



Original research

Clinical nursing leadership educational intervention for first-year nursing students: A qualitative evaluation

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ABSTRACT

Clinical nursing leadership is critical for quality care. All nurses including students should receive clinical nursing leadership education. Research pertaining to educational strategies on clinical leadership for nursing students remains sparse. The aim of this paper is to report the qualitative evaluation of a co-constructed educational intervention on clinical nursing leadership, developed for 1st year preregistration nursing students. The research question was “what are the components of an educational intervention that support the development of clinical nursing leadership in 1st year nursing students?”. The intervention included videos, brainstorming, journal entries on students' clinical leadership paired with the observation of a nurse's clinical leadership. A research and development model guided the study. Focus groups and individual interviews were conducted with 23 students and 6 educators who tested the intervention. Thematic analysis revealed three intervention components that supported learning: visual examples at the student's level, observation of role models and animated discussions in small groups. Visual examples and observation of role models supported learning by expanding student's initial views of nursing beyond a technical role to one that is embedded with clinical nursing leadership. Animated discussions in small groups helped students learn to speak up and be open to other's opinions.

1. Introduction

Leadership preparation has been identified as an essential component of health professionals' education to improve health-system performance (Frenk et al., 2010). The need for leadership preparation has extended to all front-line clinicians (Daly et al., 2014). Leadership by nurses at the point of care has been called clinical nursing leadership (Stanley, 2006; Supamane et al., 2011) and is said to improve patient outcomes, support provision of quality care (Casey et al., 2011, p. 11) and ensure patient safety (Fealy et al., 2011). From a global perspective, the importance of clinical nursing leadership is underlined by national (Ailey et al., 2015; Baernholdt and Cottingham, 2011; Dierckx de Casterlé et al., 2008) and international educational initiatives (Ferguson et al., 2016) aimed at nurses who wish to develop this competency. However, there is still a need to expand leadership preparation to undergraduate programs (Ailey et al., 2015; Brown et al., 2015).

Although many definitions of clinical nursing leadership exist (Mannix et al., 2013), the definition guiding this study was taken from the research setting's competency framework and is based on work by Patrick et al. (2011) and Pepin et al. (2011). Clinical nursing leadership is defined as a competency demonstrated in clinical care by a nurse who

influences patients, peers and the healthcare organization to optimize patient security and quality of care (Faculté des sciences infirmières, 2015).

2. Background

In a literature review, Brown et al. (2015) sought to identify evidence-based curriculum content on clinical nursing leadership in pre-registration programs. Their database search yielded only four publications mentioning both clinical leadership and pre-registration nursing programs. These four publications listed clinical leadership skills that students should develop (Pullen, 2003); described a cognitive learning model on clinical nursing leadership (Pepin et al., 2011); underlined the importance of developing a leadership mindset in undergraduate nursing students (Sherman and Bishop, 2007) and evaluated a clinical leadership educational intervention in an accelerated baccalaureate program (Lekan et al., 2011). The review concluded by stating that “there is no coherent account of the content or the approach to be adopted to facilitate clinical leadership in pre-registration nursing programs available in the literature” (Brown et al., 2015, p. 53).

Even without a coherent account, many pre-registration programs include content on the clinical nursing leadership (Hendricks et al.,

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2010) or use active learning strategies to foster the competency's development in students (Morrow, 2015). Content related to clinical nursing leadership included written and verbal communication, delegation and supervision skills (Kling, 2010; Lekan et al., 2011), the role of the registered nurse, conflict resolution, safety, being accountable, not bullying, teamwork, professional responsibility (Brown et al., 2016a). Active learning strategies used to support leadership development included clinical practice (Démeh and Rosengren, 2015; Lekan et al., 2011; Schoenfelder and Valde, 2009), simulation (Lekan et al., 2011; Lewis et al., 2012), peer preceptorship (Kling, 2010) and service learning (Foli et al., 2014). These curricular innovations add to the body knowledge on content and approaches that can foster leadership development in students, but there is a need for more evaluative studies on classroom specific strategies that can help educators embed leadership content into their curriculum (Morrow, 2015).

