Perceptions and Experiences of Leadership: A Narrative Inquiry of Leadership in Undergraduate Nurse Education

Thesis submitted in partial fulfilment of the degree of

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Summary

This thesis applied a narrative inquiry methodology and photographic elicitation to explore experiences and perceptions of leadership in undergraduate nurse education. Five final year students, six academics and one senior nurse participated in semi-structured interviews which were analysed individually, and then at group level using a three-dimensional framework of temporality, sociality and place. Interpretations were developed and synthesised with the wider empirical and theoretical literature and critical application of the theoretical and philosophical frameworks of Dewey's experiential continuum and Nussbaum's intelligence of emotions and social justice.

The findings revealed tensions between expectations of leadership, defining leadership and a disconnect between the social and cultural experiences and contexts of learning. Participants all placed value in leadership in nursing and the academics and nurse had clear perceptions of leadership characteristics, yet the students found distinguishing these a challenge. Interpretations revealed a challenge for students in connecting theory to practice within different learning contexts, highlighting the theory practice gap continues to obstruct effective leadership learning for some students. Furthermore, exploring the impact of emotional reasoning and reflexivity following examples and representations of leadership for students, revealed a need to further explore how this influences their vision and expectations of self as leader, adding to the importance of sharing and conceptualising experiences from practice in learning. Interpretations of experiences of leadership revealed the profound emotional response experience can evoke. This allowed exploration of the hierarchical social contexts within the profession, as well as the paradoxical challenges of a values-based profession in a target driven organisational construct. This study revealed the need for clarity and consistency in the terminology for leadership in undergraduate nurse education. Further consideration of how clinical practice experience of leadership aligns with theoretical learning in the higher education context and what opportunities are equally provided, is needed.

Acknowledgements

This doctoral study would not have been possible without the support of my daughters, Bethan and Carys, who have been unwavering in their positivity and enthusiasm while also facing their own educational challenges of GSCE's and A levels during this time. I would also like to thank my family who have always supported my continuous learning and especially my parents for inspiring me in their work ethic. I owe my mother deep gratitude for providing me with a vision of leadership in nursing and stories of her experiences of nursing spanning 1960-1990.

My inspiring supervisors, Professor Dianne Watkins O.B.E and Dr. Judith Carrier have encouraged and questioned throughout, prompting me to question and constantly review this work and I am deeply grateful for their time, wonderful wisdom, expert knowledge and support.

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Abbreviations

ASSIA	Applied Social Science Index
CENTRAL	Cochrane Central Register of Controlled Trials
CINAHL	Index to Nursing and Allied Health
EI	Emotional intelligence
ERIC	Education Resources Information Centre
HB	Health Board
HEI	Higher Education Institute
HCSW	Health care support worker
ILT	Implicit leadership theory
JBI	Joanna Briggs Institute
NHS	National Health Service
NMC	Nursing and Midwifery Council
SKTC	Senior knowledge transfer consultant
UK	United Kingdom
USA	United States of America

Preface

The impetus for discovery from life experience

Experiences of personal learning within educational settings, as a professional nurse, within clinical practice and as an academic within higher education, have all cultivated a personal interest in leadership and emotional intelligence (EI), and how these influence and impact nursing as a profession. My early interest developed from experiencing influences of power relationships and perceived leadership within healthcare and amongst the multi-professional landscape, over many years. This began early in my life as a young girl observing the dynamics between my mother, as a District Nurse, her nursing colleagues and the General Practitioner within a small rural community, where the authoritarian hierarchy of professions was obvious. I was in awe of mother's ability to make decisions of care for patients based on her nursing experience, often without support, and her ability to provide clear leadership for patient care in an often-isolated context. As the demands of this isolated role required, and as a full-time working mother, it was not unusual for the family to escort her on journeys to remote farms, especially in the winter, and bear witness to her challenges in decision making in complex situations.

My experience further developed as a student nurse and qualified nurse in Oxford in the mid 1980's when changes within nurse education brought opportunities and energy to the profession, as the status of nursing was viewed as elevated by the move to graduate nursing. I was fortunate to have role models early in my career who demonstrated clear leadership within their clinical areas and nurtured their staff to follow principles of values based, and determined approaches to leading nursing care, with the patient always at the core of every decision. I progressed within nursing to what were considered roles requiring clinical leadership, including senior staff nurse, nurse specialist, clinical research nurse, project lead and then senior knowledge transfer consultant (SKTC) within a higher education institute (HEI). I had no formal leadership education or training, and at times, I struggled as a young nurse in the decision making and approach to leadership. Many years later I am able to reflect on this as a learning experience of leadership styles and consequences, and I have since experienced both 'toxic' leadership and inspirational leadership styles. In my role as SKTC, I was involved in developing and delivering a postgraduate leadership programme for social care managers across Wales. It was during this scoping, development and delivery, I realised within both health and social care, individuals are often promoted to leadership roles without any formal leadership education and reflecting on my own experience and emotional reaction to differing leadership styles,

this fuelled my curiosity further into the theory, evidence and historical perspectives of ‘leadership’ as a concept. Now, as an academic supporting the educational development of student nurses and post graduate nurses, in reflecting on my experiences, I am conscious that leadership was not and is not, a clearly defined competency. Rather, I was fortunate to have the experience of being guided by many differing styles of leadership, and through my own contemplation and reflection, sought to seek further meaning in what we, within our professions, define as ‘leadership’. W.H Auden (2015 p. 44) clarifies my interest in the phenomena of leadership now within nursing:

> …we cannot be content merely to experience but must seek to make sense of it, to know what is its cause and significance, to find the truth behind…the basic stimulus to the intelligence is doubt, a feeling that the meaning of an experience is not self-evident…

The focus for leadership is now embedded within the regulator’s standards for education and on registration, yet from personal experience, many undergraduate students express reluctance to call themselves ‘leaders’, and few have a clear idea of what this means for their current and future practice. Having experienced negative and positive styles of leadership and being very aware of how leaders can influence and impact teams and organisations, I also recognise the personal impact leaders can have on an individual, potentially influencing future career choices. I now support and educate undergraduate and post graduate nurses in leadership and therefore, to place my values and integrity central to my teaching, I place continued importance in clarifying perceptions of leadership in nursing, to gain that insight.

Part One: Background to the study

Chapter 1: Introduction

Chapter one will present a synopsis of the thesis. Following on from the preface and discussion of the development and impetus for the research question, a rationale, aims and objectives and the methodological approach is followed by a brief overview of the structure and each of the individual sections.

1.1 The study

The research question which evolved was:

What are students', educators' and senior nurses' experiences of leadership and what are their perceptions of leadership preparation in pre-registration education?

1.1.1 Aims and objectives

The aims were:

1. To acquire an understanding of the perceptions and experiences of leadership of final year nursing students, educators and senior nurses.

2. To explore the perceptions of final year nursing students, educators and senior nurses in their expectations of leadership skills in nurses entering registration.

3. To explore students', educators' and senior nurses' attitudes to the effectiveness of preparation through education for the role of leadership in nursing.

The objectives were:

1. To provide a critique of current literature and evidence pertaining to leadership within the undergraduate nursing curricular.
2. To interview student nurses, a senior nurse and nurse academics to explore experiences and perceptions regarding their view of leadership in nursing and preparation for leadership on point of registration, using photographic elicitation.
3. To analyse and synthesise the findings from the literature and narrative inquiry through theoretical perspectives of Dewey and Nussbaum.
4. To disseminate the knowledge and learning of this research to students, nurses, academics, healthcare professionals and policy makers.

1.1.2 Approach

This study applies a narrative inquiry methodology and photographic elicitation. Participants were recruited between December 2019 and May 2020. Interviews were recorded and transcribed. The Ethics Committee at the University granted approval

for this study in June 2019 and the Health Board (HB) approved the study in October 2019.

1.2 The emergence of the research question

Leadership skills are thought to be a continuous process of development and learning. However, this has not been a consistent approach within nurse education and it often emerges as a final year competency within the curriculum (Pepin et al. 2011; Ha and Pepin 2018). As the role of nurses has developed and changed significantly within the last fifty years, concepts such as leadership and EI have become the focus of discussion, policy and evidence, linked to both patient safety, working cultures, stress and resilience and emotional labour (NMC 2010, Wong et al. 2013). There is an international focus on the importance and quality of preparing undergraduate nurses for the future of the profession (WHO 2020). However, suggestions persist that newly registered nurses are unprepared for leadership roles (Al-Dossary et al. 2016). Now a required element within undergraduate curriculum, leadership development is a core feature within undergraduate nurse education and standards in the United Kingdom (UK), (Chaffee and McNeill 2007; NMC 2010, 2018). However, defining what is meant by effective leadership and how it is effectively developed in aspiring nurses continues to be an unresolved area of debate (Twigg 2013, Christiansen et al. 2014; Tregunno et al. 2014). Leadership is a term which is loosely applied within many disciplines, often defined as visionary, inspiring and requiring courage to change negative working cultures within organisations. However, there is no agreed accepted definition which may add to the complexity of effective curricular design (Scully 2015). For an undergraduate student, its relevance may seem challenging and remote from their desire to deliver effective care for patients.

Students navigate contrasting settings of higher education and clinical placements. This contrast requires negotiation of the 'practice theory gap', suggested as a possible reason for high attrition rates and non-registration following achievement of qualification (Buchan and Seacombe 2011; Monaghan 2015). Challenges of staffing, retention and quality in clinical nursing was already evident and Covid-19 has only added to this (West et al. 2020). Developing nurses who are emotionally intelligent and cognitively aware of the need for developing leadership skills is needed to take nursing care and the profession forward, influencing both individualised care and at a policy level (Bennett et al. 2020). It is a concern for our future nursing workforce, and of relevance for effective educational programmes. The emotional demands of the healthcare organisation and nursing profession are well documented and

recognised. A lens examining student nurses' perceptions of their awareness and preparedness for leadership allows for further insight into the effect of experiencing leadership. Revealing their experiences in their education programme and clinical experience which shape views of the role of leadership within nursing will provide an insight (Gough et al. 2012; Cant and Cooper 2017). The experiences of educators and nurses who influence and mentor students is also relevant, to gain insight into the perceptions of how students are prepared, and on what experience and knowledge this is based upon.

1.2.1 Refining the question

Developing the principal question which outlined the direction of the study guided me to realising the importance of refining the definitions and terminology. I became aware in reading theory and evidence, there is no confirmed and agreed definition for 'leadership' within nursing. Other terms are used interchangeably, namely 'management' and 'clinical leadership' most commonly. Within the broader concept of leadership in healthcare there are many strands of discussion: leadership development in post registration, leadership in the National Health Service (NHS), leadership and its role in patient safety, leadership and gender disparities, what 'type' of leadership is most effective are some examples. It became apparent that while all these areas interest me and are valued, I needed to refine and focus my topic and question to justify the study. Therefore, concepts were elucidated, and the question developed.

