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Abstract

Background In recent years there has been a growth in leadership development frameworks in health for the existing workforce. There has also been a related abundance of leadership programmes developed specifically for qualified nurses. There is a groundswell of opinion that clinical leadership preparation needs to extend to preparatory programmes leading to registration as a nurse. To this end a doctoral research study has been completed that focused specifically on the identification and verification of the antecedents of clinical leadership (leadership and management) so they can shape the curriculum content and the best way to deliver the curriculum content as a curriculum thread. **Objectives** To conceptualise how the curriculum content, identified and verified empirically, can be structured within a curriculum thread and to contribute to the discussion on effective pedagogical approaches and educational strategies for learning and teaching of clinical leadership. **Design** A multi-method design was utilised in the research in Australia. Drawing on core principles in critical social theory, an integral curriculum thread is proposed for pre-registration nursing programmes that identifies the antecedents of clinical leadership; the core concepts, together with the continuum of enlightenment, empowerment, and emancipation. **Conclusions** The curriculum content, the effective pedagogical approaches and the educational strategies are supported theoretically and we believe this offers a design template for action and a way of thinking about this important aspect of preparatory nursing education. Moreover, we hope to have created a process contributing to a heightened sense of awareness in the nursing student (and other key stakeholders) of the what, how and when of clinical leadership for a novice registered nurse. The next stage is to further test through research the proposed integral curriculum thread.

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Clinical leadership as an integral curriculum thread in pre-registration nursing programmes

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Abstract

Background: In recent years there has been a growth in leadership development frameworks in health for the existing workforce. There has also been a related abundance of leadership programmes developed specifically for qualified nurses. There is a groundswell of opinion that clinical leadership preparation needs to extend to preparatory programmes leading to registration as a nurse. To this end a doctoral research study has been completed that focused specifically on the identification and verification of the antecedents of clinical leadership (leadership and management) so they can shape the curriculum content and the best way to deliver the curriculum content as a curriculum thread.

Objectives: To conceptualise how the curriculum content, identified and verified empirically, can be structured within a curriculum thread and to contribute to the discussion on effective pedagogical approaches and educational strategies for learning and teaching of clinical leadership.

Design: A multi-method design was utilised in the research in Australia. Drawing on core principles in critical social theory, an integral curriculum thread is proposed for pre-registration nursing programmes that identifies the antecedents of clinical leadership; the core concepts, together with the continuum of enlightenment, empowerment, emancipation.

Conclusions: The curriculum content, the effective pedagogical approaches and educational strategies are supported theoretically and we believe this offers a design template for action and a way of thinking about this important aspect of preparatory nursing education. Moreover, we hope to have created a process contributing to a heightened sense of awareness in the nursing student (and other key stakeholders) of the what, how and when of clinical leadership for a novice registered nurse. The next stage is to further test through research the proposed integral curriculum thread.

Introduction

Leadership, and especially clinical leadership has become one of the most frequently highlighted requirements for safe, effective and high quality health care and services (Storey & Holti 2013) *'doing the right thing and doing things right'* (Bennis 1989). As a result there has been a concerted effort to develop leadership frameworks and role/skill development opportunities in health, the majority focused on the existing workforce (Curtis et al 2011b). Simultaneously, there has also been a proliferation of leadership programmes developed specifically for qualified nurses. (Curtis et al 2011a). Given the importance placed on clinical leadership, it is our contention and the view of others, (Scott & Miles 2013, Ailey et al, 2015) that there is a need to extend clinical leadership development to preparatory programmes leading to registration as a nurse. Within this support there are suggestions that we need more *'effective pedagogies'* (Scott & Miles 2013 p.77) and more *'discussion of educational strategies for teaching leadership'* (Ailey et al, 2015 p.24). The outcome of such curriculum development, it is argued, would ensure that nursing students realise that leadership is an expectation of all registered nurses (Ross & Crusoe 2014) whether in formal or informal roles (Australian College of Nursing 2015, Health Education England 2015) but most importantly at the point of care (Millward & Bryan 2005). The doctoral research study underpinning this paper, has focused specifically on the identification and verification of the antecedents of clinical leadership (leadership and management), that is the curriculum content and the best way to deliver this curriculum content as a curriculum thread. In this paper we will present the curriculum content (antecedents) associated with clinical leadership development, derived empirically from our research and set out a discussion on educational strategies and effective pedagogies for the learning and teaching of the antecedents of clinical leadership, which we position as an essential curriculum thread.

