INNOVATIVE METHODS OF LEADERSHIP TRAINING FOR NURSING STUDENTS. A LITERATURE REVIEW

Joanna Gotlib, Mariusz Jaworski, Aleksander Zarzeka, Mariusz Panczyk

The Department of Teaching and Education Outcomes, Faculty of Health Sciences with the Nursing Division, the Public Health Division and the Dietetics Division, Medical University of Warsaw (POLAND)

Abstract

Introduction

One of the goals of nursing education is to develop caring and responsible nurses with clinical reasoning skills who are capable of improving outcomes in complex healthcare systems. Leadership in nursing is one of the most frequently highlighted requirements for safety, quality and efficient delivery of health services. The key question is how to teach leadership and develop leadership capacity of a new generation of nurses most effectively.

Aim of the study

To analyze the current literature on innovative and effective methods of leadership training for nursing students.

Literature review

A number of papers regarding innovative, effective methods of efficient leadership training for nursing students including coaching, collaborative mentorship and dedicated education units can be found in the current nursing literature.

Coaching has become a popular strategy for leadership development and change in complex environments. The term coaching is derived from a French term that means to convey a valued person from one point to another. It is believed that the earliest form of coaching can be traced back 2,400 years. Socrates may be the first known coach. Through his use of dialogue and questioning, Socrates was able to elicit greater insight and understanding through reflective reasoning and questioning. The Socratic method is still seen as a means to enhance self-confidence in our ability to reason by encouraging ordinary human reflection in a dialogue setting.

Collaborative mentoring (CM) is a mutual, reciprocal relationship in which both mentors and protégés bring their experiences and expertise to the interaction in order to teach and learn from one another. Collaborative mentoring (CM) between faculty and students is a vital learning experience for student development in both the classroom and clinical experiences.

The Dedicated Education Unit model (DEU) capitalizes on the expertise of clinicians and faculty by pairing a nursing student with a staff nurse mentor who serves as a clinical instructor (CI). Academic faculty support CIs and students to ensure that learning objectives are met. Students are exposed to a wide range of experiences, as both clinical and academic faculty facilitate the application of theory to practice. The students in a DEU have an immersion experience that provides a unique opportunity for them to learn to actualize their professional role.

Concept-based teaching (CBT) as pedagogy focuses student learning on a core set of concepts relevant to nursing, such as perfusion, pain, coping, or glucose regulation. By gaining a deep understanding of key concepts, students are able to recognize recurring characteristics and apply them to a wide variety of clinical situations

All of these presented methods: coaching, collaborative mentoring (CM), DEU model, and concept-based teaching have a huge potential to enhance leadership development in nursing students and all of these methods will be presented in detail in the following paper.

Conclusion

Nursing is a practice profession, and preparation for leadership roles requires teaching leadership in practice and with intensive socialization, including coaching and modelling by nurse educators and nurse and healthcare leaders. Most of all the effective, innovative methods presented in the current

literature of nursing student leadership education involve a mentor-mentee relationship. To integrate leadership skills into nursing practice, the cultivation of connection, collaboration, and voice must begin early in a student's career.

1 INTRODUCTION

One of the goals of nursing education is to develop caring and responsible nurses with clinical reasoning skills who are capable of improving outcomes in complex healthcare systems[1],[2],[3]. Leadership in nursing is one of the most frequently highlighted requirements for safety, quality and efficient delivery of health services[4]. The key question is how to teach leadership and develop leadership capacity of a new generation of nurses most effectively[4],[5],[6].

2 AIM OF THE STUDY

To analyze the current literature on innovative and effective methods of leadership training for nursing students.

3 THE LITERATURE REVIEW

Effective and efficient leadership is a fundamental requirement for success in any organization. Primarily focusing on patient care, the majority of health care organizations do not have leadership development programs in place.[7] Challenged with an aging workforce, nursing shortages, and rapid change in health systems, there is a need to retain and prepare health care personnel to assume leadership positions in order to meet future organizational demands.[7]

Every staff nurse must take the lead to act autonomously, make decisions at the point of service, and develop a professional vision that fits with the organizational goals.[8] Thus, it is critical that novice nurses enter the practice setting with leadership capabilities.

Pursuant to the guidelines of the Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health* (2010) - beginning with undergraduate education and continuing throughout the career of the nurse, the goals of nursing education must include preparation for practice, leadership, and the advancement of nursing science for better patient outcomes.[9]

The world literature clearly highlights the role of leadership skills training for nursing students, specifying that such training should be started at the very beginning of the university education[5; 10; 11; 12; 13].

