



Clinical leadership development in a pre-registration nursing curriculum: What the profession has to say about it



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ABSTRACT

Background: In the last decade literature, inquiries and reports into the short comings in health services have highlighted the vital role of leadership in clinical practice and the impact on patient care and effective workplace culture. Whilst there is an abundance of literature on leadership and the registered nursing workforce, an international literature review revealed there is very little known on leadership development in pre-registration nursing programmes.

Objective: To identify what the profession's views are on proposed indicative curriculum content suggested for clinical leadership development in a pre-registration nursing degree in Australia.

Design: This is a multi-method research study. This paper presents the development and results of one aspect of the study, a national online survey.

Participants: Nurses: clinicians, managers and academics.

Methods: In the absence of a strong evidence base in the literature review, additional pre-requisite curriculum content was augmented from the work of two published frameworks of leadership and management. From this a 67-item survey was designed to ask the profession whether the aggregated content is a reasonable view of what should be included in a pre-registration programme to develop clinical leadership. The survey sought the views of nurses on whether the proposed content was relevant (yes/no) and their opinion on whether it is significant via a 5-point Likert scale. Descriptive and chi-square analyses were performed in SPSS v.19.

Results: A total of 418 nurses completed the survey; there was consensus amongst the profession on what is considered relevant and important in a pre-registration nursing programme.

Conclusions: The content identified could be considered indicative and pre-requisite to include in a pre-registration nursing programme. Members of the nursing profession in Australia have clear views about this. The next step is to design and evaluate a purposeful pedagogical approach and curriculum, leading to the development of clinical leadership knowledge, skills and behaviours in newly graduating nurses.

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Introduction

In the last decade the literature, inquiries and reports into the short comings in health services have highlighted the role of leadership in clinical practice and the impact on patient care and effective workplace cultures (Health Workforce Australia, 2012; Mannix et al., 2013). There is a plethora of literature on leadership, although it is focused almost entirely on the existing registered workforce. Alongside this, there has been a significant investment in leadership development opportunities and in many countries and national and jurisdiction frameworks have been proposed (Health Workforce Australia, 2013; Health Education and Training Institute, 2013; National Health Service, Leadership Academy 2011; Canadian College of Health Leaders, 2010). However, an

international literature review revealed there is very little known on leadership development in preparation courses leading to eligibility to register as a nurse (Brown et al., in review). As a result, a research study, as part of a doctoral degree, was designed using a multi-method approach to determine what indicative content and pedagogical approaches might contribute to the development of clinical leadership knowledge, skills and behaviours in newly graduating nurses. In this paper, we present the results of the first national survey that sought the profession's views on the proposed indicative content in a pre-registration nursing in Australia.

Background/literature

Darbyshire and McKenna (2013) pointedly ask 'Nursing's crisis of care: what part does nursing education own?' They cite reports in the United Kingdom (for example Francis, 2013; UK Patients Association,

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2012) as the ‘fire starters’ that have focused on safety, quality and the effective delivery of health services. These together with reports from Garling (2008) in Australia and Keogh (2013) in the United Kingdom have made recommendations containing strong messages regarding clinical leadership, including clinical nursing leadership. It is acknowledged there is no universally agreed definition of clinical leadership and as a concept it is poorly defined (Mannix et al., 2013 p10); however, the rhetoric on the notion of clinical leadership as the panacea for overcoming the problems of the clinical world of nursing is significant (Jackson and Watson, 2009, p. 1961). Nurse educationalists have responsibility for the preparation of new graduate registered nurses; therefore, there is an opportunity to influence how nurses are prepared for clinical leadership and design a curriculum that has evidence-based content and pedagogically sound learning experiences. An international literature review was undertaken to identify what was already known about clinical leadership development in pre-registration nursing programmes. Specifically, what is appropriate curriculum content and the recommended pedagogy contributing to the effective development of clinical leadership in new graduate nurses. The review yielded twenty-seven publications in total, with only four making specific reference to clinical leadership (Pullen, 2003; Sherman and Bishop, 2007; Pepin et al., 2011 & Lekan et al., 2011). All the twenty-seven publications offered suggestions on the content recommended for a pre-registration nursing curriculum; however, this was neither comprehensive nor conclusive. Eighteen of the publications made some contribution to the discussion on pedagogy, with references to integrated, capstone, stand-alone (theoretical and/or clinical experience) and extra-curricular curriculum approaches. However, no one best practice model could be derived from the evidence (for further details, see Brown et al., in review). These findings identified a gap in the literature and an opportunity to find out more on this important issue, therefore a research study was designed. The aim of this study is to verify the clinical leadership content: knowledge, skills and behaviours that could be included in a pre-registration nursing programme and to identify an effective pedagogy using a multi-methods approach. This paper presents the development and results of an online survey in Australia seeking the views of the profession on suggested curriculum content. (The views of student nurses were included in the wider research study and are not included here.)