1.2.2 Clarifying the concept

Within the literature and evidence for nurse leadership, terminology such as 'clinical leadership', 'non-technical skills' and 'leadership and management', are used interchangeably. While there are many definitions of leadership within broader leadership theory, there remains a lack of clarity within nursing and education. Clinical leadership (CL) has been defined as clinical expertise in practice, delivering high quality care, clinicians working at an expert level, holding a leadership position and "a professional competency demonstrated in clinical care that galvanizes the nurse to influence others to continuously improve the care they provide" (Pepin et al. 2010, p. 269). These definitions hint at the developing opinions and shift within defining the role of CL, some of which align more with the broader concepts within leadership theory. Further analysis from Bender et al. (2017) links communication, interprofessional relationships, and teamworking to the classification of attributes. Pepin et al. (2011) firmly link clinical leadership to professional competencies and

expertise, clinical skills and continued suggestions of position and role, while Brown et al. (2016a) consider CL to incorporate leadership and management of the self and others. More recent attempts to conceptualize leadership in nurse education include a broader scope and include that of process and role as influencing, formal, interdisciplinary and clinical (Miles and Scott 2019). While there remains a paucity in empirical evidence and robust scholarship, clear definition of the characteristics and competencies for nursing leadership remain open to interpretation. This leads to some confusion and inconsistency in curriculum design, although a clear definition would perhaps inhibit the inclusion of other, equally important topics. While I concede expertise, and all elements discussed above are required within the nursing profession, and because of inconsistency, the literature will include aspects of all. In this research the focus will be on experiences of leadership which will be defined in terms of personal narratives.

Further challenges within the evidence and literature emerge with the term non-technical skills', referred to as skills including communication, decision-making, teamworking and leadership (Hobgood et al. 2010; Lewis et al. 2012). By collating these and other concepts such as EI and situated awareness, the evidence and theory does not address the particular qualities and characteristics. While I consider all have value, there remains little empirical evidence to support the development of a framework specific to leadership, or evidence to support what approach is effective, while some have recognised this and suggested frameworks of characteristics (Brown et al. 2016a, b).

Leadership and management continue to be blurred in discussion and meaning within theory and curricula, often used inconsistently which is unhelpful for students and early career nurses. While there are overlaps in areas of both, there is clarity in the distinction between the procedural and task focus of management and the more visionary, influencing attributes of leadership (Miles and Scott 2019). Within the concept of leadership, widely accepted is the approach of gaining and having *knowledge* of leadership theories, *becoming* and *being* a leader, and *actions and contextual intelligence* for applying the leadership qualities (Snook et al. 2012; Komives et al. 2013; Miles and Scott 2019). Conceptualising leadership has linked professional values and morals with self-awareness, and authors discuss EI, values based, authentic and congruent leadership as pertinent to healthcare (Carragher and Gormley 2017; Stanley and Stanley 2018; Miles and Scott 2019). I anticipated this blurring of concepts within the narratives. To allow perceptions of leadership to emerge, clarification and distinction between terms and words used by the

participants was sought. Further discussion of leadership theory is developed in Chapter three. In choosing a narrative inquiry approach, I must acknowledge this is a narrative mode of knowing, rather than a paradigmatic mode (Bruner 1986). While I aspire to produce an accepted definition of what 'leadership' means in nursing, this was not the aim of the study, although the findings add to the debate and knowledge of what the 'experience' and expectations for leadership means. The narratives present unique perceptions of experience which locate leadership in nursing, providing nuance and richness of knowing. I position leadership as a continuity of experience and "experiential continuum" (Dewey 1997, p. 28), developing awareness and responding to the importance of relationships and self-knowledge, accepting opportunities for development and maintaining of values at the core.

1.2.3 Why students, academics, and senior nurses?

Initially, I aimed to recruit student nurses and educators to gain insight into their perspectives and experiences of leadership and leadership in education. There appeared to be little empirical evidence of this approach and as an academic, I believed this would provide evidence to support future influence within the development of curriculum. In discussion with my supervisors, a triangulation of data was suggested, and senior nurses were included. I considered this would add depth to the data narratives and provide an overall view of the experiences of leadership influenced by two institutions which are now indefinitely linked: the NHS and higher education. Indeed, there is little evidence available taking this approach, identifying a gap in the evidence. Furthermore, I considered Thomas's (2010) suggestions for the narrative researcher to question the type of theoretical perspective one refers to: what knowledge will the narratives produce? What is the ethical viewpoint and how will the data be presented? I was able to answer these with a triangulated perspective, which aligned to my philosophical and methodological approach.

In the position of novice researcher, I began to recruit academics, believing this would yield few, as the study was to be carried out in my own institution and I felt colleagues may feel threatened or reluctant to be involved. I was surprised by the response, and initially found sampling challenging, as I was reluctant to not include all and feared some may change their willingness to consent. However, numbers increased rather than decreased and my approach to sampling is addressed within Chapter four. Students were less forthcoming, which I had anticipated due to their workload and focus on academic achievement in their final year, and possibly with my position within the academic team. However, I was able to recruit sufficient participants. In recruiting senior nurses, I had received responses and while later some chose not to

participate I interviewed a senior nurse, closely followed by the suspension of recruitment by all HBs due to the impact of Covid-19.

1.2.4 Preparing for registration

While the Nursing and Midwifery Council (NMC) set the expectations for leadership on point of registration, there is little definition and empirical evidence for pedagogical approaches for its development. Exploring experiences, emotional awareness and preparedness for leadership allows further insight into this concept through the narratives of all the participant groups (Gough et al. 2012; Cant and Cooper 2017). The challenges of negotiating the 'practice theory gap' is suggested as a possible reason for high attrition rates and non-registration following achievement of qualification. This indicates a need for clarity in the preparation of students, as well as ensuring the expectations of educators, experienced nurses and students are realistic (Buchan and Seacombe 2011; Monaghan 2015).

1.3 Contribution to knowledge

Individual life stories are unique, and each participant within this research has provided their own distinctive narrative, based on past experience and perceptions. Applying a narrative analysis framework based on Clandinin and Connelly (2000) with photographic images made this a new approach to leadership research in this area. In the analysis, Clandinin and Connelly's (2000) approach of Dewey's framework was applied with Webster and Mortova's (2007) 'critical event' exploring the individual experience. Following an individual analysis of each participant's narrative, a common themes analysis was developed to convey the experience of leadership and perceptions of preparation for leadership from all participants.

In allowing all to weave and construct their stories, this led to a further understanding of leadership which contributes to the empirical knowledge within this area. It is acknowledged that some of the data and analysis reflects the literature reviewed. However, there are also significant new contributions in the complexity of defining leadership at the level of student and newly qualified nurse, and the impact of interactions and social contexts of experience of leadership. By applying theoretical lenses of Dewey (2015), and Nussbaum (2013), and considering metaphors for leadership emerging from photographic images, cultural and social knowledge framed by experience (Klenke 2016; Mannay 2016) proved valuable, new and insightful in the analysis and interpretation of the data. The richness of data presented highlights placing importance of 'seeing leadership' in nursing as valuable. Emotional reactions to experiences of leadership emerge as important influences on experiential

learning. It is acknowledged that how we react to the new 'knowledge' generated from experience, whether positive or negative, may determine how we form development as leaders in the future. For some, self-awareness and the awareness of leadership theory allowed a reasoning and sense making, choosing opportunities and associating professional values to leadership responsibility, while for others, this was less evident. Theories of leadership within healthcare and nursing are pervasive within the literature. What this research contributes is the uniqueness of each experience and how emotional and reasoning response can shape leadership development and the potential of opportunities to support learning within that need to be considered.

1.4 Methodological Approach

My choice of methodology emerged from my ontological, epistemological and axiological beliefs; what reality is to me, my quest for knowledge and truth, and what I place value in. In reality being subjective, I believe that perceptions of an experience can be told by the individual, and each story is moulded by past experiences, potentially influencing future experiences. In exploring methodologies within this doctorate, my interest was naturally drawn to narrative inquiry. The value of experience, personal stories and perceptions can make a significant contribution to empirical knowledge and supports the study of experience, which is understood to be relational, continuous and social (Dewey 2015). Providing a unique insight into the meaning of experience, stories capture the acuity of an individual at a moment in time (Clandinin and Rosiek 2007; Clandinin 2013; Kim 2016). I am aware there are criticisms and risks to using a relatively new methodology within nursing and leadership. There is a paucity in evidence applying this methodology within these fields and none I am aware of which also apply the use of researcher generated photographic images to explore metaphorical associations. Here I have justified and applied a unique approach to evidence in this area. Remaining reflexive and as a novice researcher, I have addressed validation of situated truths within the evidence by close attention to the methodology and analysis.

1.5 Organisation of the thesis

The following thesis is divided into four parts. The first part consists of chapters one to four and provides the methodological and theoretical contexts. Part two consists of chapters five and six which present the data analysis of individual narratives and overarching categories of group analysis. Part three presents chapter seven and the findings in the context of the chosen theoretical frameworks. Part four of the thesis is

chapter eight, an evaluation of the overall research and recommendations for practice and future research.

Chapter 2: The literature review

The aim of this chapter is to provide context to the study by exploring the existing knowledge and evidence base and allow development of new scholarship to be formed within the analysis and discussion of the data (Kim 2016). Approaches to literature reviews vary within the narrative inquiry methodology theory, while some researchers heed caution of influence (Holloway and Freshwater 2007), others prefer to situate the review following the narratives (Clough 2002). Kim (2016) advises the review should include theoretical and methodological literature. However as discussed within the methodology and theoretical chapters within this thesis and referred to again within the discussion chapter, the evidence is reviewed here to enable later discussion with the data. This chapter begins with a detailed description of the search strategies employed, the most relevant themes are explored, and gaps identified along with a critique providing a justification for the research topic.

2.1 Scope of the review

2.1.1 Aims and objectives

This literature review aimed to consider the current literature concerning the following research question:

What are students', educators' and senior nurses' experiences of leadership and what are their perceptions of leadership preparation in pre-registration education?

The objectives of the review were to evaluate the current knowledge relating to:

1. the experiences of final year nursing students, educators and senior nurses of leadership in undergraduate nurse education.
2. the expectations of final year nursing students, educators and senior nurses of leadership skills required by nurses at the point of registration.
3. the attitudes of students, educator and senior nurses to the effectiveness of preparation through education for the role of leadership in nursing.

An initial scoping review identified a very low yield when the search was restricted to the UK. The objectives of the review were therefore expanded to consider the global knowledge and evidence in this area.

2.1.2 Inclusion and exclusion criteria

The inclusion and exclusion criteria were established using PICo alongside the question development to ensure congruence and detail and avoid bias (Boland et al 2017). The inclusion criteria for the literature review are set out below:

The review considered undergraduate and pre-registration nursing students studying or training for a registration in any field of nursing, academic staff within higher education involved in nursing fields and qualified nurses. The perceptions and experiences of all three groups were included, exploring leadership and the preparation for becoming a registered nurse. This included methods and approaches of education including curriculum design, methods of pedagogy and partnership learning with clinical practice.

2.1.3 Phenomenon of interest

There were three phenomena of interest:

1. the experiences of final year nursing students, educators and senior nurses which form their concept of leadership.
2. the expectations of final year nursing students, educators and senior nurses of leadership skills required by nurses at the point of registration
3. the views and experiences of students, educators and senior nurses to the effectiveness of preparation through education in the undergraduate stage for the role of leadership in nursing.

