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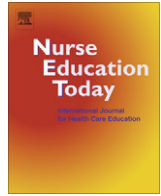
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A leadership program in an undergraduate nursing course in Western Australia: Building leaders in our midst

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SUMMARY

This paper discusses a leadership program implemented in the School of Nursing at Edith Cowan University to develop leadership in fourth semester nursing students enrolled in a three year undergraduate nursing degree to prepare them for the dynamic 'changing world' environment of healthcare. Students were invited to apply to undertake the program in extracurricular time. Nineteen students applied to the program and ten were chosen to participate in the program. The numbers were limited to ten to equal selected industry leader mentors.

The leadership program is based on the belief that leadership is a function of knowing oneself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize one's own potential. It is asserted that within the complexity of health care it is vital that nurses enter the clinical setting with leadership capabilities because graduate nurses must take the lead to act autonomously, make decisions at the point of service, and develop a professional vision that fits with organizational and professional goals. Thus, the more practice students have with leadership skills, the more prepared they will be to enter the workforce.

The program consists of three components: leadership knowledge, leadership skills and leadership-in-action. The leadership program focuses on the student-participant's ability to be self reflective on personal leadership qualities, critically appraise, and work within a team as well as to take responsibility for ensuring the achievement of team goals as leader. The program is practical and is reliant on the involvement of leader mentors who hold positions of leadership with the health industry in Western Australia.

Students completed a pre and post program questionnaire related to abilities and skills in leadership. This paper discusses pre and post evaluation data against program outcomes. The findings demonstrate that participants of the program increased their ability to influence, persuade and motivate others; to effectively communicate; to team build and work collaboratively; to develop problem solving and perseverance skills to overcome obstacles; and to serve as agents for positive change.

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Introduction

In today's complex healthcare system with the focus being placed on patient's outcomes, and emphasis on patient safety, it is critical that novice nurses enter the practice setting with leadership capabilities. At an operational level nurses are expected to collaborate with other disciplines, work within a set of standards, monitor patient status, advocate on behalf of patients and delegate to health care workers in a variety of settings. In order to undertake these roles efficiently every Registered Nurse must be prepared to take the lead to act autonomously, make decisions at the point of service, and develop a professional vision that fits with not only organisational goals but with professional aspirations. Nevertheless, new nurses feel unprepared for supervisory roles and to par-

ticipate effectively within health care teams (Smith and Crawford, 2003).

The importance of leadership, beginning at the undergraduate level, has been recognized by many university nurse preparation programs, but typically discussion of leadership is often par se and offered during the last semester of the final year, when there is little time for students to integrate the skills they could use in the classroom and in practice. Authors postulate that university graduates, as a whole, are ineffective leaders, and suggest that the most likely cause of this leadership void is a lack of formal leadership training (Fritz and Brown, 1998; Ricketts and Rudd, 2002).

Integrating leadership practices throughout the curriculum, or introducing structured leadership programs earlier in the undergraduate nursing program provides participating student nurses with a broad base of leadership knowledge and skills which can be nurtured and developed in practice. Nurses who are potential leaders do not necessarily have the range of experience and skills

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necessary, not because they are uninterested or unwilling, but because they lack the opportunities to develop themselves for leadership positions. Watt (2003) contends that universities have begun a concerted effort to train leaders in an attempt to fill the leadership void. Simply put, the more practice students have with leadership skills, the more prepared they will be for today's health care environment.

In response to practice requirements and the need to build sustainable leadership qualities in student nurses, the Nursing Program at Edith Cowan University (ECU) designed an innovative leadership program to empower student nurses to function as leaders. This paper presents an evaluation of a novel leadership program for undergraduate nurses.

Background and context

Leadership skills can be broadly classified as analytical, conceptual, emotional and spiritual (Quatro et al., 2007). Within each classification there are key skills, which are required for effective leadership. Analytical and conceptual skills have been a traditional feature of leadership, and key skills manifest as problem solving, rationale decision making, and measured objective judgment. More recently emotion and spiritual domains have taken the spotlight as critical elements for the successful leader, which takes a humanistic view of the moral and long term consequences for the individual, the organization and society (Wasylyshyn et al., 2006).

The behaviour of a leader is developed as a consequence underlying attitudes and leadership skill and may engender both positive and negative responses in followers. Therefore, self awareness can give the leader greater analytical purchase into team and organisational performance issues because knowledge of one's own strengths and weaknesses and how these impact upon and transform social networks is critical to achieve individual, team and organisational success (Bartol and Zhang, 2007; Bass, 1990).