Background

The need for clinical leadership opportunities for nursing students is already on the agenda. In the United States for example, leadership and also quality management education in pre-registration (licensure) nursing programmes has been endorsed nationally (American Association of Colleges of Nursing 2008 Institute of Medicine 2010). Consequently, nursing faculties are required to develop courses or learning modules to develop leadership/management capabilities, and some of these examples are reported in the clinical leadership, leadership/management literature (Sharpnack, Goliat, & Rogers 2013, Harrison 2014). In addition it is recognised there are some extra-curricular initiatives for the few pre-registration nursing students who have identified themselves as potential leaders (Pearce

2013). When we consider the development of clinical leadership within preparatory programmes, the Clinical Leadership Competency Framework in England (National Health Service 2011) is an example of a national initiative that incorporates guidance and a commitment to work with statutory and regulatory bodies towards alignment of the clinical leadership framework in training and education programmes. As yet there are no indications how this framework could be incorporated into pre-registration nursing programmes. Thus reflecting on the current status of what is known about our research question, in our international literature review, we found there is a limited evidence base for both curriculum content (antecedents) and how this might be incorporated in pre-registration nursing programmes. A finding that is corroborated by a rapid review reported in a technical paper supporting the Quality with Compassion report on the future of nursing education (Willis Commission 2012).

In the absence of conclusive and convincing evidence in the published literature we first sought to identify the curriculum content (antecedents of clinical leadership). The knowledge, skills and behaviours were aggregated from the available literature, (twenty seven publications) and supplemented with other evidence from two internationally accepted leadership theories (Kouzes & Posner 2012, Yukl 2012) resulting in the construction of a survey with sixty seven items, validated through the use of focus groups. Then the views of the nursing profession in Australia were sought via invitation through the Chief Nurses and the Council of Deans of Nursing and Midwifery on the aggregated proposed curriculum content through an online survey available for eight weeks in 2011. (See Brown et al, 2015 for further details). The results demonstrate a clear consensus amongst clinicians, managers and academics on the suggested curriculum content, respondents considered all the sixty seven items included in the survey relevant and important for inclusion in pre-registration nursing programmes as antecedents of clinical leadership

Since the completion of the initial literature review, a further fourteen publications referring to clinical leadership, leadership/management development and pre-registration nursing students have been identified. Alas, none of these publications added anything new to the aggregated curriculum content (antecedents) nor the curriculum approaches identified in our review. The dearth of empirical evidence on effective pedagogical approaches and educational strategies posed a significant challenge in the development of an evidence informed curriculum thread. Of major concern is that it has not been feasible, at this point, to ask colleagues for their views on effective curriculum approaches as we have been unable to source sufficient material from the published literature. Therefore, it would seem appropriate to highlight the concern and to contribute to this growing (albeit slowly),

important aspect of preparatory nursing education and look to how theory can offer relevant principles to propose a curriculum thread.

Antecedents of clinical leadership

An interesting conundrum within the literature on clinical leadership became evident during the research study, there is no agreed definition of clinical leadership (Mannix et al, 2013). Whilst the development of a definition was not the intention of the research, for clarity the research needed at least a working definition to be identified. Millward & Bryan (2005) provided a useful definition of clinical leadership in nursing it encapsulates management and leadership, acknowledging both concepts are necessary for safe, effective quality care. Informing all aspects of the research, Millward and Bryan's definition has been utilised but adapted to include reference to self and others. It is our view this better reflects a continuum of clinical leadership that commences as a nursing student and continues through a professional life.

'...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 & Bryan (2005) p.xiii, (adaptation in square brackets)
(Brown, Crookes & Dewing 2015)

This is visualised as the infinity loop of clinical leadership (Figure1).



It is our contention that at the point of registration as a novice practitioner, the new graduate nurse should be able to lead and manage themselves, these two concepts we identify as core within the curriculum. We then used these two core concepts to frame all the antecedents in a deliberate attempt to make the content overt as the development of clinical

leadership. The sixty seven antecedents were organised into the two core concepts leading self and managing self. Using Kouzes and Posner (2012) and Yukl (2012) as analytical frameworks and reflecting doing things right (management) and doing the right thing (leadership) (Bennis 1989) the results of this organisation are presented in Table 1.