2.1.4 Context

This review included literature from a global perspective due to the lack of studies in the UK only. While approaches to nurse education in higher education differed globally, the knowledge and experience is valuable in exploring what was evidenced as effective or not so effective and it provided a wide view of global approaches to leadership development within curricula.

2.1.5 Types of studies and literature

The literature review considered studies that focused on qualitative data including, but not limited to, designs such as ethnography, phenomenology, grounded theory, action research, discourse analysis and narrative inquiry. Quantitative and mixed method studies were also considered. All papers were included that related to one or all the phenomena of interest identified. Reference is also made to current supporting documents which are driving the debate.

2.1.6 Exclusion criteria

Studies were excluded if they focused on:

1. Education which focused on management only rather than leadership
2. Education and topics in undergraduate education which did not mention leadership

3. Nurse education prior to 2004

Studies were excluded if they were published prior to 2004 because of the significant changes within nurse education that have occurred globally since this time. In Wales, degree level education was introduced in 2004, and by 2013 the NMC agreed all nurses required a graduate qualification in the UK. The limitation also reflects the emergence of leadership within nursing and education for nursing recently (Brown et al. 2015). Material included was limited to English language only.

2. 2 Search strategy

A systematic and rigorous approach was taken to the literature review to reduce error and bias. The Joanna Briggs Institute (JBI) critical appraisal checklists for interpretive and critical research were applied as this takes a diverse and inclusive approach to the evidence and considers validity, ethical issues and methodology (Holly et al. 2012; Joanna Briggs Institute 2020).

A logic grid was used to determine key terms, using the PICo Mnemonic Population, Interest, Context, (see Table 1) and steps taken in the search are detailed in Table 2

Table 1: Logic grid identification of key search terms

Population	Interest	Context
Final year undergraduate nursing students Senior nurses Academics/educators	Leadership skills, characteristics, self-awareness, emotional intelligence AND Perceptions Experiences Expectations	Higher education Clinical practice

Table 2: Steps taken in the search

Step 1: Initial scoping search of CINAHL and ERIC using keywords: perception*, experience*, expectations, nurs*, student* lead* and educat*
Step.1. 2 Repeat scoping search with above terms adding senior and academic*
Step 2: Title, abstract and index terms from each article studied to identify further search terms.
Step 3: Research objectives explored and separated to identify alternative words and associate Boolean connectors.
Step 4: Apply alternative spellings, truncations and wild card symbols.

Key terms were then expanded using the keywords and synonyms and index terms from scanning the titles and abstracts of retrieved articles in the initial search, expanding the logic grid (see Table 3).

Table 3: Expansion of identification of key search terms

Population	Interest	Context
Final year undergraduate nursing students Pre-registration, third year, fourth year, prelicensure, baccalaureate	Leadership Experience Skills Abilities Aptitudes Characteristics Competencies Proficiency Education Learning Preparation Transition Behaviour Behavior Knowledge Qualities Values Simulation Curriculum Self-awareness Emotional intelligence	Higher education Training Teaching Curriculum content Programme Practice Clinical
Senior nurses Experienced, high-grade, nurse leaders, clinical leaders	As above	As above
Educator Tutor, lecturer, academic, teacher	As above	As above

Further searching by each column of the logic grid individually determined if a component of the search string produced irrelevant results and the search strategy was adjusted, and then Boolean operators were added to the objectives (Aromatanis and Riitano 2014). This is displayed for each participant group in Tables 4-6.

Table 4: Expansion of identification of key search terms for student nurses

Question part	Question term	Search terms
Experience	Student nurses	Student, nurs* final year, third year, fourth year undergraduate, pre-registration, prelicensure, baccalaureate Boolean connector OR
Variable	Leadership	Lead*skills abilities, aptitude, competence*, proficiency, preparation, behaviour, behaviour, knowledge, qualities, values, role emotional intelligence Boolean connector OR
Variable	Nurse Education	Learning, curriculum, programme, degree, registration, licensure Boolean connector OR
Variable	Perception Expectation Attitudes	Knowledge, skill, practice, understanding, ability, view, opinion, insight, anticipat*, expect* approach, position, feeling
Search String: (student Nurs* OR final year nurs* OR third year nurs* OR fourth year nurs*OR undergraduate nurs* OR pre-registration nurs* OR prelicensure OR baccalaureate nurs*) AND (Lead* skills OR abilit* OR aptitude OR competenc* OR proficiency OR preparation OR behaviour OR behaviour OR knowledge OR qualit* OR value) AND (Nurs* education OR programme OR degree OR registration OR licensure) AND (perception and experience OR knowledge, OR skill OR ability OR view OR opinion OR understanding OR insight OR practice OR clinical).		

Table 5: Expansion of identification of key search terms for senior nurses

Question part	Question term	Search terms
Experience	Senior Nurses	Nurs* Experienced, high-grade, leader Boolean connector OR
Variable	Leadership	Lead* skills abilities, aptitude, competence*, proficiency, preparation, behaviour, behaviour, knowledge, qualities, values, role, emotional intelligence Boolean connector OR
Variable	Nurse Education	Learning, curriculum, programme, degree, registration, licensure Boolean connector OR
Variables	Perception Expectation Attitudes	Knowledge, skill, practice, understanding, ability, view, opinion, insight, anticipat*, expect* approach, position, feeling
Search String: (senior nurs* OR experienced nurs*OR high-grade nurs* OR lead*) AND (Lead* skills OR abilit* OR aptitude OR competenc* OR proficiency OR preparation OR behaviour OR behaviour OR knowledge OR qualit* OR value) AND (Nurs* education OR programme OR degree OR registration OR licensure)		

Table 6: Expansion of identification of key search terms for educators

Question part	Question term	Search terms
Experience	Educators	Teacher, tutor, academic, lecturer Boolean connector OR
Variable	Leadership skills	Lead*skills abilities, aptitude, competence*, proficiency, preparation, behaviour, behaviour, knowledge, qualities, values, role Boolean connector OR
Variable	Nurse Education	Learning, curriculum, programme, degree, registration, licensure Boolean connector OR
Variables	Perception Expectation Attitudes	Knowledge, skill, practice, understanding, ability, view, opinion, insight, anticipat*, expect* approach, position, feeling
Search String: (Educat* OR tutor OR academic OR Lecturer) AND (Lead* skills OR abilit* OR aptitude OR competenc* OR proficiency OR preparation OR behaviour OR behaviour OR knowledge OR qualit* OR value) AND (Nurs* education OR programme OR degree OR registration OR licensure).		

To identify primary research, the following seven databases were explored:

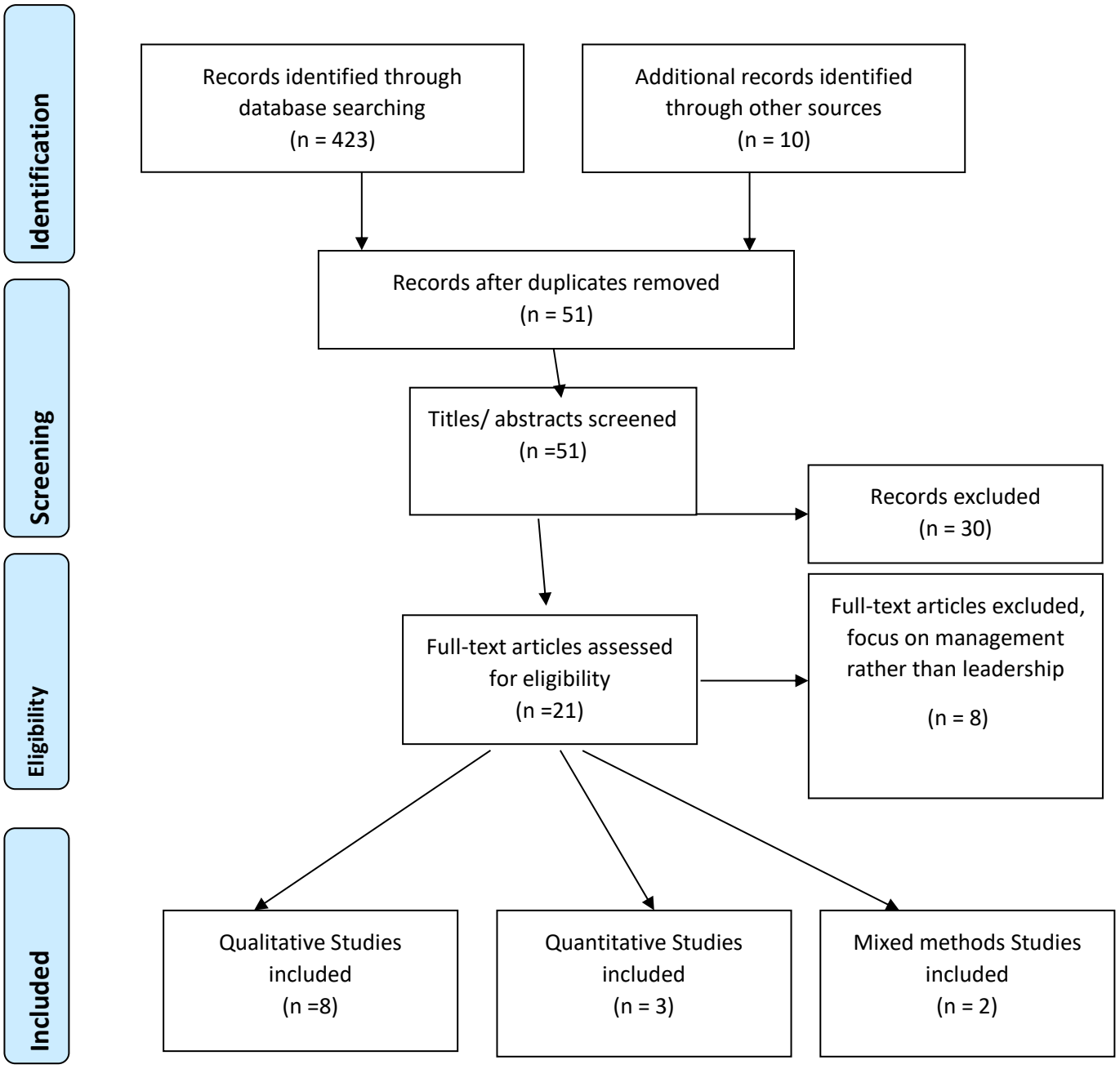
- SCOPUS
- PubMed
- Education Resources Information Centre (ERIC)
- Applied Social Science Index (ASSIA)
- Index to Nursing and Allied Health (CINAHL)
- JBI Evidence Based Practice Database
- Cochrane Central Register of Controlled Trials (CENTRAL).

A range of databases were searched because the study bridges disciplines, two databases for systematic reviews were also searched. When carrying out the search, the keyword system of each database was used so that the 'explode' function could be utilised to capture all synonyms objectives (Aromatanis and Riitano 2014). To ensure incomplete coded articles were identified, text word searches were also carried out. Initial searches yielded in excess of 50,000 articles, however, on consultation with the subject librarian, an alternative approach merged all objectives to ensure all relevant publications were acquired in one broad search: student nurs* AND lead* AND education. The results are demonstrated in Appendix 1.

