



The visualisation of clinical leadership in the content of nursing education—A qualitative study of nursing students' experiences



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SUMMARY

Objective: The aim of this study was to describe nursing students' experiences of clinical leadership during their last year of education.

Background: Work as a nurse is complex with several demands from stakeholders who are colleagues, managers, patients and relatives. Therefore, it is important to provide students with tools for a forthcoming professional life as a nurse.

Setting, Participants and Method: A qualitative descriptive study was carried out in Jordan. Narratives ($n = 20$) written by nursing students in their last year before graduation as a registered nurse were collected. The data were analysed by a manifest content analysis.

Results: The results formed one category: (Clinical leadership—safety in being a nurse), and three subcategories (eye-opener, a role model and bridging the gap) described the students' clinical leadership experiences due to the preparation process for being a nurse. Clinical leadership applies theory to practice by using a holistic view in nursing.

Conclusion: Clinical leadership is a valuable tool for bridging the gap between theory and practice in nursing education. Skills within nursing management clarify and simplify nursing activities, which facilitates the transition from student to nurse. Focus on learning needs in nursing management is needed for stakeholders within education and health care organisations to facilitate graduation of well skilled nurses.

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Introduction

The professional process to be a nurse includes the transition from the education process for at least three years to manage caring and nursing to patients and their families. Health care is carried out in specific settings that are organised within certain routines, regulations and cultural aspects. Evidence based nursing and course syllabi within nursing education are tools that ensure professional delivery of safe care. However, graduate nurses are not adequately prepared to be leaders and to practice in today's complex and consistently changing clinical environment (Benner et al., 2009; Heller et al., 2004). Kling (2010) stated that nursing students lack managerial skills because of limited resources and opportunities to practice different leadership skills; they 'follow' and 'observe' instead of 'lead' or 'do'. Meyer et al. (2007) and Ousey (2000) confirmed that supportive clinical placement provides valuable learning opportunities in regard to skills, knowledge, practice reflection and socialisation. Clinical educators should design course assignments and seek modalities and innovative strategies that

meet clients, students, and organisational needs. Nursing leadership is identified by The International Council of Nursing [ICN] (2014) as one of the five core values guiding nursing activities. Therefore, clinical leadership is in the focus of this study to develop well skilled nurses.

Background

Emphasis on leadership in nursing has evolved in the last few decades, and the number of publications on the topic has increased considerably (Stanley, 2014). Changes and development in the healthcare system, the complexity of diseases, and advancement of technology present an urgent need for clinical leaders. Porter-O'Grady (2003) added that knowledge power is another trigger for clinical leaders, where the systems rely on the individual, not the organisation, to carry out the change. Safe and competent nursing practice needs appropriate and visionary leadership (Supamane et al., 2011). In addition, leadership influences the quality of care, improves patient outcomes (Cook, 2001; Davidson et al., 2006), innovation (Stanley, 2014), and builds healthy workplaces (Cummings et al., 2010).

Clinical leadership includes tasks and activities that lead to improvements in the safety and quality of health care. Moreover, clinical leadership occurs at all levels of patient care and refers to the process of leading a set of activities which requires competency in team leading

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(Swanwick and McKim, 2011). Clinicians, as nurses, need leadership competencies to improve the planning, delivery and transformation of health and social care organisations. The Clinical Leadership Competency Framework (CLCF) includes five core domains that could improve nursing management: “demonstrating personal qualities”, “working with others”, “managing services”, “improving services”, and “setting direction”. This framework is one useful tool for quality improvement within health care (NHS, 2011). Nurses use various policies, guidance, standards of proficiency, standards of education, codes of conduct and ethical behaviour in their daily work to influence the work environment and to improve health care (Rosengren et al., 2007; Rosengren and Bondas, 2010). Clinical leadership includes a responsibility to contribute to the effective running of the organisation. Therefore, the development of leadership capability is an integral part of nursing education. Stanley (2012) clearly declared that clinical leadership leads to innovation and planned change toward improvement of care, services, quality, and professionalism. He suggested that focusing on people and their contribution to the organisation is the key to change and improvement.