Nursing education is challenged to provide high-quality education with a limited number of faculty and a large number of tenured faculty reaching retirement. Striving to be more practical and creative, faculty seek teaching strategies that address varied learning styles of students[14].

The problem is that a leadership course is typically offered during the last semester of the senior year, when there is little time for students to integrate the skills they could use in the classroom and in practice. Integrating leadership practices throughout the curriculum provides baccalaureate nurses with a broad base of leadership knowledge and skills. In addition, students who take part in leadership training often report the need for information on leadership earlier in the program.

The more practice students have with leadership skills, the more prepared they will be for today's health care environment[8].

A number of papers regarding innovative, effective methods of efficient leadership training for nursing students can be found in the current nursing literature[4; 5; 6; 10; 11; 12; 14; 15; 16; 17].

3.1 Coaching

Professional coaching is seen to have the potential to assist leaders in meeting professional and personal goals, to retain leadership talent, to support succession planning, and to improve individual and organizational performance. As a long-term strategy to enhance the execution of an

organization's mission, coaching is widely believed to influence positively leadership, increase charismatic behaviors, and inspire and affect followers.

Coaching has become a popular strategy for leadership development and change in complex environments[7]. The term coaching is derived from a French term that means to convey a valued person from one point to another. It is believed that the earliest form of coaching can be traced back 2,400 years. Socrates may be the first known coach. Through his use of dialogue and questioning, Socrates was able to elicit greater insight and understanding through reflective reasoning and questioning. The Socratic method is still seen as a means to enhance self-confidence in our ability to reason by encouraging ordinary human reflection in a dialogue setting.

The term 'coaching' has been borrowed as a metaphor from sports and has been applied to personal and work domains as well as to educational systems.

Although there are many definitions of coaching and none is commonly held, theorists contend now that coaching is distinguished from mentoring, therapy and training. Broadly speaking, some theorists emphasize the tutoring and instructional aspects of coaching in which the coach imparts information to the learners/students. This conception is focused on the immediate improvement of performance and development of skills. Other theorists construe coaching as a process of facilitation of performance, learning and development, aimed at increasing competence, commitment and confidence. From this point of view, coaching, rather than teaching, facilitates the learning process thus unlocking the students' potential[18,7;18].

Coaching, as an educational tool, is known in clinical education, theory and research to benefit both the trainee and the coach. Yet, research in nursing has mainly focused on the benefits to the trainees[7;18;19].

3.2 Collaborative Mentoring

The Undergraduate Teaching Assistant Program (TA)[20] is one of the effective methods for developing leadership behaviours among nursing students. TA incorporates Collaborative Mentoring (CM) and engages both faculty members and a group of students: graduates, undergraduates and freshmen. Collaborative mentoring (CM) is a mutual, reciprocal relationship in which both mentors and protégés bring their experiences and expertise to the interaction in order to teach and learn from one another. Collaborative mentoring between faculty and students is a vital learning experience for student development in both the classroom and clinical experiences.

The program structure was built on the faculty members' mentoring the graduate TA to co-plan and co-teach the large freshman class, with the undergraduate TAs facilitating the freshman small group discussions. The undergraduate teaching assistant (TA) role was created for interested sophomores to develop the skills and knowledge that would enable them to lead a freshman-level discussion group and mentor their group members. The undergraduate TA role is a component of a larger collaborative mentoring network of support for the faculty, graduate TA, undergraduate TA, and freshmen. The primary role of the Undergraduate Teaching Assistant Role was to lead freshman discussion groups and mentor their group members. To set up the groups, all undergraduate TAs selected a time they could meet for an hour a week. The undergraduate TAs meet in a leadership class to learn how to lead their group, and to share their innovative approaches to their group discussions.

Mentoring young students in the undergraduate TA program was a key process for students to develop their practice of leadership. The undergraduate TA program, as a network of planned collaborative mentoring between faculty and students, is a vital learning experience for student development in both the classroom and clinical experiences[20]. With the faculty members mentoring the graduate TA to co-plan and co-teach the large freshman class, the graduate TA and faculty create a class to teach undergraduate TAs about group dynamics, leadership, and mentoring. Because of this instruction, the undergraduate TAs are well prepared to facilitate a freshman discussion group, actively participate in the school of nursing, and make a difference in nursing practice. Faculty and students alike benefit from the collaborative mentoring for leadership program[20].