To identify papers which may have been missed and due to the low yield in the search, bibliographies and references within the papers were explored. A further search was conducted in September 2020 to explore evidence which may have emerged since the initial search in November 2019. A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) approach was applied to identify

the process of inclusion and exclusion, presented in Fig. 1 (Moher et al 2009). Studies excluded were mainly focused on management rather than leadership and therefore removed. A convergent integrated approach was then taken to the narrative synthesis (JBI 2020).

Fig 1. PRISMA diagram



2.3 Themes

While many studies were found in the search pertaining to leadership or clinical leadership in post registration nursing, the inclusion of pre-registration education and students reduced the number of studies considerably. Primarily, discussion papers and suggested frameworks and curricula design dominate the literature and while they raise interesting concepts and often support the evidence where available, all note the dearth of evidence in effective and robust approaches. While the main focus of this thesis is pre-registration, studies exploring the immediate transition period to registered nurse were included. These studies capture the challenges of taking learning from undergraduate study and being on the brink of realising the expectations of leadership as a newly qualified nurse. While some papers applied a qualitative method or narrative within the mixed method approach, none found applied a purely narrative inquiry approach across three groups. In this review, following consideration, 13 studies were included and explored.

The main themes that emerged from the literature were:

- Transition to registration
- Curricula design and pedagogical approaches for leadership
- Simulation
- Active learning pedagogies
- Self-awareness and emotional intelligence

2.3.1 Transition to Registration: 'Feeling stranded'

Ekström and Idvall (2015) contend that the transition from student nurse to qualified nurse may be challenging and stressful leading to the potential for leaving the profession and feelings of low confidence. This is an internationally recognised issue for the nursing workforce (Etheridge 2007, O'Shea and Kelly 2007; Deasy et al. 2011). Programmes of support such as preceptorship and mentorship initiatives have been recommended by policy and drivers to address these issues which aim to encourage commitment to supporting newly registered nurses and consolidate the period of transition (NMC 2006; Willis 2012; Francis 2013). However, programmes vary, and empirical evidence is lacking in recommendations of effective content and structure, with different foci in competency and skills (Edwards et al. 2019). This is perhaps indicative of why the NMC in the UK, has only recently updated principles for preceptorship since its previous version in 2006 (NMC 2006, 2020). In other countries, there has been some success reported from residency programmes and further evidence is needed for this approach (Al-Dossary et al. 2014). With the

requirement for nurses to be able to “safely and effectively lead and manage the nursing care of a group of people” and “exhibit leadership potential*”* at registration, this places a degree of pressure and expectation for these skills to be developed (NMC 2018, p. 20). While the need for support to enable consolidation and development of expertise is evident within the literature and limited research, further direction for a consistent approach for leadership may be helpful through guidance.

Ekström and Idvall (2013) explored the experiences of leadership roles of newly qualified nurses (n=11) within ward-based nursing in Sweden. Applying a qualitative approach with interviews, nurses were recruited within six to twelve months post registration. The most common theme to emerge were feelings of frustration and loneliness, metaphorized as “feeling stranded” by the researchers. While there is no clear definition of leadership provided and leadership and management are both referred to, the sub themes presented include reference to “knowing oneself”, “ensuring quality and safety” and “being prepared for leadership” (Ekström and Idvall 2013, p. 80). An inability to distinguish personal leadership abilities is also a common theme, with one respondent stating: “the word leader can be slightly negative….it has a negative connotation….saying you are responsible for care sounds better” (Ekström and Idvall 2013, p. 80). However, the awareness of leadership and its impact was evident as a constant within the working day. All respondents referred to self-awareness as essential and being motivated in influencing care, however only one had a formalised supervision arrangement and there was an expression for the need for “someone to talk to”. Supporting the newly registered nurse in developing leadership or consolidating the skills from pre-registration, is a clear focus within this study and recommendations for further support is recommended. While supportive programmes may be helpful for many aspects of the transition, there is some debate of the expectations for leadership skills immediately on registration and the accusation that idealistic aims in this aspect may induce added pressure at this important juncture (Cowin and Hengstberger-Sims 2006).

Globally the approach to supporting newly qualified nurses varies with methods such as ‘service- learning’, ‘residencies’,’ mentoring’ and ‘preceptorship’. In the United States of America (USA) with increasing interest, the development of ‘Magnet’ status for hospitals, has meant further appeal in recruiting and supporting newly qualified nurses who demonstrate leadership qualities (Foli et al. 2014). In gaining the organisational credential by meeting the standards of the American Nurses’ Credentialing Centre, Magnet hospitals place quality care, nursing excellence within

nursing and leadership core and provide a focus on developing these qualities within its nursing workforce (Jones 2017).

Foli et al. (2014) explored final year baccalaureate students' leadership behaviours (n=65*)* following a service-learning experience in the USA. Due to an increasing recognition of recruiters seeking leadership qualities within newly qualified nurses, the development aimed to embed the service-learning approach within the curricula to prepare nurses for the newly qualified status. As a student focused approach, students planned and implemented a health focused festival which engaged with the community health needs. Working with peers in small groups, the students led and presented reflective outcomes. A pre-test post-test method required students to complete the Leadership Practices Inventory (Kouzes and Posner 2007) and a Likert scale questionnaire. Students rated positively an increase in leadership behaviours which were correlated by peer ratings and shifted from 'perceiving' self-leadership skills to 'validating', suggesting preparation of students with a service based and community focused approach, linking theory to practice and teamwork actuality, may support the transition. Also, notable and placing limitations on some of the findings, was a concurrent course of supportive preceptorship aimed at preparation for transition, which could also have influenced the increase in leadership behaviours of the participants. However, this may also be an area for further research development to continue the potential of leadership behaviours into transition. While this approach provides positive findings, the practicalities of initiating service learning for large cohorts may provide challenges and require further development. Further reviews of curriculum developments will continue later in the review. However, in considering education in pre-registration nursing and the preparedness for becoming a leader on point of registration, the transition period is an important aspect which requires further consideration and evidence of effective methods for supporting leadership.

2.3.2 Curricula design and pedagogical approaches for leadership

In comparison to Foli et al. (2014), Waite and McKinney (2015) acknowledge the need for student nurses to enter the register with developed leadership skills and explored the self-evaluated leadership attributes of aspiring leaders. Students were engaged with an eighteen-month Transformational Leadership programme running concurrently with their degree programme in the USA. The overall aim of the programme was to: "develop human and social capital through self-understanding…refine skill development with the process of influence" (Waite and McKinney 2015, p. 1307).

The researchers propose that awareness of consciousness forms the central aim acknowledging that self-awareness, self-efficacy, own strengths and weaknesses, can enhance the promotion of others' strengths, allow identification of concerns and overconfidence and enable movement into follower role as required (Waite and McKinney 2015). Applying a pre-test post-test survey design, a convenience sample of female only undergraduate students (n=14) who had chosen to undertake the programme provided data using the Student Leadership Practices Inventory (Kouzes and Posner 2007) which is a similar to the framework used by Foli et al. (2014). The 30-point behavioural statement self-report is a validated tool using a Likert scale (Martin et al. 2012; Krugman et al. 2013). Methods of learning within the programme included role play, cultural stories, professional development planning, team building, service projects, small group work, reflection, simulation and case study discussions. Using a 360-degree assessment for each participant, where data collected from four to seven peers, supervisors and teachers, all except one participant demonstrated a move from 'sometimes' to 'often' in the transformational leadership behaviours, supporting the findings by Foli et al. (2014). Both present the findings focusing on the importance of self-awareness and experiential learning methods as providing grounding for leadership continuation and development within the curricula. Waite and McKinney (2015) acknowledge the limitations of the study as students who participated were actively seeking leadership development and no comparison group was included. Restriction to one gender also places limitations as there is evidence recognising a 'gender advantage' of assumptions for men to take leadership roles within the profession (Kellet et al. 2014).

Brown et al. (2016a) explored what leadership knowledge, skills and behaviours for undergraduate nursing curricula were deemed important with Australian nurses and academics in a national survey. They acknowledge the lack of evidence to support undergraduate curriculum development in leadership. Exploring knowledge, all students considered the role of the registered nurse to be important as well as risk and ethics, while political awareness was less prioritised. Communication, change and conflict management were also thought to be important for leadership skills while acting responsibly, and accountability rated highest in the behaviours category. This study provides a useful perspective on areas of importance for professionals considering the future of nursing in Australia. Brown et al. (2016b) followed this with a suggested framework for the curriculum from the research and provide a list of content and a conceptual model for continuous development and call for further longitudinal evaluation and research. Francis-Sharma (2016) explored 20 students'

perceptions in a qualitative study in the UK. While they placed value in leaders demonstrating integrity and respect, the study found students to be disengaged with the theory of leadership, placed leadership low in priority and viewed it as a personal quality rather than something which they could be taught. In contrast, Démeh and Rosengren (2015) undertook a descriptive study, finding students in Jordan viewed leadership as core to safety within nursing practice. Following a final year module that incorporated management and leadership, the students perceived a better understanding of theory and practice links. This raises the issue of how leadership is presented within the curriculum for students and how it is implemented and designed. Pepin et al. (2011) introduced a learning module for leadership which followed students throughout the programme, from beginner to expert level. Exploring the student experience with an interpretive phenomenological methodology they identified 'turning points' in the student learning, developing a five-stage model. This approach demonstrated an evolving and continuous approach to leadership development within a curriculum with a combined approach of theoretical and practical leadership focus. Ha and Pepin (2018) further reported on the mixed method approach conducted to explore the effects of interventions of visual examples of leadership role models and group discussions for first year students. Embedding the visual conceptualization supported the development of their vision of clinical leadership. Hendricks et al. (2010) evaluated an optional extracurricular leadership programme for students, providing access to leadership attributes and self-reflexivity development. While this was limited to self-evaluation and opportunity, the participants reported growth of self-awareness and leadership awareness.

2.3.2.1 Simulation

Simulation based education aims to prepare nurses for practice and improve patient care and outcomes. However, there continues to be limited evidence that the skills assessed and acquired at undergraduate stages continue to be developed after registration (Bruce et al. 2019; Seaton et al. 2019). Pearson and McLafferty (2011) evaluated an educational programme of simulation for 'non-technical skills' which refers to the training implemented in the aviation industry to address safety and include behavioural attitudes including leadership and situated awareness (Flinn et al. 2008). Based on a routine evaluation process, this paper does not present robust data and evidence, however, builds on previous educational evaluations of simulation as a favourable method for leadership development and is therefore included as a supported theory (Bland and Sutton 2006; Prescott and Garside 2009). Further evidence is needed to establish this is as an effective method for leadership. A

qualitative descriptive study by Bruce et al. (2019) explored the perceptions of nurses (n=6) in Australia, who had been registered less than one year via interviews. Applying a theoretical framework of transfer of learning by Ellis (1965), analysis of the perceptions of previous learning on later actions was explored (Bruce et al. 2019). While small, the sample provide rich context and experiences of taking forward simulation-based learning into practice. For leadership and leading others, enhanced confidence was a main theme learned from simulation. However, some participants reported feeling overconfident following simulation experiences, while others not recalling the experiences and feeling a disengagement with simulation learning once they entered the rapidly changing environment of clinical practice. While the study produces an insight to simulation and its ongoing effects, further evidence is required for its effective use for leadership skill development and self-awareness. Parmenter (2013) evaluated the quality and availability of practice opportunities for senior students and simulation in the USA. In this cross sectional and qualitative design students received a theory and simulation module followed by a clinical experience. However, the study demonstrates inconsistencies in clinical leadership experience, yet simulation was thought beneficial.