Each generation of leaders face different challenges and require different skills. Contemporary organisations have flattened the traditional hierarchy of control thereby forcing a power shift towards greater autonomy, self determination and accountability to more members of the organization. The move away from centralized hierarchies of power to semi autonomous work units provides new opportunity to develop leaders at the grassroots and to create positive influences for personal and professional development. In Western Australia, the Scope of Nursing Practice Decision Making Framework (2004) reflects this shift to autonomy, self determination and accountability with all nurses expected to take responsibility for nursing actions at all levels.

The ECU leadership program

The ECU leadership program was a pilot program conducted with undergraduate nursing students commencing in the fourth semester of their studies and finished at the completion of the fifth semester. This time frame was chosen to maximize exposure to leadership skills and to increase the likelihood of practicing leadership within other aspects of the theoretical and practical components of the undergraduate nursing program. Pragmatically this time period also represented the "best fit" for participants who undertook the program on an extracurricular basis. Therefore, participating students maintained a full academic workload and undertook nine weeks of clinical placement whilst completing the project within the leadership program. The program structure will be discussed later in this paper.

The work of Bennis (2003) in organization change and management underpinned the development of the leadership program be-

cause the central tenets of Bennis focus on the individual capabilities of leaders. The following discussion elaborates upon the work of Bennis and its applicability to the leadership program.

Leadership is considered a function of knowing one's self, having a mental picture that is well communicated, building trust among colleagues, and taking effective action to realize one's personal leadership potential. Bennis discusses six personal qualities of leadership. The first quality is integrity. Integrity means the alignment of what one does in terms of leadership and how one thinks and behaves based on personal values, and reconciling the both, despite easier options. A leader with integrity can be trusted and will be admired for sticking to strong values. They also act as a powerful model for people to copy, thus building an entire organization with powerful and effective cultural values. The second personal quality of leadership is dedication. This means giving one's whole self to the task. The work of most leadership positions is not something to do 'if time'.

Magnanimity is the next personal quality of leadership. A magnanimous person gives credit where it is due. It also means being gracious in defeat and allowing others who are defeated to retain their dignity. Magnanimity in leadership includes crediting the people with success and accepting personal responsibility for failures. A magnanimous leader also practices humility, another personal leadership attribute. Humility entails recognizing all people as equal in value and knowing that the position of leader does not make them a "god" status.

Bennis (2003) also describes openness and creativity as personal leadership qualities. Openness means being able to listen to ideas that are outside one's current mental models, being able to defer personal judgments until after hearing someone else's ideas without trying to shut them down early, which at least demonstrates care and builds trust. Openness also treats others ideas as potentially better than one's own ideas. In the uncertain world of new territory, being able to openly consider alternatives is an important skill. The ability to openly consider alternatives enables creativity. Being able to get "outside the box" and take a new and different viewpoint on things enables creativity and provides the ability to think differently and see things that others have not seen, giving followers a reason to follow.

Leadership knowledge within the leadership program was formulated around key leadership attributes from the literature. Gardener's (1990) attributes of a leader provided a model for developing leadership knowledge in participants as the attributes described melded well with Bennis' (2003) framework. That is, the Gardener attributes allowed the participants to become self aware of personal strengths and weaknesses and then to 'work on' strengths, and address weaknesses, through leadership practiced within the context of a tangible project under the mentoring of an industry leader. For example, Gardener's (1990) intelligence and judgment-in-action attribute includes effective problem solving, designing strategies, setting priorities, and making intuitive as well as rational judgment, and this provided the skill base for the leadership-in-action component of the ECU leadership program. These attributes will be highlighted within the discussion.

Leadership that is dynamic focuses energy and optimism in finding opportunities everywhere, in both the 'good and the bad', and the flexibility and fearlessness to take advantage of the out-of-the-box thoughts of others. It requires focussing on the 'group' whilst acknowledging the individual. Therefore, a key to leadership is ensuring 'meaningfulness' to all in an organisational relationship and rewarding in a way that is appreciated and valued. The use of Bennis (2003) relates significantly to self awareness in order to identify personal strengths and weaknesses to focus energy appropriately. Segil (2002) asserts that this kind of energy may be taught but is easier if it comes naturally in the person.