3.3 The Dedicated Education Unit model (DEU)

The Dedicated Education Unit model (DEU) capitalizes on the expertise of clinicians and faculty by pairing a nursing student with a staff nurse mentor who serves as a clinical instructor (CI). Academic faculty support the CIs and the students to ensure that learning objectives are met. Students are exposed to a wide range of experiences, as both clinical and academic faculty facilitate the application

of theory to practice. The students in a DEU have an immersion experience that provides a unique opportunity for them to learn to actualize their professional role.

All of the students participated in a leadership course as part of the standard baccalaureate nursing curriculum and had met all curricular requirements for participating in the clinical experience. Under the guidance of the CI, students in the DEUs were provided with as many opportunities to practice leadership skills as possible. These opportunities included activities such as communicating and collaborating with a health care team, leading discussions in interdisciplinary patient care rounds, delegating to assistive staff, charge nurse activities, and participating in shared governance meetings. The matching of student schedules with the schedule of the CI for full 12-hour shifts enabled immersion in the clinical environment and role. Students were exposed to all aspects of the practice of the direct care nurse. The university clinical faculty coordinator (CFC) interacted regularly with the students, mentored and supported the CIs, held post-clinical conferences, and conducted student evaluations.

The results of this mixed-methods study suggested that the DEU clinical experience contributed to the leadership development of undergraduate students. The DEU model may include design elements that more effectively support learning and application of certain leadership competencies. In the DEU, a student had the guidance and mentorship of a consistent CI and could benefit from timely, specific, direct, balanced feedback that could be translated into practice. The experience also gave them the freedom to try new things and to develop their own practice. The DEU as a community of practice provided a supportive environment for situated leadership learning. A supportive practice environment where nurses can apply knowledge and practice new skills is a key ingredient for leadership development at all levels. The results of this DEU study provided evidence of the impact of context on leadership development at the undergraduate level. The study also provided strong evidence for the role of the CI as an effective guide for student clinical and leadership development[12].

3.4   Peer Leadership (PL)

The traditional concept of peer teaching is most often understood as students teaching students, under the direction and facilitation of one or more faculty members[14]. Peer leadership is defined as "collaborative learning that actively engages junior or senior nursing students with sophomore nursing students in the performance and refinement of fundamental nursing skills"[14].

Peer leadership course was implemented in Marcella Niehoff School of Nursing, Loyola University Chicago to address challenges in the clinical simulation laboratory. These challenges included increasing student enrollment, physical space constraints, changes in learner needs, and conservation of faculty resources. A new type of skills laboratory was envisioned: one that involved a more interactive, collaborative environment that challenged and stimulated the adult learner. Implementation of peer leadership required modifications to teaching strategies in the fundamental skills course. Sophomore students were required to purchase a DVD program that provided demonstrations of the basic nursing skills taught in the course. Each week, students were instructed to view an assigned skill DVD and complete reading the corresponding chapters in the textbook. Weekly quizzes were administered before the beginning of each laboratory session. Quiz grades counted toward the sophomore student's overall semester grade and were effective in motivating students to prepare for class before the laboratory session. During the 4-hour laboratory session, 25 sophomore students practiced specified nursing skills under the guidance of 3 to 4 peer leaders, who worked under the direction and supervision of 3 laboratory faculty. Each sophomore student was assigned to 1 of 5 practice teams for the entire course. The role of faculty in the course was to plan, facilitate, and guide sophomore students enrolled in the skills course, as well as the peer leaders. The role of peer leader was created specifically for the skills laboratory course to provide upper-level nursing students with a unique opportunity to experience the role of a nurse educator. Peer leadership for this nursing course involved collaborative learning. Junior and senior nursing students were actively engaged with sophomore nursing students in the performance and refinement of fundamental nursing skills. The peer leader acted as a guide and advisor for sophomore students[14].

Implementing the peer leader course yielded benefits to sophomore students, peer leaders, and faculty. Decreased anxiety in beginning nursing students has been documented in the literature as one of the benefits of peer leadership. Additional benefits were documented by clinical faculty, sophomore students, peer leaders, and laboratory faculty. Sophomore clinical faculty reported that sophomores performed skills more accurately and with greater confidence than did former students who did not have peer leaders. Numerous comments by sophomore students indicated that peer leaders facilitated their learning and served as a source of motivation and encouragement[14].

3.5 Service-learning (SL)

Service-learning (SL) is a subset of service engagement, embedded in a course in which students participate in a service that matches community needs, uses skills related to the discipline, e.g. nursing, and allows participants to reflect on their service-learning experiences[12]. Goals of service-learning include an increase in civic responsibility and attainment in understanding of course content that is made richer by the service-learning experience[12]. Service-learning has been viewed as an effective and efficient mechanism that combines peer leadership, community involvement, and social change projects. Service-learning opportunities fit especially well into nursing curricula and lend themselves to the call for more applied learning, reflection, and student discussion[12].