2.3.2.2 Active learning pedagogies

Few empirical studies explore a focused approach to pedagogies of leadership development. Pepin et al. (2011) viewed learning as a continuous developmental process. Démeh and Rosengren (2015) and Francis-Sharma (2016) while reporting contrasting findings, discuss leadership as a standalone and end of programme learning focus. This may well set the scene for students' perceptions of leadership as a senior student skill, and lessen the value placed on its importance in the developing role of the undergraduate nurse. Démeh and Rosengren (2015) applied a 'problem solving' approach to link practice with theoretical learning. In an active learning approach, Christiansen et al. (2014) explored final year student experiences participating in Action Learning Sets (ALS) using focus groups and individual interviews with students in the UK. With a focus on leadership capabilities and patient safety improvements the researchers suggest students developed approaches to leading changes and improvement by developing leadership qualities, including listening to patients, challenging and motivating colleagues, courage and analysis of complex issues. Students identified organisational culture as a challenge to improvement, however ALS enabled transparent discussions and self-awareness of how to approach this through framing and reframing issues with colleagues. Findings provide interesting approaches to leadership development using active learning

principles, however, further evidence is needed to support ongoing development, although ALS has been adopted within some leadership development designs such as the Council of Deans and Burdett Trust 150 Leaders programme (Council of Deans and Burdett Trust 2018).

2.3.3 Self-awareness and emotional intelligence

While EI has been discussed widely within nursing literature, there are different approaches to defining its characteristics, from traits to abilities and a combination of both (Carragher and Gormley 2017). The competencies of EI have been associated to effective leadership however, and its principles are often aligned to leadership models such as Authentic and Congruent leadership and social intelligence (Bar-On 2002; Akerjordet and Severinsson 2010). While some have associated EI as aligning to values and ethical standards to nursing and healthcare, others have argued, individuals' levels of EI do not assure an ethical and moral base for leading and further evidence is needed to link EI with leadership development in pre-registration nursing (Akerjordet and Severinsson 2010). Hurley et al. (2020) explored EI and its association to resilience and non-technical skills, including leadership in 12 nursing students in Australia. Emotional Intelligence development was found to enable students to deal with complex and challenging issues in clinical practice including self-awareness, regulation and resilience. The researchers raise the issue of emotions as driving decision-making, and the lack of understanding and evidence in assessing non-technical skills, which is often placed in simulation situations and further consideration of EI and emotions is needed.

Waite et al. (2014) evaluated a course to support student nurse self-awareness and development, approaching with an Authentic leadership competency framework in Australia. Asserting the difference between Authentic Leadership and other models, the need for self-knowledge and its expression in leadership is acknowledged. Student activities within the programme included mind mapping leadership and management, 'huddles' of teamwork and round table debates and applying critical pedagogy, the programme was student centred with academics being supportive mentors supporting student directed theory integration. A social justice approach was also integrated, engaging students in wider acknowledgement of social and political contexts aiming to empower change and improvement and suggest positive personal and professional development. There is wide discussion of social justice approaches to leadership and the role of nurses in leading change in the wider global and community contexts within the literature and with social justice being core to

leadership development (Waite and Brookes 2014). However, empirical evidence of effective curricular is sparse, and there is some conflict in the message within education; should the focus be for students perceiving their role as individual leaders of focused nursing care, or also as leaders who drive for social change. Garner et al. (2009) and Waite and Brookes (2014) argue for confidence to broaden the expectations and knowledge of student nurses by applying a social justice approach, linking personal experience to citizenship and sociocultural issues and developing scholarly leaders who are self-aware and courageous.

2.3.4 Policy for leadership development

While the evidence presented in this review is sparse and there is no agreed approach to leadership development in undergraduate nursing, there has been an increased awareness of the need to support nurses in developing leadership skills alongside the NMC standards with projects and publications supporting this within the UK and internationally (Health Education England 2015; Council of Deans and Burdett Trust 2018; WHO 2020). Research conducted by three HEI's in England into leadership within undergraduate healthcare programmes identified the need for clarity in language used by educators (Health Education England 2015). It was found that a lack of defined leadership skills in the curriculum and hierarchical structures in the NHS resulted in students doubting the need for them to develop these as students. Further findings indicated the lack of awareness of the responsibility to lead, the need for the service user voice in stressing the importance for leadership, the value in interprofessional learning for leading, ability to assess individual development skills over the programme, and the need for leadership to be embedded in programmes from the beginning, not only in the final year (Health Education England 2015). The Council of Deans and Burdett Trust further developed a UK wide leadership programme for student nurses and an overview report of examples of best practice and recommendations for undergraduate education programmes (Council of Deans and Burdett Trust 2018). In their recommendations they urged HEI's to enable students to gain further involvement in this development and becoming engaged with debates, political awareness, research involvement and advocating for the profession. The Royal College of Nursing (2020) also supports development of leadership, acknowledging the recommendations of Francis (2013), that leadership is everyone's responsibility in healthcare, and they identify five key skills for leadership and combine management within this. These five key skills are: role modelling, EI, motivational skills, organisational skills and courage. More recent reports such as the WHO (2020) have identified the need for the future of nursing to

be positioned at the front of strategic and local policy decision making, the Royal College of Nursing (2020) highlighted negativity within society and the profession itself in terms of perceptions of what role nursing plays, identifying a continued hierarchical and weak influence at policy levels. Bennett et al. (2020) and Kelly et al. (2016) argue for a change to the pervasive narratives of nursing, placing the profession within a purposeful, strong and effective leadership role and ensuring the nursing curriculum supports this.

2.4 Summary

This review has explored the current evidence of the phenomena of interest; the expectations, experiences and perceptions of student nurses, academics and nurses for the role of leadership and the approaches to developing leadership within undergraduate nurse education. There is a paucity in empirical research evaluating the effectiveness of pedagogical programmes and qualitative data exploring experiences and perceptions. The evidence presented suggests a consensus in the lack of definition and clarity of leadership in this context and contrasting evidence as to importance placed on leadership by students. Self-awareness and EI is agreed as an important characteristic for effective leadership, and supporting transition to leadership as a qualified nurse, however further evidence is needed to support effective methods for developing this within students. Different approaches to curriculum design and pedagogical approaches are discussed and explored, including service-learning experience, active learning approaches and self-assessments and 360-degree assessment. While some programme designs have included singular modules or optional extracurricular leadership courses, there is a wider consensus that an ongoing continuous approach within the three- or four-year programme supports positive results, along with an agreed vision for leadership within the nursing role.

Therefore, in the limited amount of evidence available, all opportunities presented suggest a positive shift to leadership development in undergraduate nursing. While there is yet to be an agreed consensus in defining ‘leadership’ for undergraduate nurses or indeed the curricular approach, further evidence is needed. Some evidence exists for the positive effects of visual influences for positive leadership, yet there is a lack of evidence exploring how the emotional impact of experiences of leadership influence both students, nurses and academics, and how this influences their perceptions of leadership for their roles. Furthermore, there are many models and styles of leadership acknowledged, and while some studies mention ethical and moral

issues linked to the development of leadership, the association of values underpinning nursing leadership at undergraduate level is also under explored.

Chapter 3: Theoretical considerations

Within this chapter, the philosophical and theoretical theories and paradigms underpinning the study will be presented, along with my personal ontological beliefs and how these influenced the approach I took to the research. Guided by concepts of ontology, epistemology, axiology and methodology with the purpose of exploring and expanding the knowledge of a phenomena, the intersection reveals the philosophical perspective (Schneider et al. 2016). Setting out a personal view of the world, ontology explores what it is to be, what reality is and what being is to the self. Epistemology explores the quest for truth and knowledge and axiology, what holds value. Through methodology, the framework is presented for taking forward the process (Schneider et al. 2016). To further understand the meaning of the experiences of the participants in this thesis, I have applied Dewey's theory of experience to form one of the theoretical underpinnings which asserts the value of experience and educative significance of the narratives (Dewey 2011). Nussbaum's approach to the intelligence of emotions and the Capabilities theory of social justice, provides both theoretical and philosophical perspectives (Nussbaum 2008). Photographic elicitation as a visual image was used to evoke association and emotions, facilitate reflection, and enable the expression of symbolic metaphors for participants. Images of nature were provided within the process of data collection to broaden the narrative and allow sharing of experiences (Reissman 2008; Kim 2016), this method is further expanded upon in here and in Chapter four.

3.1 The philosophical perspective

The ontological, epistemological, and axiological perspectives brought to this research are focused in the constructivist paradigm. From my experience, both personal and as a professional nurse, the relationship between moral virtue, emotions and core human actions, how they relate to caring and how it is perceived and responded to, has provided a philosophical approach from which I have formed a view of the world. Nietzsche (2002) and Kant (2011) consider existence precedes the essence of a being and that each being is created by experiences, decisions and interactions. I apply this to personal events and to the approach presented within this thesis. Whilst exploring my experiences and subsequent reactions within two established professions of nursing and education, emotions will be considered as "geological upheavals of thought" (Proust 1982, cited in Nussbaum 2008, p.1). I consider emotions not as being impulsive reactions, rather as perceptive intelligent responses to what is personally of value and importance, influencing life choices, ethics and morality (Nussbaum 2008). While I follow Kant (2011) in believing my

actions can affect others, I also believe, as Aristotle, that to understand the virtues of morality, the relationship of emotions and aspects of human interiority must also be understood (Cates 2003). Knowledge is viewed as a personal interpretation of experience, a constructivist approach influenced by my ontological status. Wisdom and perceptions are also considered as closely related to the way individuals *know* and how emotions, contexts, and relationships effect responses (Nussbaum 1990, Nayak 2016). Reality is a product of one's own creation, an individual views and interprets the world and their experiences through personal belief systems. In developing an awareness of knowledge and wisdom, I am compelled to expound it, and in doing so it has become a personal epistemology, considering the influences of aesthetic, empirical and ethical and contextual understanding (Carper 1978).

Ontologically, I believe that multiple authenticities are exposed in the narratives through interpretations and understandings of both my own and the participants experiences. These have developed from social and cultural influences. Within this, emotions were explored when perceptions revealed as I concur with Nayak (2016, p. 3), that "Without emotion our perception is inferior". This approach further forms the basis of analysis as emotions as cognitive values and thereby, establishes emotions and beliefs as forming a central role of both the narratives and the metaphorical associations of the images with leadership (Nussbaum 2008). Epistemologically, I believe that knowledge is subjective and in constructing knowledge, visual influences are important. I view experience as an ongoing interface between individuals and the environment which results in knowledge through emotions, feelings, experiences, perceptions, and the development of wisdom. The axiology created as a result of the relationship of trust between researcher and participant espouses the aim of the research; to add to the significance of nurse education, providing a positive impact on the experience of students and service users in proposing a conceptualization of leadership development and its value.