2.1. Clinical leadership development

From a constructivist educational perspective, clinical nursing leadership is considered a competency that needs to be nurtured by a mix of intentional (Halstead, 2013) and non-intentional leadership learning activities, early on (Hendricks et al., 2010) throughout preregistration programs and professional practice. Theories on how college/university students learn leadership have leaned towards this perspective and posit that leadership develops over time, through stages, with experience and continued educational support (Komives et al., 2005; Pepin et al., 2011). Clinical leadership curriculum threads (Brown et al., 2016b) and frameworks (National Health Service Leadership Academy, 2011) also represent leadership development as a progressive journey beginning upon entry into preregistration programs. At the moment, this perspective has not been fully integrated into nursing programs, nursing educators continue to overtly teach leadership only in the second to last or last year (Halstead, 2013). This does not support the progressive acquisition of the knowledge, skills and attitudes for clinical leadership. Leadership preparation is needed in the first-year (Dugan and Komives, 2007) to clearly convey the expectation that all newly registered nurses must begin developing clinical leadership upon entry into their program (Halstead, 2013). This could allow leadership to be purposefully developed instead of remaining a by-product of university education (Komives et al., 2011).

3. Research aim

This paper is part of a larger doctoral study that aimed to report the experience of students and educators that co-constructed an educational intervention on clinical nursing leadership for 1st year nursing students (Ha and Pepin, 2017) and qualitatively evaluate the intervention. The research question guiding this paper was “what are the components of an educational intervention that support the development of clinical nursing leadership in 1st year students?”

3.1. Setting

The educational intervention was implemented in the first year of a three-year preregistration bachelor of nursing. The program was based in a large Canadian unilingual French-speaking university. Students entered this program with a pre-university 2-year general science diploma or were pursuing a second degree.

The program was created using a competency-based approach to nursing education. A competency framework set the expected level of competency development at the end of each year of the program and described the knowledge, skills, and attitudes students should acquire according to each competency. As one of the program's eight competencies, clinical nursing leadership was developed using different learning strategies (e.g. clinical practice, problem-based learning) including two leadership courses. The competency was also assessed

formatively in each year of the program, during clinical practicums and simulations. In their third year, students were summatively assessed during their two courses on leadership. These two courses introduced students to quality improvement, leadership styles, team work, change management, policy and organizational theory. The educational intervention was developed to complement these two courses.

4. Method

4.1. Research design

The study design followed an educational research and development model (R&D) (Harvey and Loisel, 2009). R&D provides structure to educators who wish to develop evidence-based educational interventions (Harvey and Loisel, 2009). The selected R&D model included cycles of field testing and revision. In educational R&D, the first cycles of field testing help researchers gather preliminary data to revise and improve the educational interventions they are developing (Gall et al., 2003). To collect this data, qualitative methods are used (Gall et al., 2003), namely interviews. In our study, one cycle of field testing and revision took place, and qualitative evaluation data were collected from students, tutors and preceptors.

4.2. Theoretical underpinnings: constructivist approach to nursing education

The selected nursing program was based on a constructivist competency-based educational approach (Goudreau et al., 2009). This approach posits that students build knowledge by relating new knowledge to their existing mental schemes (Mayer, 2011). Competencies are progressively and longitudinally developed. The approach was also inspired by socio-constructivism which proposes that “students should be engaged in learning environments that allow rich inquiry-based dialogue within small groups and at the whole-class level, facilitated by the teacher.” (Taylor, 2014, p. 4).

Hence, in the program, students are presented with authentic, meaningful learning situations to actively construct their knowledge. Students spend most of the program learning in small groups of eight to ten students with a tutor assigned to four groups. The educational approach is operationalized using problem and project-based learning, low and high-fidelity simulation, interactive lectures, clinical and reflective practice (Goudreau et al., 2009).

4.3. The educational intervention

The intervention was co-constructed by a team of nursing students and educators. The intervention comprised two sequential activities, a classroom activity (activity A) implemented in the first semester and a clinical practice activity (activity B) in the second semester.

Activity A was delivered in a first-year core unit. All students began their nursing program with this course which introduced them to the nursing role and helped them adapt to the educational approach of the program. The intervention was integrated into the first three-hour small group learning session which took place two days into the semester. Six months after the classroom activity, students were given a reflective journal to complete during their practicum.

The intervention is detailed in Table 1 using Phillips et al. (2016) guidelines for reporting evidence-based practice educational interventions and teaching (GREET).

4.4. Ethics

This study was approved by the university ethical review board (CPEP-14-054-D). Written consent was obtained from all participants before the interviews.

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