The study of Foli et al. was conducted in a senior-year leadership and management course during the spring semester for baccalaureate students. Basic constructs of leadership and management were taught in a three-hour, weekly didactic format. Service-learning (SL) represented a significant component of the course, with approximately one half of the earned points related to SL through group and individual papers (reflection and formal), presentations on completed projects, and general peer performance and faculty evaluations. Students were required to plan and implement a large public health fair, which was incorporated into a university-wide spring festival on a weekend in mid-April. Students were placed in small groups of five to six students to develop specific components of the larger project. Each student completed a self-assessment for identification as an introvert/extrovert, communication style, and preferences of health care topics for the health fair. Faculty formed student groups based on the criteria that the students had not previously worked together nor were they close friends[12].

The service-learning project assessed in the study of Foli provided the opportunity for nursing students to learn and practice leadership skills in the context of a service-learning project in which groups of students planned, directed, implemented, and evaluated a community health education fair. The findings from this study provided empirical evidence that students perceived growth in leadership skills as a result of a semester-long project, and this growth was confirmed by peers[12]. Integrating service-learning into a leadership course is an effective approach to the development of leadership behaviors[12].

All of these presented methods: coaching, collaborative mentoring (CM), DEU model, concept-based teaching (CBT), and Service-learning (SL) have a huge potential to enhance leadership development in nursing students and the most important issues of these methods are summarized in Table 1.

Table 1. *Main characteristics of the leadership training models*

Leadership training model	Main characteristics of the model	Measure	Participants	Country
Collaborative mentoring model[8]	The development of the undergraduate teaching assistant (TA) role Collaborative mentoring is a mutual, reciprocal relationship in which both mentors and protégés bring their experiences and expertise to the interaction in order to teach and learn from one another.	Conditions for Work Effectiveness Questionnaire	The undergraduate TA role is a component of a larger collaborative mentoring network of support for the faculty, graduate TA, undergraduate TA, and freshmen. Freshmen (n=20)	USA
Dedicated Education Units model[21]	The expertise of clinicians and faculty by pairing a nursing student with a staff nurse mentor who serves as a clinical instructor (CI) The wide range of experiences, as both clinical and academic faculty facilitate the application of theory to practice	Mix method The Student Leadership Practice Inventory (LPI)	Leadership course as part of the standard baccalaureate nursing curriculum Under the guidance of the CI, students in the DEUs were provided with as many opportunities to practice leadership skills as possible Senior nursing students (n=17)	USA

Service-Learning model[12]	SL combines peer leadership, community involvement, and social change projects Call for more applied learning, reflection, and student discussion.	The Leadership Practices Inventory (LPI) Two scales: LPI-Self, LPI-Observer Six questions about SL	Semester-long project Baccalaureate students (n=65)	USA
Peer Leadership[14]	Peer leadership course provided undergraduate nursing students with an opportunity to develop nursing skills while growing in areas of professional socialization, communication, collaboration, organization, and leadership	Qualitative evaluation Reflective journals of students	4 years Elective course Junior and senior nursing students	USA

4   CONCLUSIONS

Nursing is a practice profession, and preparation for leadership roles requires teaching leadership in practice and with intensive socialization, including coaching and modelling by nurse educators and nurse and healthcare leaders. Most of all the effective, innovative methods presented in the current literature of nursing student leadership education involve a mentor-mentee relationship. To integrate leadership skills into nursing practice, the cultivation of connection, collaboration, and voice must begin early in a student's career.

REFERENCES

[1]   LUNDEN, A. et al. A systematic review of factors influencing knowledge management and the nurse leaders' role. **J Nurs Manag,** v. 25, n. 6, p. 407-420, Sep 2017. ISSN 0966-0429. Disponível em: < http://onlinelibrary.wiley.com/doi/10.1111/jonm.12478/abstract >.

[2]   BENDER, M. Clinical Nurse Leader Integration Into Practice: Developing Theory To Guide Best Practice. **J Prof Nurs,** v. 32, n. 1, p. 32-40, Jan-Feb 2016. ISSN 8755-7223.

[3]   NEI, D.; SNYDER, L. A.; LITWILLER, B. J. Promoting retention of nurses: A meta-analytic examination of causes of nurse turnover. **Health Care Manage Rev,** v. 40, n. 3, p. 237-53, Jul-Sep 2015. ISSN 0361-6274.