Within the nursing profession, we must concede that our actions and non-actions have an effect on others, and we should respond by being aware of choices and the consequences of those choices, how we "see and not see", and what our moral values are (Rest and Narvaez 1994, p. 23). Acknowledging a relativist position, I appreciate the influence of personal experience in exploration of the narratives of others and garner knowledge from the individual, social and cultural stories they conveyed while appreciating that emotions are cognitively linked to each story (Atkinson et al. 2003; Nussbaum 2008, 2013). I also relate to Dewey's notion of experience being a dynamic seam that accompanies an individual, influenced by

interactions and environments and constantly developing (Dewey 1981). As an academic and professional nurse, this approach to knowledge supports my perspective of learning and valuing knowledge. Framing this approach within narrative inquiry corresponds to the theory that experience cannot be represented by one statement or depiction, returning to an experience presents the possibility of creating new perspectives. I argue that healthcare education should be underpinned by aligning philosophy with practice. My approach to education is embedded in methods such as Action Learning, broadening theoretical meaning by reflexivity and engaging with experience (Revans 1980; Dewey 1981; Schön 1983). Within this research, leadership is the phenomenon of study and visual presentations provide a further stratum of value to the context (Bach 1998; Connelly and Clandinin 2000)

3.2 Narrative inquiry and Deweyan philosophy

> Yet all experience is an arch wherethrough
> Gleams that untravelled world whose margin fades
> Forever and forever when I move.
> How dull it is to pause, to make an end
> To rust unburnished, not to shine in use!
> As though to breathe were life! 'Ulysses' (Tennyson 1809-1892)

While phenomenology seeks understanding of the lived experience and a phenomenon, narrative inquiry, as a methodology, seeks to understand the story with context, historic, social, institutional, cultural influences shaping the narrative. Dewey's perception of experience situates it within constant and unceasing interactions of notions and personal, social and material situations (Clandinin and Rosiek 2007). This suggests that inquiry aims not to create a depiction of reality, rather to create a new correlation between the individual and their world, "not more real than those which preceded but more significant, and less overwhelming and oppressive" (Dewey 1981, p. 175). This pragmatic or instrumental approach is less transcendental than many philosophies and makes narrative a suitable fit within such a framework as it deals with human experience revealing itself throughout a timeline (Clandinin and Connolly 2004). During the initial years of my professional Doctorate, I considered my thinking as moving away from pragmatic thoughts to a much more analytical approach and initially Dewey's (2015) ontology seemed to be lacking depth and analysis. The process had allowed me to question my views of education and leadership as well as the social constructs and cultural aspects of nursing as a profession. An ontology of 'experience' contrasts to other perspectives in arriving at the formation of knowledge in a relational, temporal and continuous approach. Dewey (2015) invites one to take the immediate human experience as the essential reality in

narrative construct (Clandinin and Rosiek 2007). Context and cultures figure within the discussion and I aimed to honour the individual experience as a personal positive reflection for its own merit as well as benefiting the broader fields of knowledge. From a narrative inquiry perspective, value for the individual's story influenced by all experience is empowering for that individual.

3.3 Dewey's 'experiential continuum'.

"Experience happens narratively . . . Therefore, educational experience should be studied narratively" (Clandinin and Connelly 2000, p. 19)

Dewey (2015) based his philosophy and theory of education on experience, life and education which are intertwined. Applying principles of interaction, continuity and situation as a framework, Dewey (2015) suggests that seeking meaning requires analysis of experience and interaction with others, the personal experience and the intention, purpose and views of those they interact with throughout the narrative, which I sought to discover with the participants. Events induce qualitative characteristics which have immediate emotional impacts, placing value on, and appreciation of those experiences. The past and present are important within this approach and influence actions in the future, notably focusing also on the location and how that influences the experience. Dewey terms continuity as "experiential continuum" denoting the construction of experiences, and the changes each has, on the quality of those situations (Dewey 1987, p. 28). 'Interaction of experience' signifies the relationship of internal and objective influences and overall, the cognitive processes and environment that makes it a unique human experience (Polkinghorne 1988). Dewey acknowledges the social aspect of experience and the influencing symbolic aesthetics of human interaction, so social relationships are significant influences. In considering social justice and opportunities for development explored by Nussbaum (2013) Dewey also recognised that individual achievement is only recognised within the context of social constructs and institutions that provide it. Considering experience as "art in germ", Dewey places his philosophical lens in the aesthetic, appreciating dilemmas, achievements, failures and changes across the continuous seam of life's experience and the approach to education, reflection and the influence of the environment as a framework have resonance (Dewey 1980, p. 19). He also considered the importance of emotion as central to reflection and cognitive contemplation on the aesthetics and I believe there is an alignment here with nursing education, in its focus on the importance of reflection *on* and *in* practice and ongoing continuous learning.

Within this thesis I view Dewey's 'experiential continuum' as complementing the importance of reflection, while emphasising the need for criticality and ongoing continuous leadership learning within nurse education. Dewey's appreciation of context and value of experience is also reflected in Nussbaum's (2001) philosophy and I considered the value of both philosophical approaches in developing the analysis and synthesis within my research.

3.4 "Good leaders are not afraid of the emotions": Nussbaum

Martha Nussbaum deems that emotions hold ethical value, understanding the nature of emotion can contribute to building a morally just society where humanity can extend its reach through respectful and moral appreciation of all (Nussbaum 2001). The contrasting philosophical view, such as Posner (1992) would view emotions as irrational and impulsive responses beyond the realm of cognitive thought which cause an altered view of the world. Nussbaum refutes this and elevates emotions to be an essential element of human intelligence (Nussbaum 2001). Within this view is the link of emotional wellbeing to reasoning and decision making, which aligns with the professional values within nursing, and principles of values-based and authentic leadership approaches. In her discussion of political leaders and compassion, Nussbaum has explored the application of compassion to conduct in public life of political leadership and the challenges of the relationships of emotions in this context (Nussbaum 2008). While basing political discourse and decisions based on emotions may cause some to be wary, there is historically some thought given to the relationships possible between emotion, philosophy and art which existed pre-Socrates. This philosophical approach believes that 'belief' is closely associated with emotion, "Belief, is sufficient for emotion, and emotion necessary for full belief" (Nussbaum 1990, p. 41). Closely aligning with Aristotle, Nussbaum's view is that judgements and decisions made detached from emotions, moving leaders further from their moral compass, and this became a pertinent aspect for thought within my approach to this thesis.

Embracing emotions as "geological upheavals of thought" (Proust cited in Nussbaum 2008, p. 2) allows emotions to be viewed as intelligent responses to perceptions, values and experience. Applying this to the principles of leadership, enabled my view of how this philosophy can enable development of decision making based on approaches such as compassion and mercy. I applied this philosophical view to the analysis, considering emotions as intelligent responses within the narratives, and the impact of emotional response on examples of leadership experiences.

Nussbaum's (2013) further development of the work of Sen (1988) in the 'Capabilities approach', applies a liberal social justice theoretical framework, claiming freedom to achieve wellbeing is of primary human moral importance and the freedom to achieve wellbeing is understood in terms of 'Central Capabilities' or opportunities to 'be' and 'do' what individuals value. As a normative theory, the approach has been used to conceptualise rather than explain, however the thinking can be applied to social phenomena and exploration of 'functioning's ('*being'* and '*doing*', in this thesis as, '*nursing*' and '*leading*') and *related* 'Capabilities', (opportunities such as *education methods* and *practice experience*). Nussbaum (2013) places an ethical focus within this approach and in considering the analysis I contemplated what I have termed as '*related'* Capabilities, might count as valued and what is a priority within leadership development in this context. As nursing is based on professional values and principles, I place value here along with education and practice experience. This associates Dewey's thinking with Nussbaum's view of intelligence as functional and places value on the importance of context. Nussbaum (2013) recognises that individuals differ in the value they place on certain 'functionings' and does not impose ideals, this framework has a relational ontology, recognising 'Capabilities' are influenced by the environment and sociality space throughout time, and can include personal property such as self-awareness and identity (Entwistle and Watt 2013). It broadly recognizes social situations and relationships, where resources and skills individuals may claim for themselves, to form who they are able to be. As a theoretical approach to reflecting on what people value and appreciate I considered what related 'Capabilites' and 'functionings' may be pertinent to leadership development. This could include for example, opportunities for developing self-awareness, providing environments to experience inclusion and development in leadership and cultivating social contexts to encourage personal growth and development. Nussbaum's philosophy provided a concept for analysis of the individuals and to further develop the discussion.

3.5 Historical background of leadership in nursing and nurse education

While considering leadership within current nurse education contexts, I firstly explored historical approaches to provide background and anthropological perspectives to take forward the theoretical approach. Leadership cannot be explored within the nursing profession without considering social influences as well as the historical context of roles. From the 19th century, nursing began to develop its identity as a profession and more recently the academic evolution has placed nursing within a different context of learning. Nursing leadership in the 19th century was visible in

its domesticity and task orientated management style influenced by religious and social constructs in a feminised autocratic model with some influence from Florence Nightingale's classification of nurses as special nurses or head nurses and superintendents (Simms 1991). In some form, the order of administrative positions provided a model of position and prestige and this formal hierarchical positioning flowed into the development of roles in the NHS in 1948 (Klakovich 1994; Moiden 2002). While graduate nurses were being accepted in hospitals in the USA in the 1930's, this level of education did not emerge until the 1960's in the UK (Allan and Jolley 1982). With the introduction of team nursing in the UK in the 1980's, the role of team leader provided supervisory duties and developed the team's philosophy, while healthcare and its patients became more complex (Waters 1995). Again, adopting a model from the USA, Primary Nursing was introduced in the 1980s in the UK. This approach involved the patient care decision making to be the responsibility of the bedside nurse, the aim to align practice with professional values and the Sister's role more managerial (Wright 1990). The hierarchical traditional structures of the NHS allowed little flexibility in creative practice. However, there was a flattening of the hierarchy in the 1990's as power was decentralised, and with the arrival of patient centred care, more collaborative multidisciplinary focused care blurred lines of authority as shared approaches to care decisions was encouraged (Klakovich 1994). With the emergence of clinical governance and the requirement for clinical leaders to drive for quality, audit, service user involvement and professional development, the role of the clinical nurse leader became more focused on the activities of the organisation rather than individual patient care. While introducing leadership within the nursing curriculum did not embed itself until 2018 (NMC 2018), the development of leadership styles and theory in the wider context has been useful to nursing and its position as a profession, to demonstrate leadership qualities. Nursing leadership has traditionally aligned itself to models of autocracy and transactional leadership which echoes its historical influences from the military and the position of women in society. However, with the development of more democratic, transformational, values-based styles of leadership, the professional values and attributes associate clearly within a leadership framework. The inclusion of leadership within the undergraduate curriculum has developed from the need for nurses to have vision, invoke change and lead individual patient care as organisations and patients become more complex (Ross and Crusoe 2014). While remaining embedded by evidence-based practice, quite rightly, nurse education has now moved from focusing completely on technical skills to acknowledging the need for education, research and development of NTS. Within, elements of leadership convene, a definition of which is needed for clarity and

effective leadership development and I agree with Rolfe (2015) in considering the need for reasoning within these constructs (Pearson and McLafferty 2011).