Leading Self	Managing Self
Knowledge of ethics	The role of the registered nurse
Cultural diversity	Safety
Group dynamics	Occupational health and safety
Political awareness	Care planning
Ability to deal with change	Understanding of the work context
Ability to establish therapeutic relationships	Risk management
Conflict identification and resolution	Quality assurance
Non-verbal communication	Information management and technology
Recognising, developing and presenting coherent arguments	Identification and appreciation of research and evidence
Reflection	Fitness for role as a beginning RN
Giving and receiving constructive feedback	Management
Ability to delegate to others	Learning theories
Identifying consequences (making judgments)	Reward and recognition systems
Team building	Power and control
Motivating people	Organisations and organisational behaviour
Teaching	Written communication
Ability to supervise others	Verbal communication
Ability to monitor progress of others	Computer literacy
Mentoring	Ability to compare and contrast data and evidence
Being persuasive	Acting responsibly
Coaching	Being accountable
Being an advocate	Not bullying
Being worthy of trust	Being appropriately assertive
Demonstrating empathy	Being honest
Showing compassion	Being non discriminatory
Showing value of self and others	Not harassing
Demonstrating commitment	Being prepared to ask for help
Having a conscience	Being respectful
Person centeredness	Being non judgmental
Ability to influence others	Being confident
Displays leadership	Acting autonomously
Demonstrates personal values and beliefs	Ability to follow (a leader)
Being courageous	Ability to give a presentation
	Involving consumers of health care in decision making

Table 1: Antecedents of clinical leadership organised as leading self and managing self

Having devised a means to conceptualise the empirically derived content in a curriculum we turned our attention to the second part of our research question, the best way to deliver the curriculum content as a curriculum thread. Responding to the challenge for 'effective pedagogies' (Scott & Miles 2013 p.77) and 'discussion of educational strategies (Ailey et al,

2015 p.24) that might assist the nursing student to learn how to become a novice clinical leader.

A clinical leadership thread for pre-registration nursing programmes.

McTighe & Wiggins (2012) suggest curriculum writers should ask themselves *'having learned the key content, what will students be able to do with it?'* and not *'what will we teach and when should we teach it'* (p.7). As curriculum writers for pre-registration nursing programmes we would want to be able to say *'having learned the key content'* (antecedents of clinical leadership) the new graduate nurse is able to think and act like a novice clinical leader. For most educationalists, pre-registration nursing curriculum already exist, so starting from a blank sheet is not feasible. Internal and external factors are already in place which both drive and constrain curriculum design and development (Handwerke 2012). It is our contention however that the content could be found within most existing curricula. Thus we propose an integral curriculum thread, by integral we are using the definition *'essential to completeness; formed as a unit with another part: composed of constituent parts and lacking nothing essential'* (Merriam-Webster 2015) and as such would be across the curriculum. Our suggestion is the thread would constitute the antecedents of clinical leadership identified within curricula and structured through the creation of salient 'knots'. These knots defined as purposeful leadership learning opportunities are where the antecedents are 'tied' together, through effective pedagogical approaches and educational strategies at strategic junctures throughout the pre-registration programme. Thus, learning the antecedents in the context of clinical leadership is overt not merely the content of existing courses or learning modules. We will expand on this in a later section; but first we will consider some learning theory.

Theoretical Underpinnings: towards an integral curriculum thread

Handwerke (2012) contends that in nurse education, behaviourism and constructivism are the two most commonly used learning theories. She provides a comprehensive overview of these two pedagogical frameworks and offers a compelling argument for why a constructivist approach might be useful in nurse education. One of the more recent constructivist approaches; transformative learning theory (Mezirow 1978; 1991): a theory of learning that is adult-centred, abstract, perhaps idealized, yet grounded in the nature of human connection and communication lends itself to our challenge; the development of an integral curriculum thread. A theory that offers in part, a developmental process, but more it provides for *'learning is understood as the process of using a prior interpretation to construe a new or revised interpretation of the meaning of one's experience in order to guide future action'*