[4]   RYAN, R. W. et al. Nursing Leader Collaboration to Drive Quality Improvement and Implementation Science. **Nurs Adm Q,** v. 39, n. 3, p. 229-38, Jul-Sep 2015. ISSN 0363-9568. Disponível em: < https://insights.ovid.com/pubmed?pmid=26049600 >.

[5]   AILEY, S. Educating nursing students in clinical leadership. **Nursing Management,** v. 21, n. 9, p. 23-28, 2015.

[6]   FRANCIS-SHAMA, J. Perceptions of leadership among final-year undergraduate nursing students. **Nurs Manag (Harrow),** v. 23, n. 7, p. 35-39, Nov 1 2016. ISSN 1354-5760 (Print) 1354-5760 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/27800731 >.

[7]   CAREY, W.; PHILIPPON, D. J.; CUMMINGS, G. G. Coaching models for leadership development: An integrative review. **Journal of Leadership Studies,** v. 5, n. 1, p. 51-69, 2011. ISSN 19352611.

[8]   GENEVIEVE, E. C. Growing Nurse Leaders: An Undergraduate Teaching Assistant Program. v. 44, n. 12, 2005.

[9]   PORTER-O'GRADY, T. Leadership at all levels. **Nursing Management**, p. 32-37, 2011.

[10]   R, A. L.-D.; KITSANTAS, P.; MADDOX, P. J. The impact of residency programs on new nurse graduates' clinical decision-making and leadership skills: a systematic review. **Nurse Educ Today,** v. 34, n. 6, p. 1024-8, Jun 2014. ISSN 0260-6917.

[11]　BROWN, A.; CROOKES, P.; DEWING, J. Clinical leadership in pre-registration nursing programmes–an international literature review. **Contemp Nurse,** v. 51, n. 1, p. 39-55, 2015. ISSN 1037-6178 (Print) 1037-6178 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/26394172 >.

[12]　FOLI, K. J. et al. Development of Leadership Behaviors in Undergraduate Nursing Students: A Service-Learning Approach. **Nursing Education Perspectives,** v. 35, n. 2, p. 76-82, 2014. ISSN 1536-5026.

[13]　HENDRICKS, J. M.; COPE, V. C.; HARRIS, M. A leadership program in an undergraduate nursing course in Western Australia: building leaders in our midst. **Nurse Educ Today,** v. 30, n. 3, p. 252-7, Apr 2010. ISSN 1532-2793 (Electronic) 0260-6917 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/20097457 >.

[14]　BENSFIELD, L. The Use of Peer Leadership to Teach Fundamental Nursing Skills. v. 33, n. 4, p. 155-158, 2008.

[15]　DEVER, K. H. et al. Comparing professional values and authentic leadership dimensions in baccalaureate nursing students: a longitudinal study. **J Nurs Educ,** v. 54, n. 6, p. 339-42, Jun 2015. ISSN 1938-2421 (Electronic) 0148-4834 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/26057428 >.

[16]　WAITE, R.; MCKINNEY, N. S. Findings from a study of aspiring nursing student leaders. **Nurse Educ Today,** v. 35, n. 12, p. 1307-11, Dec 2015. ISSN 1532-2793 (Electronic) 0260-6917 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/26343995 >.

[17]　NELSON-BRANTLEY, H. V.; LAVERENTZ, D. M. Leaderless organization: active learning strategy in a concept-based curriculum. **J Nurs Educ,** v. 53, n. 8, p. 484, Aug 2014. ISSN 1938-2421 (Electronic) 0148-4834 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/25072676 >.

[18]　KUSHNIR, T.; EHRENFELD, M.; SHALISH, Y. The effects of a coaching project in nursing on the coaches' training motivation, training outcomes, and job performance: an experimental study. **Int J Nurs Stud,** v. 45, n. 6, p. 837-45, Jun 2008. ISSN 0020-7489 (Print) 0020-7489 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/17296202 >.

[19]　FINNERTY, G.; COLLINGTON, V. Practical coaching by mentors: student midwives' perceptions. **Nurse Educ Pract,** v. 13, n. 6, p. 573-7, Nov 2013. ISSN 1873-5223 (Electronic) 1471-5953 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/23164976 >.

[20]　CHANDLER, G. E. Growing Nurse Leaders: An Undergraduate Teaching Assistant Program. v. 44, n. 12, 2005.

[21]　GALUSKA, L. A. Dedicated Education Units: Partnerships for Building Leadership Competency. **J Nurs Educ,** v. 54, n. 7, p. 385-8, Jul 2015. ISSN 1938-2421 (Electronic) 0148-4834 (Linking). Disponível em: < https://www.ncbi.nlm.nih.gov/pubmed/26155030 >.