Nurse education has changed in its approach and pedagogy. Now delivered by HEI's within the UK, it is structured and validated by the regulatory body of the NMC through a list of set essential competencies (NMC 2018). Lacking is the alignment of an agreed and recommended pedagogical framework from the two professions of education and nursing. This has resulted, within the UK at least, in programmes focused on traditional concentrated skills, knowledge and outcomes content (Horsfall et al. 2012; Rolfe 2014). From an educative perspective, sound pedagogy should ensure a structured and robust curriculum as the foundation for developing a programme of study (Kahl and Venette 2010). With large cohort numbers and the need to ensure workforce ready graduates, development of innovative paradigms of pedagogy, which also ensure a continuous seam of experiential learning and reflexivity, is often challenging which has not been unnoticed (Hockings 2009; Chambers et al. 2013; Mackintosh-Franklin 2016). Furthermore, the lack of empirical evidence to support effective paradigms within nurse education seems to contradict the very principles of the profession's alignment with evidence-based practice.

For some years now, criticism of the increasing bureaucracy and rebranding of the student to customer, with focus on numbers of students and knowledge as a product for sale, has emphasised the effects on nursing education within Higher Education (Morall and Goodman 2013). The move to critical thinking which shifted nurse education into this context and appealed to the profession, brought unease to some with 'Project 2000' in the UK and the promise of a 'knowledgeable doer' (UKCC 1986). Subsequently, a global growth in theoretical concepts and theories of nursing, reflective practice models and pedagogical paradigms aiming to empower the profession and attract critical thinking of students again moved the focus of nurse education (Morall and Goodman 2013). Indeed, this era of theoretical expansion in nursing impacted my original registered nurse training following graduate programmes in the 1980's, where the curriculum was flooded with theoretical thinking from the USA and inspired academics in the UK. I remember a great anticipation that nursing could be elevated as a profession and subsequently impact and influence care for patients, driven by knowledgeable degree educated nursing. However, the requirements of the workplace did not change, and transition of educating critical thinking, reflective nurses was not always aligned perhaps to the working environment we entered and indeed, the traditional imagery tropes of nurses remains a challenge to the profession.

Nursing education remains firmly within Higher Education within the UK and in many international settings. While publications continue to debate the methodology of the most effective curriculum approach to leadership, it is clear from the literature review that further evidence is needed to clarify the required intended outcomes and define leadership and provide a robust undergraduate nursing curriculum.

3.6 Leadership Theory

From personal experience of educating and considering leadership within the contexts of healthcare and nursing, I was aware of the importance of considering the development of leadership theory. Western (2019) terms the progression as the "four discourses of leadership" which have shaped thoughts, ideas and attitudes throughout this century (Western 2019, p.153). Graduating from 'Trait' or controlling to 'Contingency' theories and more recently, to more self-conscious forms of self-development, relationship, ethics and connectivity based, new models such as 'Values-based', 'Congruent', 'Compassionate', 'Authentic' and 'Complexity' leadership have developed (Barr and Dowding 2019; Stanley 2019; Western 2019). Emotional connectivity and nuanced personal qualities have become more prominent as leadership characteristics, especially within health and social care professions, as this approach sits well with professional values and standards. While hierarchy still exists within our organisations, leadership approaches have adapted to embrace the complexities of modern organisational challenges and focus more on collaborative approaches (Barr and Dowding 2019). Leadership is now viewed as less about position and prestige and more about attitudes and vision, engagement, and evaluation (Clawson 2013). In connecting further with moral values and responsibility, models such as 'Authentic' leadership have acknowledged the impact of personal experience (Northouse 2016). While the chaotic and turbulent culture of organisations, such as the NHS, is acknowledged in 'Systems' leadership, a collective responsibility, focusing on learning and improving quality, while also recognising the importance of relationships, rather than a traditional power construct is now promoted (Gilburt 2016).

Authentic leadership is a contemporary theory, viewed as a core paradigm for progressive forms of leadership, focusing on self-awareness and moral perspectives (Avolio and Gardner 2005). Taking three perceptions into consideration; the intrapersonal, developmental and interpersonal, it accepts that self-knowledge and personal concepts drive individual leadership. Leadership may be developed,

relationships are important, and leaders may both influence and be influenced (Cairns-Lee 2015). While it is a relatively new theoretical concept and critical views of this include a lack of empirical data of its effectiveness, it has some alliance with the professional values of leading within healthcare and therefore is worth exploring. Transparency, moral perspective, balance, and self-awareness are key to this approach, however further critique proposes the authentic leader could function without moral maturity and align to corrupt values (Gardener et al. 2005; Shamir and Eilam 2005). Accepting that there is little consensus on a clear definition on what leadership is, how leadership is developed and how efficient leadership is achieved, I believe a combination of values based authentic leadership has a place in healthcare and nursing. This aligns to my ontological perspective by having the elements to facilitate requirements of professional values, the organisation and all stakeholders within, responding to emotions, values, and ethics as intelligent responses rather than impulsive reactions (Nussbaum 2008). In accepting this, I concede leadership is most likely to be effective if personal authenticity, and self-awareness achieved. Indeed, if there is a disparity between professional values and personal values, as well as the aims of the organisation, this may compromise the leader's effectiveness. O'Grady and Malloch (2018) describe the authentic leader as having a moral compass created through inner reflection, values, and discourse with others, accepting strengths and weaknesses. This may be achieved through a "cycle of vulnerability", a continuous process of "learning to live and thrive in vulnerability" (O'Grady and Malloch 2018, p. 323). Rather than attempting to gain respect of others by adopting other styles and being less reflective, the authentic leader accepts self-vulnerability, earning respect though transparency, integrity and building trust (Lencioni 2002). An alternative view of developing self-awareness suggested by Nichols and Erakovich (2013). This considers awareness of implicit leadership theories, images of leadership within the individuals mind which shape and form the cognitive view of what leadership means as the intrapersonal domain. In developing a rationale for my use of images and aesthetics to add to the narrative data of the participants, I considered this aspect of authentic leadership to support this approach.

Implicit leadership theory (ILT) has been associated as forming in childhood and develops from both individual and social influences (House and Aditya 1997; Ayman-Nolley and Ayman 2005; Antonakis and Dalgas 2009). Debate continues whether ILT is static or evolves with experience of leadership, while evidence has suggested exposing ILT can enable self-awareness and development in leadership (Epitropaki and Martin 2004; Nichols and Erakovitch 2013; Schyns, et al. 2011). Using metaphors

and images may allow further understanding in terms of another mode, stimulate creativity and thereby develop a fresh perspective for the individual, adding to knowledge for the researcher. Lakoff and Johnson (1980) build on Aristotle's view of a metaphor as developing new insights from something else, contemplating the unconscious and conscious to reveal new ideas (Grove 1989; Lawley and Tompkins, 2000). Considering my philosophical view and epistemological approach, applying this theoretical approach within the methodology was new, as well as contributing to the knowledge of what leadership means as a phenomenon to those who have experience, those who educate and those who are future leaders within the nursing profession.

3.7 Aesthetic symbolism and photographic elicitation

> …The things a man has heard and seen are threads of life, and if he pull them carefully from the confused distaff of memory, any who will can weave them into whatever garments of belief please them best…. Hope and Memory have one daughter and her name is Art….
> The Celtic Twilight, WB Yeats (1865-1939)

Dewey's acknowledgement of the aesthetic experience and the exploration of metaphors and associated images of leadership resonated with my personal experience within education. In teaching of leadership and quality improvement I have used visual images, metaphors, and symbolism for many years. I have found that students often express the usefulness of this approach as further associations of understanding when teaching leadership theory. I therefore chose images of nature or the natural world which were taken personally and which I have used within my experience of teaching leadership. Dewey acknowledges imagination as the bridge between previous interactions with current, deeming the aesthetic experience as a form of knowledge (Dewey 1980). Indeed, he views aesthetic experience reflecting the very nature of experience at a high level of knowledge. This may be considered less than robust by some researchers who seek a more structured form of data perhaps. However, the removal of rigidity and convention, placing aesthetics central to the narrative is believed to provide empathy and emotional metaphoric freedom, enabling amplification of the experience itself and association to other similar experiences. Dewey cites Tennyson's poem Ulysses to explain the "experiential continuum"; "Yet all experience is an arch" (Dewey p. 35 1997). Through the 'arch' is seen what is not yet experienced. Metaphorically, narrative inquiry may structure meaning from experience to enlighten a more holistic view.

I wanted to incorporate photographic metaphors and symbolism to reflect my experience of practice in teaching using this methodology. Discovering Dewey's

theory and philosophy allowed me to further explore the use of visual imagery and aesthetics in qualitative methods. My concern was the lack of a theoretical link between my leaning towards narrative inquiry and the use of researcher generated images to justify my approach. Further reading of Kim (2016), Dewey (1980, 2015) and Bruner (2002) allowed me to explore the use of aesthetics in narrative inquiry and consider the variety of approaches such as photographic narratives and photovoice (Kim 2016). Applying photographic images as symbolism and metaphors for leadership to provide impetus, evoke memory and expand the narratives of experience and emotions to achieve this (Nussbaum 2008; Reissman 2008; Nichols and Erakovich 2013,). I was also aware of leadership theories exploring visual associations, such as 'Bridge-building Leadership' within the complexity, cross cultural theories of Stacey (2010). Therefore, some of the images used reflect these emerging theories as in image 5, View from a plane. This image depicts the view from above of the Forth bridge spanning the river. Bridge-building theory has evolved as an approach considering complex adaptive systems of human nature and the complex relationships, with a move towards distributive leadership theory and values centric models. Here the bridge-building approach is symbolised by the connectedness, working across boundaries and silos, being the structure needed to provide links with innovation central to its approach.

Image 5. View from a plane

Increasingly within large organisations and because of the increase in digital images and an alignment to aesthetics, artistic metaphors of leadership are being used to support leadership development and philosophies (Klenke 2016). In attempts to engage the creative imagination and passion associated with aesthetics, major corporations have employed artists and poets to enhance their employee's commitment and vision. Aiming to enhance their business problem solving approaches, moving away from older business models and symbols of masculine influenced strength and power (Adler 2006; Klenke 2016). However, it is accepted that within many organisations, power and transactional hierarchical leadership is still present and therefore it was important to include images with these symbolic references. In my reflexive approach, I considered elements of each image to have symbolic associations of characteristics of leadership, for example, the moon on sea (Image 7) represented the power influences of the gravitational force on the tidal waves, and its reflection as influencing its followers. The implications of power are also considered in the effects of the tide on the wider environment of the sea, symbolising the wider organisation.