This research, part of a doctoral programme, was given ethical approval by the University Human Research Ethics Committee (HE09/393).

Methods

Survey design

The content for a proposed curriculum on clinical leadership development in pre-registration nursing programmes was synthesised from a literature review, which has been reported elsewhere. Data were used to inform the items to be included in the survey. However, as this was neither comprehensive nor conclusive, other sources of evidence needed to be considered to inform the survey questions. In this research study, the definition of clinical leadership by Millward and Bryan (2005) has been adopted as it reflects the ontological, epistemological and methodical underpinnings of the whole doctoral research study and has been adapted in the context of the novice registered nurse:

‘...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)

In this definition, the identification of leadership and management as key components of clinical leadership assisted in the choice of other

evidence to inform the survey content. What might be considered relevant curriculum content was drawn from the work of Kouzes and Posner (2012), the five fundamentals of exemplary leadership, and Yukl's (2012) three skill management taxonomy (p. 191). Kouzes and Posner's (2012) study is an evidence-based leadership framework based on over thirty years of research (p. 33), and Yukl's (2012) study provides a ‘widely accepted’ (according to Martin, 2011, p. 271) taxonomy of management competencies, including technical, interpersonal and conceptual skills as opposed to managerial functions. This enabled the survey content: the suggested curriculum content considered useful in the development of clinical leadership in the novice registered nurse to be determined. Having identified the survey items, they were organised under three headings: knowledge, skills and behaviour, with the intention to ask the profession their opinion on the aggregated content of what should be included in a pre-registration programme as antecedents of clinical leadership.

Pilot study

The validity of the survey was refined through an expert reference group who were invited to participate in a pilot study and a focus group. The pilot study involved a convenience sample of clinicians, managers and academics from New South Wales ($N = 8$), recruited through personal invitation. The participants were asked to comment on the survey content and presentation. Feedback on presentation, language and user friendliness was incorporated into the next iteration. The use of an expert reference group in the context of validation of an instrument is advocated by Vogt et al. (2004). They see this as consultation with the target population for both content validity (p. 232) and also in item development (p. 233). The pilot group was invited to become part of the expert reference focus group as they reflected the target audience: clinicians, managers and academics. In the focus group, a modified nominal group activity was used to elicit the participant's views on the sixty-seven items of content (derived from the literature and other credible sources). The participants were invited to categorise the content under the headings knowledge, skills and behaviours, to suggest any content that might be absent or irrelevant and provide feedback and to comment on the clarity of the statements and make suggestions for modified language. The results were verified and double counted by a second facilitator. Initially, there were nineteen items for knowledge, twenty-two items for skills and twenty-seven items for behaviour statements. Following this activity, there were still nineteen items for knowledge and twenty-two items for skills but twenty-six items for behaviour; there were nine item location changes, two deletions ‘working in an organisation’ and ‘having positive regard’ and one addition ‘being respectful’ as an extension of cultural competence. Four statements were modified in light of the participants' feedback resulting in a final total of sixty-seven items for inclusion in the main survey.

Main survey

A cross-sectional survey (Walters, 2014) was constructed; it was designed to ask seven demographic questions (Table 1).

The views of the profession on the relevance and their opinions on the importance of the sixty-seven items aggregated under the headings knowledge, skills and behaviours, that is, the suggested curriculum content required in the pre-registration nursing curriculum. Respondents were invited to comment on the relevance and importance of the aggregated content (see Fig. 1). Relevance required the selection of a yes/no answer from a drop down menu, whilst the importance question used a 5-point Likert scale very important (1) to unimportant (5) again selected from a drop down menu. There was also an opportunity to identify other content or make comment. Advice on the survey construction was also provided by the university's statistical consultation

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