Mentoring plays a valuable role in the transfer of information and the sharing of knowledge needed by emerging leaders and was chosen to consolidate learnt leadership skills and to sustain the momentum of self awareness of personal leadership qualities. Thus, leadership-in-action required participants to be coupled with leader mentor, with the mentor acting in an advisory capacity to guide an allocated participant in their learning and personal and professional development (Council of University Teaching Hospitals, 2003). The relationship was set up to be dynamic and reciprocal, with the mentor taking personal interest in helping the leader-mentee develop and practice leadership. At its core mentoring encompasses a strong learning theme with a holistic approach that enables reflective learning in order to guide and support enabling personal growth to take place (Clutterbuck and Ragins, 2002; Cranwell-Ward et al., 2004; Egan, 2002). Leadership practice involved the leader-mentee being assigned a time limited and achievable project with a group of followers, an activity requiring personal engagement and leadership skills to complete.

ingness to inculcate communal trust norms that engender trust with others (Daly et al., 2007). Indeed, Provis (2001) claims that trust are a key concern for leadership seeking to replace antagonistic relationships in the workplace.

Program structure

The content of the leadership program consisted of three structured extracurricular components. Sessions were divided into Leadership knowledge which entailed a 1 day Leadership Retreat; Leadership skills where participants attended a foundation leadership session for half a day; and then six 2-h sessions over a period of 6 months. Participants then participated in a leadership-in-action project whereby they worked in a leadership capacity with a leader mentor from local health care organisations to provide strategic leadership in a negotiated community development project where they completed a minimum of 30 h of work on their respective projects.

Conceptual framework

A conceptual framework to guide the leadership program (Fig. 1) was developed. This framework has as its central foci that leadership may be present in all individuals and through self awareness the individual becomes insightful of strengths and weaknesses so that they may take deliberative actions to nurture strengths and work on weaknesses. Thus, it may be said that the individual once self aware, invests emotionally in relationships to develop self. The participation in the program demonstrated the participant's willingness to cooperate for the mutual benefit of self and others. Jones and Creedy (2008) found that where willingness to cooperate is low, so is trust and individuals will opt to work from a self interest perspective rather than work for the interests of the whole group. The focus in this program was on leadership rather than leader competencies, where leadership cultivates multiple personal connections and invests in social capital with a will-

Selection of participants and mentors

This project was funded by the Edith Cowan University Learning and Teaching Centre and ethics approval was obtained from the University Ethics Committee. The leadership program was open to all students enrolled in semester four of the undergraduate nursing course. On-line information flyers outlining the program, objectives and the extracurricular involvement in the program were posted in all online unit support sites. Entry to the program was by written application and successful applicants received notification of acceptance by email. Applicants were asked to outline reasons for entering the program and the potential personal benefits to themselves if successful in their application. The selection panel was blinded to the applicant's academic record. This notification reiterated involvement requirements focusing on the issue that participants would complete the program in addition to normal academic requirements. This time frame was chosen to maxi-

