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Findings from a study of aspiring nursing student leaders☆

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SUMMARY

Background: Transformational leadership skills are critical to operate effectively in today's healthcare environment. Prelicensure nurses do not often practice these skills in a meaningful way during their undergraduate educational experience.

Objectives: This paper describes quantitative pre–post findings from the Kouzes and Posner Student Leadership Practices Inventory to examine students' leadership attributes pre–post engagement in an 18 month undergraduate leadership program.

Design: This is a non-experimental convenience study that used a quantitative pre–post survey design collecting data from participants and observers using the 360 Kouzes and Posner Student Leadership Practices Inventory.

Settings: A private university in the northeastern region of the United States.

Participants: Fourteen junior level nursing students who concurrently participated in a leadership program while concurrently completing their required academic courses for their bachelor's degree in nursing.

Methods: Paired sample *t*-tests were used to determine if there was statistical significance among student participants' and observers' perceptions of specific leadership behaviors and skills of students at the onset (pretest) and at the conclusion (posttest) of the leadership program.

Results: Participant and observer scores were positively correlated and statistical significance was identified in several practice areas.

Conclusions: It is important to integrate transformation leadership skills into undergraduate curriculum since it supports students' engagement in their own learning and instills foundational knowledge critical to their leadership trajectory.

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Introduction

Worldwide the healthcare environment is experiencing a seismic shift, particularly with mounting pressure on expenses (Fifer, 2014). America's healthcare environment is in the midst of many changes such as: a) altering models of practice with a focus on care teams; b) modifying billing with bundled payments; c) replacing the traditional reimbursement format with pay-for-performance; d) recognizing the complexity of the healthcare environments; and e) having a broader and more diverse group of individuals accessing healthcare services. Galuska (2014) reports that throughout the world nurses at every level are being called to perform as leaders in the transformation of healthcare. Nursing students entering this healthcare context need to have both: i) more adept skills in working with others in "personal and professional relationships to promote positive change" and ii) enhanced leadership abilities (Patterson, 2012, p. 1)." These abilities include transformational leadership skills which are essential to being effective in the complex healthcare organizations where they will practice. Characteristics that highlight transformational leadership include: (a) leading by motivating and inspiring others, (b) encouraging others to envision and realize change, (c) producing an atmosphere that effectively brings about change in a creative and innovative way, and (d) using innate drive to shift persons' views to where they want to exceed their hopes and expectations (Kelly et al., 2014).

The purpose of this paper is to describe pretest and posttest quantitative findings from use of the Kouzes and Posner Leadership Practice Inventory Student Assessment (Kouzes and Posner, 1988) with a cohort of undergraduate nursing students who aspired to enhance their leadership skills by participating in an 18-month leadership program while concurrently completing courses for their undergraduate degree. The primary leadership program goals were to: develop students' human and social capital through self-understanding; nurture favorable attributes in the domains of thinking, feeling, and behaving; and refine skill development with the process of influence which is a "common denominator" for leadership development (de Vries and Korotov, 2010 p. 9). Consciousness of one's strong points, fundamental values and beliefs is paramount when creating a deeper sense of self-

awareness and self-efficacy for leadership. Recognition of personal strengths is invaluable yet so too is acknowledgment of one's weaknesses and vulnerabilities. This is especially important when working in teams which are pervasive within the healthcare context. Detecting individual weak spots can inform how one partners in order to (i) promote the strengths of others, (ii) offer warnings concerning prospective hazards of overconfidence, and (iii) enhance a person's ease of moving into follower roles as warranted (Crosby, 2010).

Furthermore, the value of self-understanding as it relates to one's strengths and shortcomings means acquiring consciousness of a person's rootedness in specific locations, families, and cultures (Crosby, 2010). This insight ultimately supports a deep-seated, integrated perspective of what a person represents and this comes to be even more important in a world wherein leaders progressively need to traverse sectoral, national, and countrywide borders and discover approaches to be authentic in varied situations and settings. The complexity of the world points to the need for future nurse leaders to be life-long learners especially as it relates to themselves.

When transformational leadership is demonstrated in the nursing profession, outcomes show that leaders have robust communication, "meet organizational values, and have a high level of impact (Kelly et al., 2014, p. 159)." Welding (2011) reported that organizational leaders are challenged by new graduates' preparedness to not only practice but also demonstrate transformational leadership skills. New nurses are often not provided education and experiential learning that targets transformational leadership; more often they learn leadership skills through trial and error, get tips from each other, and/or embrace leadership practices formed from situational conditions (Kelly et al., 2014).