(Mezirow 1998, p. 162). Thus, transformative learning induces the possibility for more far-reaching change in students than other kinds of learning, especially learning experiences which shape learners and produce a significant impact, or paradigm shift, which affects the learner's subsequent experiences (e.g. Clark, 1993). Transformative learning is based on the epistemology of Habermas' theory. In particular, two sets of ideas can be seen: first, Habermas's ideas on instrumental learning, which focuses on learning through task-oriented problem solving and determination of cause and effect relationships-learning to do, based on empirical-analytic discovery. Second, his ideas on communicative learning, which is learning involved in understanding the meaning of what others *'communicate concerning values, ideals, feelings, moral decisions, and such concepts as freedom, justice, love, labor, autonomy, commitment and democracy'* (Mezirow 1991, p. 8). Habermas (1971) identified knowledge as organised into three categories: instrumental; communicative and emancipatory. Mezirow (1998) suggests emancipatory learning is triggered by critical reflection on instrumental and communicative knowledge making 'meaning', it is this element of knowledge; emancipatory knowing and learning that is of interest within our curriculum thread. Emancipatory learning is said to lead to *'increased self-understanding and frees individuals to change and internalize new ways of thinking'* (Morris & Falk 2007 p 445) and create *'freedom and empowerment within oneself'* (Haber-Curran & Tillapaugh 2014 p.12). Critical social theory has been advocated as a framework for nurse education (Duchscher 2000) and examples include: the development of a stand-alone leadership clinical experience (O'Neal 2004); to enhance the development of professionalism (Morris & Falk 2007); as a support structure for curriculum development and educators (McAllister 2011) and simulation (Parker & Myrick 2010). To this end we propose an integral curriculum thread supported by critical social theory that is transformative and emancipatory to support the development of clinical leadership in pre-registration nursing programmes.

Working towards an integral clinical leadership curriculum thread

The sequencing of the antecedents we are suggesting will be dependent on existing curriculum designs established within schools of nursing and we offer no prescription here. However, we are suggesting that using the antecedents, curriculum developers can identify where to place the knots in their own curriculum to ensure there is a clinical leadership thread. Our suggestion for how the knots are made into purposeful leadership learning moments, and consistent with our focus on transformational learning is to consider Fay's (1987) enlightenment, empowerment, emancipation continuum. Harden (1996) made a constructive argument for enlightenment, empowerment, emancipation in the context of nurse education, drawing on the work of Habermas (1979) she suggested emancipatory

nursing actions can be achieved. Therefore, we are proposing a curriculum thread for a pre-registration nursing programme that identifies the antecedents of clinical leadership within the two core concepts: leading self and managing self, together with the continuum of enlightenment, empowerment, emancipation. This is presented visually in figure 2.

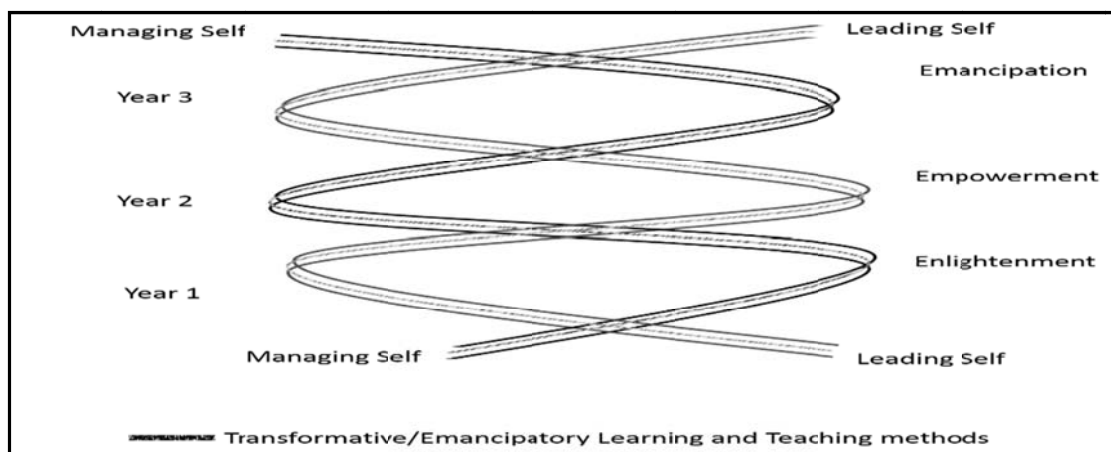


Figure 2. A curriculum thread for clinical leadership in a pre-registration nursing programme

To complete our curriculum thread we need to look to some examples of transformative emancipatory learning and teaching strategies that would better support the development of emancipatory knowledge.

