread.

## Background

The need for clinical leadership opportunities for nursing students is already on the agenda. In the United States for example, leadership and also quality management education in pre-registration (licensure) nursing programmes have been endorsed nationally (*American Association of Colleges of Nursing, 2008; Institute of Medicine, 2010*). Consequently, nursing faculties are required to develop courses or learning modules to develop leadership/management capabilities, and some of these examples are reported in the clinical leadership and leadership/management literature (*Sharpnack et al., 2013; Harrison, 2014*). In addition it is recognised there are some extra-curricular initiatives for the few pre-registration nursing students who have identified themselves as potential leaders (*Pearce, 2013*). When we consider the development of clinical leadership within preparatory programmes, the Clinical Leadership Competency Framework in England (*National Health Service Leadership Academy 2011*) is an example of a national initiative that incorporates guidance and a commitment to work with statutory and regulatory bodies towards alignment of the clinical leadership framework in training and education programmes. As yet there are no indications how this framework could be incorporated into pre-registration nursing programmes. Thus reflecting on the current status of what is known about our research question, in our international literature review, we found that there is a limited evidence base for both curriculum content (antecedents) and how this might be incorporated in pre-registration nursing programmes. A finding that is corroborated by a rapid review reported in a technical paper supporting the Quality with Compassion report on the future of nursing education (*Willis Commission, 2012*).

In the absence of conclusive and convincing evidence in the published literature we first sought to identify the curriculum content (antecedents of clinical leadership). The knowledge, skills and behaviours were aggregated from the available literature (twenty seven publications) and supplemented with other evidence from two internationally accepted leadership theories (*Kouzes and Posner, 2012; Yukl, 2012*) resulting in the construction of a survey with sixty seven items, validated through the use of focus groups. Then the views of the nursing profession in Australia were sought via invitation through the Chief Nurses and the Council of Deans of Nursing and Midwifery on the aggregated proposed curriculum content through an online survey available for eight weeks in 2011 (see *Brown et al., 2015* for further details). The results demonstrate a clear consensus amongst clinicians, managers and academics on the suggested curriculum content, respondents considered all the sixty seven items included in the survey relevant and important for inclusion in pre-registration nursing programmes as antecedents of clinical leadership.

Since the completion of the initial literature review, a further fourteen publications referring to clinical leadership, leadership/management development and pre-registration nursing students have been identified. Alas, none of these publications added anything new to the aggregated curriculum content (antecedents) nor the curriculum approaches identified in our review. The dearth of empirical evidence on effective pedagogical approaches and educational strategies posed a significant challenge in the development of an evidence informed curriculum thread. Of major concern is that it has not been feasible, at this point, to ask colleagues for their views on effective curriculum approaches as we have been unable to source sufficient material from the published literature. Therefore, it would seem appropriate to highlight the concern and to contribute to this growing (albeit slowly), important aspect of preparatory nursing education and look to how theory can offer relevant principles to propose a curriculum thread.

## Antecedents of Clinical Leadership

An interesting conundrum within the literature on clinical leadership became evident during the research study that there is no agreed definition of clinical leadership (*Mannix et al., 2013*). Whilst the development of a definition was not the intention of the research, for clarity the research needed at least a working definition to be identified. *Millward and Bryan (2005)* provided a useful definition of clinical leadership in nursing. It encapsulates management and leadership, acknowledging that both concepts are necessary for safe, effective quality care. Informing all aspects of the research, Millward and Bryan's definition has been utilised but adapted to include reference to self and others. It is our view that this better reflects a continuum of clinical leadership that commences as a nursing student and continues through a professional life.

“... 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*).]

This is visualised as the infinity loop of clinical leadership (*Fig. 1*).

It is our contention that at the point of registration as a novice practitioner, the new graduate nurse should be able to lead and manage themselves, these two concepts we identify as core within the curriculum. We then used these two core concepts to frame all the antecedents in a deliberate attempt to make the content overt as the development of clinical leadership. The sixty seven antecedents were organised into the two core concepts leading self and managing self. Using *Kouzes and Posner (2012)* and *Yukl (2012)* as analytical frameworks and reflecting doing things right (management) and doing the right thing (leadership) (*Bennis, 1989*) the results of this organisation are presented in *Table 1*.

Having devised a means to conceptualise the empirically derived content in a curriculum we turned our attention to the second part of our research question, the best way to deliver the curriculum content as a curriculum thread responding to the challenge for ‘effective pedagogies’ (*Scott and Miles, 2013, p. 77*) and ‘discussion of educational strategies’ (*Ailey et al., 2015, p. 24*) that might assist the nursing student to learn how to become a novice clinical leader.

## A Clinical Leadership Thread for Pre-registration Nursing Programmes

*McTighe and Wiggins (2012)* suggest that curriculum writers should ask themselves ‘having learned the key content, what will students be able to do with it?’ and not ‘what will we teach and when should we teach it’ (p. 7). As curriculum writers for pre-registration nursing programmes we would want to be able to say ‘having learned the key content’ (antecedents of clinical leadership) the new graduate nurse is able to think and act like a novice clinical leader. For most educationalists, pre-registration nursing curriculum already exists, so starting from a blank sheet is not feasible. Internal and external factors are already in place which both drive and constrain curriculum design and development (*Handwerke, 2012*). It is our contention however that the content could be found within most existing curricula. Thus we propose an integral curriculum thread, by integral we are using the definition ‘essential to completeness; formed as a unit with another part: composed of constituent parts and lacking nothing essential’ (*Merriam-Webster, 2015*) and as such would be across the curriculum. Our suggestion is that the thread would constitute the antecedents of clinical leadership identified within curricula and structured through the creation of salient ‘knots’. These knots defined as purposeful leadership learning opportunities are where the antecedents are ‘tied’ together, through effective pedagogical approaches and educational strategies at strategic junctures throughout the pre-

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