An authentic endeavor to develop transformational leadership skills will require a new nurse to develop a heightened level of consciousness and participate in life experiences in a critically reflective manner that oftentimes includes feedback from others. Meaningful external feedback can enhance the person's consciousness of others' perceptions (e.g., social awareness). It also affords the sharing of essential information that permits the person to self-improve (Hammerly et al., 2014). Transformational learning is "growth enhancing and developmental (Posner, 2009, p. 387)." Dramatic, deep-seated, fundamental change embodies transformational leadership—based on how individuals view themselves and the influence of their everyday life experiences (Posner, 2009).

Method

This study was a non-experimental pretest (January 2012, Time 1) posttest (May 2013, Time 2) survey design evaluation conducted to assess leadership qualities and behaviors among prelicensure undergraduate nursing students who voluntarily participated in a leadership development program (Waite et al., 2014). A nonrandom convenience sample of female undergraduate prelicensure nursing students ($N = 14$) participated in the Macy Undergraduate Leadership Fellows Program while they concurrently completed their required academic courses at an institution located in the northern region of the United States.

This leadership development program, described elsewhere (Waite et al., 2014), consisted of six one-credit courses that students took consecutively each quarter from their junior to senior year. The program evaluation methods were student-centered, action-oriented, and informed by the Kouzes and Posner Framework (Kouzes and Posner, 1988, 2006) using a social justice lens. Learning was facilitated using: (a) role play activities, (b) cultural autobiographies, (c) individual professional development plans, (d) leadership briefs, (e) fishbowl exercises, (f) team building exercises, (g) round table debates, (h) guest speakers, (i) mind-mapping, (j) building a network, (k) cross-cultural interviews, (l) team service projects, (m) media clips, (n) leadership and diversity panels, (o) small group discussions, (p) simulation and standardized patient cases, (q) team presentations, (r) reflective practice and writing, and (s) active discussions about case studies on power, oppression, privilege, and leadership in healthcare. These student-centered activities were quite relevant since the core of leadership development is conditioned upon continual reflective practice, frequent engagement in activities that promote a deep-rooted awareness of oneself including personal values, motives, and behaviors. Having these students move through this leadership program in a cohort allowed development of a learning community and helped to build a culture of safety to facilitate open dialogue and trust.

Survey Instrument

Program evaluation included assessment data collected from both students and observers; the students selected several observers who were familiar with them to capture a more holistic picture of their leadership skills (Kouzes and Posner, 2006). The researcher(s) used the Student Leadership Practices Inventory 360 (S-LPI) to measure the subjects' personal leadership skills and examine the relationship between the leaders' effectiveness and their specific leadership practices (Kouzes and Posner, 1988, 2006).

The S-LPI is an evidence-based tool, co-designed by James M. Kouzes and Barry Z. Posner. It is a 30-item behavioral statement, self-report assessment that focuses on five exemplary leadership practices: 1) MODEL THE WAY, 2) INSPIRE A SHARED VISION, 3) CHALLENGE THE PROCESS, 4) ENABLE OTHERS TO ACT, and 5) ENCOURAGE THE HEART (Dunn et al., 2012; Thompson, 2012; terms defined in Table 1).

The S-LPI is highly reliable (.75 to .96) with high test–retest reliability (.93), has strong content validity, high face validity and predictive validity, has sound psychometric properties, and has been validated in health research (Abu-Tineh et al., 2008; Krugman et al., 2013; Lee and Cummings, 2008; Martin et al., 2012; Posner, 2009). The inventory is scored on a five-point Likert scale ranging in choice responses of 1 (rarely or seldom), 2 (once in a while), 3 (sometimes), 4 (often), to 5 (very frequently) in regards to how frequently the student participants and the observers perceived engagement of leadership behaviors associated with the five exemplary practices (Posner, 2009). The 30-item leadership practices measure consists of six statements for each of the five practices and takes between 10 and 20 min to complete (Kouzes and Posner, 1988; Posner, 2009).

Table 1
Definitions for the Kouzes and Posner Leadership Practices Inventory.

Exemplary leadership practices	Definitions
MODEL THE WAY	• Leaders' development of self-awareness • Exploration of personal and professional values • Creative expression of own unique vision incorporating behaviors and values
INSPIRE A SHARED VISION	• Leaders passionately express the meaning and purpose of the work • Demonstration of team collaboration of improvements, possibilities and aspirations of the shared vision for the future
CHALLENGE THE PROCESS	• Leaders investigate opportunities and exhibit a willingness to change the status quo • Carry out and experiment creative, new ideas, skills and abilities
ENABLE OTHERS TO ACT	• Fosters collaboration, communication, trust, accountability and sharing of innovative ideas among leaders • Empower and support others
ENCOURAGE THE HEART	• Recognizing other leaders' contributions • Celebrates accomplishments