Enlightenment, Empowerment and Emancipatory learning and teaching strategies.

Clearly, a clinical leadership thread as proposed here will require appropriately sympathetic learning and teaching methods be adopted or strengthened and be culturally sensitive. Although closely associated with critical reflection, transformative/emancipatory learning and teaching approaches are also core in developing enlightenment, empowerment and emancipation in the context of clinical leadership and a pre-registration nursing. Here we explore some examples and offer a summary in table 3, acknowledging this is not an exhaustive list but one to stimulate debate for curriculum development. Whilst our research that identified the antecedents has been conducted in Australia the examples of learning and teaching methods are drawn from a global perspective and therefore can in our view be transferable into curricula worldwide.

'Enlightenment is concerned with people seeing things differently...' (McCormack and Dewing, 2010, p 29).

Enlightenment is identified as an antecedent to empowerment by virtue that is its consciousness raising (Fay 1987, Mezirow, 1991) hence the importance of self-awareness and self-knowledge. One of the earliest publications on developing clinical leadership in pre-registration nursing students emphasised self-awareness as one of four important core skills (Pullen 2003 p. 35). Pullen further identified that self-awareness as content and outcome is commonplace in nursing curricula and self-knowledge can be enhanced by reflective practice, simulation and experiences in the classroom and clinical settings. The antecedents of clinical leadership identified in the doctoral study by Brown et al (2015) included knowledge, skills and behaviours that assist the nursing student to become more self-aware and self-knowing, a recognised characteristic of leadership (Bennis 1991). Using transformative/emancipatory learning and teaching methods these aspects of the students learning could be enhanced.

Learning and teaching strategies that achieve McAllister's (2011) concept of sensitizing can be seen as akin to enlightenment, with the aim of awakening students to issues of importance or significance. She shared examples of transformative/emancipatory learning and teaching approaches useful in the classroom, such as watching and discussing 'powerful media' (p47) that engaged the students' senses, thus encouraging the students to notice salient issues, engaging hearts and minds. Similarly, Tanner (2006) from her research on 'thinking like a nurse' (p.209) offered a model for the development of clinical judgement ideal for use in simulation and clinical practice. One of the four aspects within her model is 'noticing' (p.208), she described this as 'expectations' and 'initial grasp' (p.208) contributing to a raised sense of awareness. Through transformative/emancipatory learning and teaching approaches in clinical practice nursing students could be assisted to develop their professional noticing (Watson & Rebar 2014 p.514).

Empowerment is described by Johns (2000) as a sense of freedom to do something differently... (McCormack and Dewing, 2010, p 29).

In the context of our clinical leadership thread through the two core concepts: leading self or managing self, and the use of transformative/emancipatory learning and teaching approaches we are seeking to enable nursing students to access their own self power to become empowered. (Stanley 2011). One of the recurring opportunities for empowering nursing students in the literature is through participation in nursing student associations (Lapidus-Graham 2012, Korn 2014) and specifically linked to leadership development (Macino & Williams 2013). Whilst these are always extra-curricular activities, some of the processes inherent in these opportunities can be emulated within nursing curricula,

facilitating an opportunity for nursing students to explore their personal power. Table 2 highlights some examples from the nursing literature.

Student Activities and Assignments	Examples in the Nursing Literature
Fictional letters to the editor: journals, newspapers	Snyder 2014 McAllister 2011
Political organisations membership	Aroian & Dienemann 2005
Preparing a policy resolution plan	
Understanding organisational or social factors through contemporary and historical leaders	Frank 2005 Lewenson 2005
The future of nursing	Aroian 2005

Table 2. Examples of simulated student activities and assignments towards political socialisation and exploration of personal power

Garrison, Morgan & Johnson (2004) exalted the use of transformative/emancipatory learning and teaching strategies in pre-registration nursing programmes 'to *empower their students to master an eclectic set of management and leadership tools*' (p.23). However, McAllister (2011) identified these educative abilities are not always prominent in the nurse educators and developed a '*teacher-orientated tool*' (p. 45) to assist individuals to integrate these principles in their teaching when assisting nursing students to learn and understand '*empowered action*' (p. 45). Therefore utilising the transformative/emancipatory practices faculty can role model empowered action.