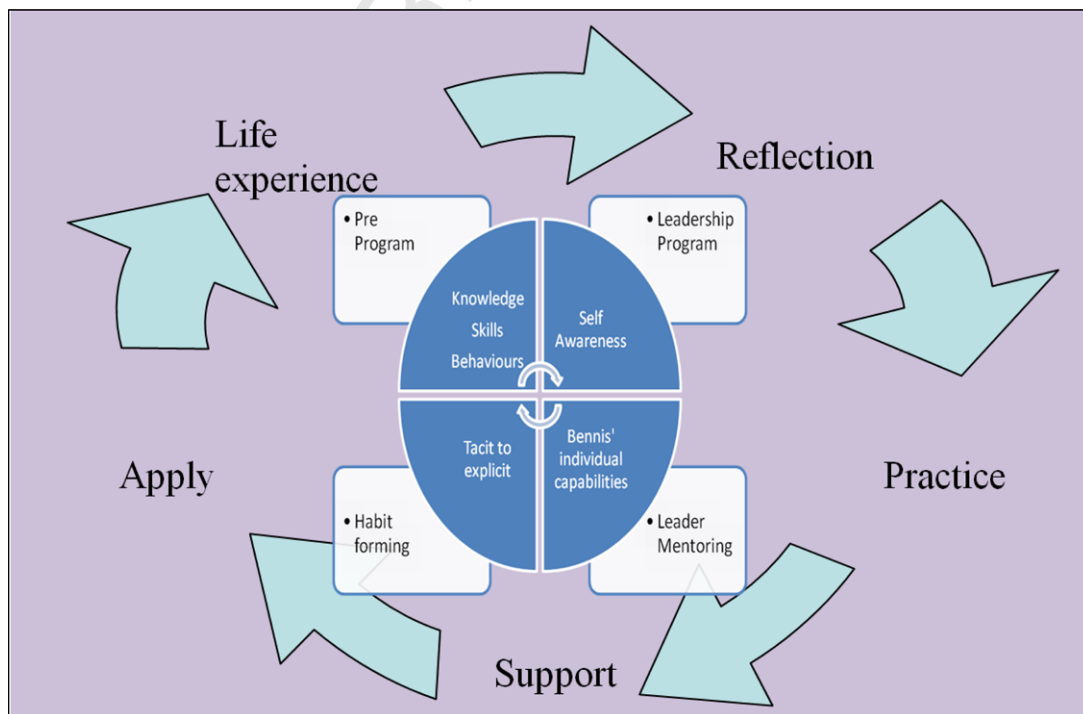


Fig. 1. Conceptual diagram of the leadership program.

mize exposure to leadership skills and increase the likelihood of practicing leadership within other aspects of the theoretical and practical components of the undergraduate nursing program. Pragmatically this time period also represented the best approach for participants who undertook the leadership program on an extra-curricular basis. Therefore, participating students were required to maintain a full academic workload and undertake nine weeks of clinical placement in this period.

Leader mentors were selected for their skills and attributes in leadership. All held senior management/leadership roles in health care in Western Australia. Two mentors were General Practitioners, two held senior positions in the Health Department, one was Senior Registered Nurse in a West Australian public hospital, and four mentors worked for the university as Associate Professors, Senior Lecturer and a Lecturer. Leader mentors were initially ap-

proached by mail with a letter explaining the leadership program and requesting their participation. Ten leader mentors were approached with nine agreeing to participate. The leader who did not participate was unable to do so because of job demands at the time. A second letter detailed the requirements of the mentors including time commitments, role, expectations of mentors and students, duration of the program and an introduction to the participants, which preceded the initial contact between mentor and student. In keeping with program ideals, the leadership student was obliged to initiate contact and to arrange consequent meeting schedules. Mentors were also advised of the program coordinator's contact details in case of questions or problems.

Data collection

Basic demographic data were documented (gender, age). Students completed a pre and post assessment questionnaire to rate their personal leadership characteristics and their ability to lead, on a Likert scale of 1–5. The questionnaire was based on the course content and key leadership attributes. The content was reviewed by a subject matter expert to establish face validity prior to the program launch.

Data was entered into a computer database and statistical package for the social sciences (SPSS) software was used for statistical analysis. Wilcoxon Ranks Sum Test examined differences between pre and post program student leadership ratings.

Results

Nineteen students applied to enter the program and 10 students were accepted. The numbers were limited to ten to equal selected industry leader mentors. Nine Australian Nationals and one International student joined the program. Nine students completed the program; one student was unable to continue due to family issues. All the students were female. No male students applied to enter the

Table 1
Description of completed projects.

Participant	Project
A	Organize the celebration of International Midwives Day within the local community and at the University
B	Organize the Celebration Dinner and agenda, guests etc. for the program certification dinner and act a master of ceremonies for the event
C	Review the process for policy generation and tracking with Clinical Nurse Managers in a public hospital
D	Develop a Speakers Kit for Breast Screen WA to be used to educate health workers in communities throughout WA
E	Organize the Western Australian Health Department's School Career Planning event
F	Review the role and feasibility of a practice nurse in a specific general practice setting
G	Organize the logistics related to the Vaginal Examination Simulation project within the Simulation Centre of Excellence
H	Review and evaluate the use of standardized patients in simulation within the Simulation Centre of Excellence



Fig. 2. Leadership characteristics pre and post program.

314 program The leadership program was open to all students enrolled
 315 in semester four of a three year undergraduate nursing course.. All
 316 students fulfilled their obligations to meet with their mentors and
 317 no mentors required further instruction from the coordinator or re-
 318 ported any problems. Each student was allocated a project by their
 319 mentor. Table 1 provides a description of the leadership projects.

320 All students completed the pre and post program questionnaire.
 321 There was a statistically significant change in key leadership skills
 322 and behaviour on completion of the program (Wilcoxon Signed
 323 Ranks Test $p < 0.05$ for each 13 leadership attributes). The score
 324 for each questionnaire item was significantly higher after comple-
 325 tion of the study (Fig. 2).