Curtis et al. (2011) asserted that a job title does not make a leader; a leader is determined by his/her behaviours, and excellent leadership behaviours can be developed at the earliest stage of basic nursing education and training. In addition, Cummings et al. (2008) suggested that practicing leadership, modelling, and certain educational activities and strategies can develop leadership. The gap between education and leadership demand can be reduced by employing successful education training programmes. However, graduate nurses are not adequately prepared to be leaders and to practice in today's complex and consistently changing clinical environment (Benner et al., 2009; Heller et al., 2004). Kling (2010) stated that nursing students lack managerial skills because of limited resources and opportunities to practice different leadership skills; they ‘follow’ and ‘observe’ instead of ‘lead’ or ‘do’. Educators need to be aware of the gap between nursing education and clinical placement requirements and focus their efforts on reducing this gap (Burns and Poster, 2008; Pellico et al., 2009). Moreover, educators must also prepare and train students with the knowledge and tools they need to become competent and to provide high quality care. The Jordanian National Nursing Strategies (2011–2015), proposed by The Jordan Nursing Council (JNC), assert two objectives in the educational domain: “ensure a safe and effective transition of graduates from the education and learning stage to the stage of actual professional practice, and to ensure high quality nursing education” (JNC, 2011, p 14). In these contexts, little is known about Jordanian nursing students' experiences of clinical leadership. Therefore, the aim of this study was to describe nursing students' experiences of clinical leadership during their last year of education.

Methods

Design

A qualitative design could increase the understanding of nursing students' voices, views and thoughts about clinical leadership. Therefore, a descriptive study using content analysis (Graneheim and Lundman, 2004) was conducted to describe nursing students' experiences. Though qualitative research relies on trustworthiness, transparency, verification, reflexivity and is also ‘informant-driven’, the design could be helpful to develop insightful and artful interpretations within the nursing education process (Polit and Beck, 2012).

Setting

The total number of nurses in Jordan is 26,038, and 55.5% ($n = 13253$) of them are registered nurses (JNC, 2012). The Faculty of Nursing (FoN) at the University of Jordan offered the first Baccalaureate Degree in Nursing in 1972, and a total of 773 students were educated in year 2014. The FoN also offers masters and doctoral programmes

(University of Jordan, 2014). Nursing education covers both theoretical and practical training to develop health professionals. Undergraduate and postgraduate education includes general and specialised nursing, for example, mental health and critical care nursing. The main objective of the course “Management and Leadership in Nursing–Clinical” is to give students the opportunity to integrate various management and leadership concepts for example Hershey Blanchard Situational Model, and principles into practical experiences within different health care settings. It is expected that students should participate in selective activities that enhance mastering different management and leadership concepts and skills (University of Jordan, 2014). Course objectives are achieved through designing teaching modalities such as: practicing how to use hospital-related records (i.e., assignment sheet, end of shift report, incident & narcotic reports, progress note, and staff schedule), nurse leader role comparison discussion, departmental analysis project and presentation, clinical conferences, clinical performance evaluation, and final written exam that covers seminars and clinical experiences. Clinical supervisors in this course are master-prepared in general nursing with a minimum of one year of nursing experience; half of the supervisors are part-time employees and hold a Bachelor's degree in Nursing. Usually 40–50 students are enrolled in the course every academic semester, and the students spend 10 hours for 16 weeks in clinical areas.

Data Collection

This study was designed to understand the education process within the University of Jordan. The inclusion criteria for participation were nursing students in their last year of education at the bachelor level for general nursing, registered and completed the course called “Management and Leadership in Nursing–Clinical” at the University of Jordan, over age 18, and able to understand and speak Arabic and English. Data were collected from May to July, 2014. All student who met the criteria were invited to participate in the study ($n = 32$). The response rate was (62.5%). Female respondents were (78%) and male respondents were (22%), and their age varied from 21 to 26 year. Students received their training in medical, surgical, and orthopaedic floors. The study comprised a total of 20 written narratives, and ethical guidelines for human and social research were considered throughout the study (Codex, 2014). Participants were informed about the aim and study procedures, and confidentiality was assured. The narratives were based on two open ended questions concerning participants' experiences of clinical leadership: “What are your perspectives of clinical leadership experience?” and “What are the characteristics associated with clinical leadership?” The data collection focused on nursing students' experiences of clinical leadership and was collected at the end of the course.

Data Analysis

The narratives were analysed using manifest qualitative content analysis in a step-by-step procedure (see Table 1), as suggested by Graneheim and Lundman (2004). Written words from the narratives were used for the analysis. Texts were read to acquire a first impression of the content about clinical leadership. The manifest analysis addressed questions about nursing students' experiences of clinical leadership. The analysis was performed in the following steps: (1) Written words were read and re-read to obtain an understanding of, and familiarity with the text about clinical leadership; (2) Meaning units (words, sentences or paragraphs) corresponding to the content areas were selected for (a) new knowledge area, and (b) being prepared; (3) Each meaning unit was condensed into a description of clinical leadership and labelled with 25 codes; and (4) Categories were identified and clustered into categories such as “Clinical leadership—safety to be a nurse”, “eye-opener”, “a role model” and “bridging the gap”.

The emerging findings are illustrated by quotes.

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