Emancipation involves freeing themselves from the things they take for granted to take action to be more creative and do things differently' (McCormack and Dewing, 2010, p 29).

Through raised consciousness of its importance (enlightenment) and the recognition of personal power (empowerment) we hope to assist nursing students to develop their emancipatory knowing. Emancipation is said to follow enlightenment and empowerment (Fay 1987). Snyder (2014) provided an understanding of emancipatory knowing as a concept in nurse education to guide integration into practice. She presented a very useful overview of methods for facilitating emancipatory knowing into nursing curricula (p.65). In the context of clinical leadership and the development of emancipatory knowing, the most critical transformative/emancipatory learning and teaching strategies for the nursing students must include positive clinical experiences. In addition, debrief and think aloud activities could be included in the classroom, simulation and clinical practice experience to enable the nursing student to further explore emancipatory knowing in the context of safe, effective, quality care. The examples of transformative/emancipatory learning and teaching methods discussed in the context of enlightenment, empowerment and emancipatory knowing are

collated in table 3. In addition, suggestions are offered of existing learning and teaching opportunities that could be readily modified to incorporate the methods identified.

Methods of Learning	Suggested Learning and teaching Opportunities	Examples in the Nursing Literature
Action learning	Classroom; Clinical practice experience	McAllister 2011
Active learning	Classroom; Self-directed learning activities; Online learning	Middleton 2013
Dialectical Communication	Classroom; Simulation; Online learning	McAllister 2011
Critical Reflective Journal	Assignments; Clinical practice experience; Online learning	Frank 2005, Lekan et al 2011
Films, Books, Poetry	Classroom; Self-directed learning activities; Online learning	Frank 2005, Hathaway 2013
Think aloud	Classroom; Simulation; Clinical practice experience	McAllister 2011
Political Socialisation	Classroom; Assignments	Frank 2005, Williams 2007
Nursing activists' agenda	Classroom; Assignments	Macino & Williams 2013
Narratives and stories	Classroom; Assignments	Démeh & Rosengren 2015
Critical creativity	Classroom; Self-directed learning activities; Assignments	Middleton 2013
Simulation and debrief	Simulation; Clinical practice experience	Sharpnack et al 2013, Pollard & Wild
Problem based learning	Classroom; Simulation; Clinical practice experience; Self-directed Learning activities; Assignments; Gaming; Online learning	2014, Foronda & Budhathoki 2014
Clinical experience	Simulation; Clinical practice experience	Frank 2005, Williams 2007, Pepin et al 2011, Lekan et al 2011

Table 3. Examples of Methods to Support Enlightenment, Empowerment Emancipatory Knowing, suggested learning and teaching opportunities and evidence in the published literature. (Adapted from Snyder 2014 and Haber-Curran & Tillapaugh 2014)

Through the utilisation of existing transformative and emancipatory learning and teaching methods and enlightenment, empowerment and emancipation nursing students could be assisted to make '*meaning*' out of their learning, '*to guide future actions*' (Mezirow 1998, p. 162). By knotting the antecedents together nursing students should be able to recognise the need to lead and manage themselves as a new graduate nurse to be able to think and act like a novice clinical leader. Our integral curriculum thread has provided some examples of methods of learning by that we mean purposeful leadership learning moments or salient knots that can be developed within existing curriculum. The next stage is implement and evaluate our curriculum innovation we are therefore designing a longitudinal cohort research study with the overall aim to measure the success of our integral curriculum thread.

Conclusion

Drawing on critical social theory, we have proposed an integral curriculum thread with salient knots for a pre-registration nursing programmes that identifies the antecedents of clinical leadership; the core concepts: leading self and managing self, together with the continuum of enlightenment, empowerment, emancipation incorporating transformative emancipatory learning and teaching methods. From the doctoral research the antecedents of clinical leadership have been identified as unequivocal curriculum content, then presented in a way that is not locked into existing courses or learning modules. The content was derived empirically and the proposed effective pedagogical approaches and educational strategies are supported theoretically and therefore we believe we have a design template for action for

the curriculum developers and offer a way of thinking about this important aspect of preparatory education. Moreover, we hope to have created a process contributing to a heightened sense of awareness in the nursing student (and other key stakeholders) of the what, how and when of clinical leadership in a novice registered nurse.

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