326 Fig. 3 shows the changes for each individual's rating of their
 327 leadership confidence, which shows all participants perceptions
 328 of their leadership ability increased.

329 Fig. 4 shows the changes for each individual's rating of their
 330 ability to communicate with all levels of people, which shows all
 331 participants perceptions of their communication ability increased.

332 **Discussion**

333 According to the participants in this study the following areas
 334 are important: the ability to communicate with people at all levels;
 335 the ability to goal set; the ability to be positive to change; the abil-

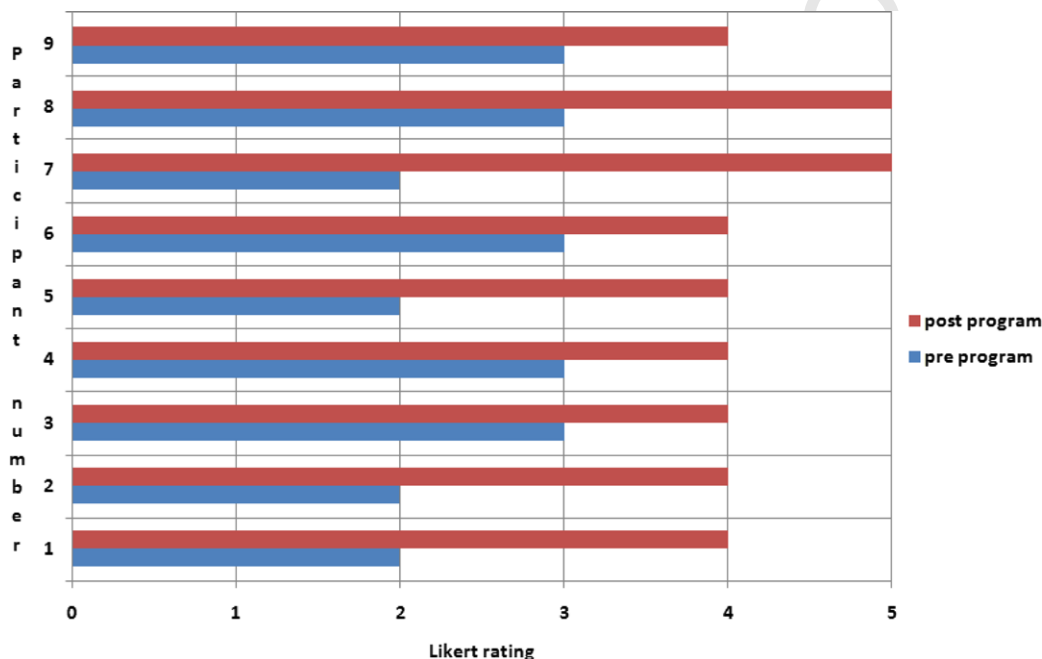


Fig. 3. Individual rating of leadership confidence pre and post program.

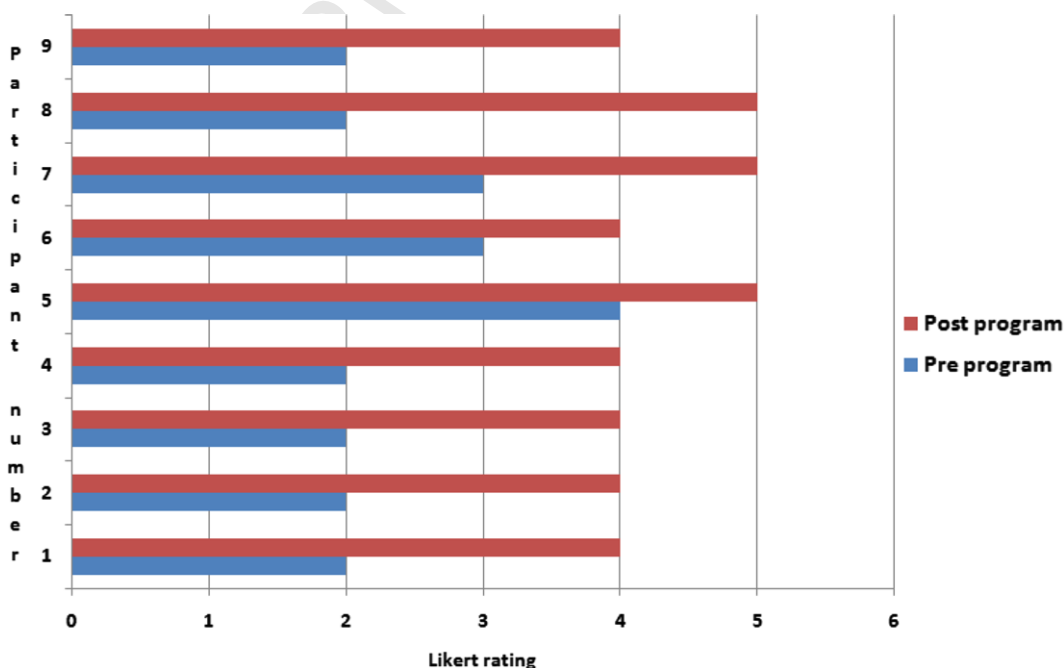


Fig. 4. Communication skills pre and post program.

ity to view problems as opportunities; and having the confidence to lead.

The significant shift in the perceptions of the participants from pre to post survey indicates that the leadership program was effective in the transfer of knowledge, attitudes and skills. The changes in problem solving, critical thinking and planning provided the students with the confidence to be positive in the challenges they faced in their mentor project and to view these as opportunities. These changes in skill align with **Gardeners (1990)** intelligence and **judgment-in-action** attributes which was alluded to earlier in the paper. This attribute relates to problems solving, setting priorities and making rational **judgments**. Furthermore, the ability to manage conflict, and tolerance of others through the use of negotiation helped the students to meet their personal goals and the satisfactory delivery of the practical projects. This is also significant because this supports **Bennis' (2003)** claim of the individual capabilities of leaders. In particular magnanimity, openness and creativity whereby a good leader **recognizes** all people as equal, is able to defer personal **judgment**, and listens to other people's ideas without shutting them down.

Students were able to maintain their dual role of team leader and team member, and had the confidence to know when to step up or step back. Notably students were able to function within the leadership capacity of 'knowing oneself' and taking effective action to **realize** personal potential which is also significant to **Bennis' (2003)** model.

Critically the changes in perceptions of communication were positive. Effective and open communication is an essential aspect of leadership (**Foster-Turner, 2006**). Team members are more likely to make enquiries or advocate when these features are present. Many failures and adverse events in the healthcare setting are directly linked to communication issues (**Harris, 2002**). Teamwork was highly valued by the participants. Importantly, healthcare organisations are increasingly emphasizing the need for team skills to be learnt in this safety critical system.

The conceptual framework which was developed whilst simple in design is shown to reflect ably the changes in perceptions among students from pre program to post program. This leadership program has provided undergraduate students with early exposure to leadership attributes and real world projects for the application of their knowledge and skills. The focus on self awareness provided the mechanism whereby participants were able to gauge current understandings of self to identify their strengths and weaknesses. This enabled the participants to look in the 'mirror rather than out the window' and be self reflexive. Leadership is hard and can be lonely. Introspection and internal reflection provides the vehicle for transformation, sustainable action, and the development of tacit knowledge and emotional intelligence (**Goleman, 1998; Salovey and Mayer, 1990**). Further **Levinson et al. (2006)** elaborate that emotional intelligence plays an important role in professional practice as interactions may be highly personal exchanges in which person reacts emotionally to the other. A leader with emotional intelligence makes smart decisions about how and when to express their emotions. Managing emotions leads to a deeper understanding of the role of self and leadership, and encourages accountability for actions and responsibility as a professional nurse in a dynamic healthcare environment. **Daft (2005)** asserts that leaders who are able to manage emotions, such as anxiety and fear, show courage through accepting responsibility, and help to maintain balance and keep the workplace positive and motivated (**Van Knippenberg and Hogg, 2003**).

Conclusion

This paper has discussed a leadership program in which the development of self awareness in undergraduate nursing students

provided the opportunity to reflect upon personal strengths and weaknesses in order to facilitate leadership skills and knowledge. Students undertook a structured learning program which was supported by participation in a leader mentor project to practice leadership skills and apply leadership knowledge. Their wide repertoire of skills in leadership enabled students to successfully complete projects and to develop tacit knowledge of leadership.

All participants experienced significant growth in leadership ability and in the growth of personal and professional understanding of "self" and their potential to act as leaders at the end of the Program. The true benefits of the Program will only be evident in time.

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