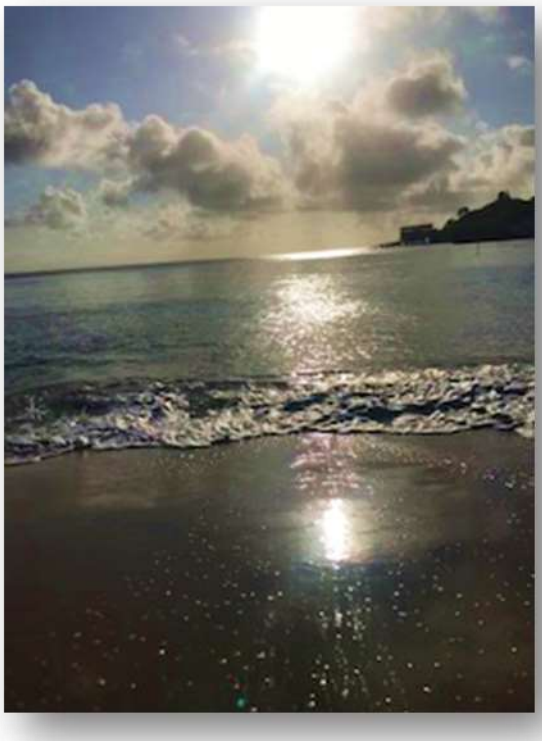


Image 7. Moon on sea

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In Image 1. Tree with roots an overarching protective approach of leadership, with the roots as an essential source for the success and productivity of the tree is symbolised. This image could be associated with a values-based approach to leadership, where individuals are valued to ensure the overall success of the team or organisation, with the transparency represented by each element of the tree being visible.

Considering metaphors of power, domination and transactional theories of leadership while balancing with more transformational and value driven theory, I included images to symbolise these. Image 2. Rhinoceros was used to symbolise strength and resilience, this image can also be viewed as thick skinned and forceful linking to transactional approaches of leadership.

Image 2. Rhinoceros

Consideration of the importance of consistent leadership was symbolised within image 4 The Island, where the island is firmly embedded while the challenges and changes swirl around with the tide and changing forces of the sea. Small caves are also visible which may present either erosion of the leader or indeed places for seclusion and protection. The fortress is also just visible, symbolising strength.

Image 4. Island

Image 3. Beach had symbolic leadership associations including power of the tide, the ability of the tide to shift the sand (each grain representing the team) and change the direction of the sand deposits (shaping the team). The distant shore symbolises a vision or goal.

Image 3. Beach

Image 8. Rock and boat again contained possible symbolic associations for strength in the rock and the sea, while also introducing the association of the boat, as an aim, a vision of heading forward in calm waters and possibly of vulnerability of the boat in the distance out at sea.

Image 8 Rock and boat

Image 6 The root system from Image 1. the Tree with roots, however here only the roots are visible. This may be associated with both the complexity of organisational systems and teamwork. Also, the trunk and branches are not visible, the complex networks of organisations and teamworking without the visibility of the core leader (the tree) could symbolise a lack of vision and direction, the unseen leader and lack of purpose and example for the individuals within the organisation.

Image 6 Root system

Image 9 The woods was chosen as there is the suggestion of many symbolic references such as the trees as individuals reaching upwards together (teams and shared aims). The protection of the canopy symbolises the safety and effectiveness of teamwork and distributive leadership, while the hint of a winding pathway in the fallen leaves could symbolise direction and challenges for moving forward.

Collier and Collier (1986) considered the use of photographic elicitation as tools to obtain knowledge beyond the analysis of the image itself. Considering images as “bridges between strangers…pathways into unforeseen subjects” they enable participants to interpret according to views, experiences, values and ethos of that subject, providing a deeper exploration of symbolic reasoning (Collier and Collier 1986 pg. 99).

Image 9. The woods

Leadership as a discipline is entrenched in cultural and social influences, shifting in meaning depending on its context. I was aware, providing images within narrative inquiry would require a considered approach to individual responses to expose the authentic experience through the narrative plot. Understanding the context of the individual's interpretation of the image was important, influenced from a personal background of culture and experience (Becker 1998). The challenge of familiarity can hinder the research process, and in my approach, this could be referred as my own familiarity as insider and generator of the images, and that of the participants in the context of the environment (Mannay 2016). The potential potency of an image and its effects on the participant should not be underestimated, while I also considered my preconceived expectations of response from the images. However, I hoped that by introducing a visual image, a dual 'defamiliarsation' would occur, allowing the participant to explore new perspectives of their understanding of their objective story and in doing so counteract my preconceived expectation of what the image means (Mannay 2016).

Images may induce feelings, memories, emotions or "upheavals of thought" (Nussbaum 2008), however interpretation is determined by our gathered social and

cultural knowledge, framed by experience (Mannay 2016). In considering the images presented, I was aware that there may be a contrast between the participants interpretations and narratives and what, if anything I intended to induce when I took the images. While I personally associate images of nature with leadership themes, the cultural and personal knowledge and experiences of each participant would provide a unique interpretation. Furthermore, I hoped this would illuminate self-awareness, through exploring the mental models, metaphors and ILT of each participant's experience within their narratives (Cairns-Lee 2015).

Collier (1957) initiated the use of photography within interviews and subsequently the validity of the method has gained support within sociology and anthropology (Pink 2006; Wagner 2007; Rose, 2016). In complex areas, this method has revealed deep and rich content, invoking perceptions not anticipated by the researcher (Schwartz 1989; Harper 2002; Pink 2006; Rose, 2016). Hurworth et al. (2005) summarised the potential strengths of photographic elicitation in data collection, including acting as a bridge between psychological and physical reality, providing triangulation, assisting in building trust between researcher and participant, and enabling rapport.

While I initially had concerns regarding both the use of images and choice of images, in exploring the possibilities within narrative inquiry and across other disciplines, I now consider this approach was valid and positively added to the narratives, and the experience for the participants. Chase (2005) ratifies photographic elicitation within narrative inquiry by highlighting the mutual aspect, both aim for meaning and knowledge from retrospective meaning and analysis.

I was also aware of the risk of influencing the participants, as Lakoff and Johnson (1980) heed warning to using metaphorical associations to force the narrative into an artificial form. In approaching the structure of the interview and with this in mind, I presented the images to the participants at the end of the interviews. I kept in my consciousness, the need to remain "wakeful" (Clandinin and Connelly 2000, p.184) to ensure the methodology remained authentic and plausible, attending to reflexivity throughout.

The nine images are presented and titled also in Appendix six.
Images are referred to by their titles within the analysis and narratives.

3.8 Summary

The epistemological beliefs that underpinned this research declared that knowledge is subjective and that in constructing knowledge, visual influences are important.

Experience is viewed as an ongoing interface between individuals and the environment which results in knowledge through emotions, feelings, experiences, perceptions, and the development of wisdom. Ontologically, I present multiple authenticities and interpretations of my own and the participants experiences, which are developed from social and cultural influences. The research was conducted in a constructionist paradigm using Dewey's theory and principles of experience, Nussbaum's philosophy of emotions and Capabilities approach and aesthetic metaphors and symbolism in images of nature.

Chapter 4: Study design

Within this chapter, I provide an outline and justification for the design of this study. A rationale is provided along with the process for identifying the sample, data collection and analysis. Key principles of the methodological framework are summarised in Table 7. The ethical considerations required are presented.

Methodology Development Stages	**Methodological principle**
Develop the research question	In considering the research question, a constructivist approach exploring perceptions and experiences was adopted linking epistemological, philosophical and theoretical thinking.
Develop the research design	To address the research question a narrative inquiry approach was selected to further explore the phenomenon of leadership experience and address the theoretical background, what knowledge was sought, what I placed value in and how to approach the analysis.
Developing the design approach	Consideration of approaches to narrative inquiry included the philosophical background, and phenomenon of interest and context. Dewey and Clandinin and Connelly's approach to learning and contexts of learning was adopted and allowed for the narrative to be explored to answer the research question
Develop the sampling	A purposive sampling approach is recommended for narrative inquiry and hence this was utilised.
Develop the data collection method	Semi structured interviews were chosen as the data collection method, in line with a narrative inquiry design, which were recorded and transcribed. Photographic images were provided at the end of the interview for participants to consider and metaphorically explore their perceptions of leadership
Develop the data analysis approach	Dewey's three-dimensional framework was applied to align with Clandinin and Connelly's approach to develop the analysis of individual narratives. Further

	categories included analysis of a 'critical event' within the narratives (Webster and Mertova) and metaphorical associations of researcher generated photographs. Overarching categories were developed to form analysis and synthesis of the findings and themes.
Develop the data synthesis approach	Overarching synthesis was developed considering the philosophical, empirical and theoretical background.
Summarise the findings and develop recommendations	The main findings were summarised, and key recommendations developed.

Table 7. Principles of the methodological framework

4.1 Narrative Inquiry

Within my experience as practitioner and educator, I was aware that narrative inquiry was not a methodology often associated with leadership research. Quantitative methodology and positivist approaches and some mixed methods dominate most of the evidence. However, there is an increasing interest and acknowledgement that narrative experience can provide useful data for broadening evidence and influence change and culture within organisations (Bochner 2001; Denning 2007; Klenke 2016). Further interest in exploring deeper concepts has provided impetus for developing qualitative evidence, to advance knowledge and insight about what perceptions and experiences of leadership are, rather than just what characteristics it may consist of. Narrative inquiry comprises of reconstructing each individual's experience, however using Dewey's ontology, each narrative will be considered as continuous, experientially placed in the past, now and future (Clandinin and Connelly 2000).

Narrative inquiry explores the narrative plot as a phenomenon to gain meaning and understanding to multiple facets of culture, humanity, society, through individual life experience. This methodology can apply interpretive lenses through multiple theoretical and philosophical approaches with the story plot at its centre. The word *narrative* derives from the Latin 'narrat', 'narrare', 'narrativus'; 'related', 'to tell' and' telling a story' and affiliated to 'gnâ', 'to know'. Therefore, narrative is both telling and knowing, and considered an important contribution to our knowledge of the world and our histories, a fundamental characteristic of life and expression of humanity

(McQuillan 2000, Kim 2016). Historically, the study of narratives has been an interdisciplinary discipline, originating with theorists studying language principles and individual narratives considering syntax, morphology, and phonology such as Barthes, Genette and Todorov (Kim 2016). Acknowledging the limitations for theory and practice in a structuralist approach, further analytical approaches developed such as feminist, psychoanalytical and cultural, further extending to linguistics, educational and empirical (Fludernik 2005). Lyotard (1984) postulates the value of narrative as knowledge and encapsulates scientific and non-scientific forms of knowing. In considering its breadth and applicability across cultures, times and disciplines, narrative inquiry is suitable for all disciplines of research. Within the health professions, narrative aptitude is an important skill, thorough consideration of the holistic patient history and experience in assessment and review of care essential. Within education, narratives have value as experience, practice, theory, and reflection contribute to the cycle of learning and knowing and are individual to the learner (Schön 1983; Clandinin 2007; Dewey 2015). Reflecting on my ability to apply this methodology, I was aware that the researcher must 'think narratively', which resonated with my background in literature, nursing and education (Kim 2016). I would therefore apply the experience of embracing narratives in all areas in my approach as a new researcher. Thinking with, rather than about each narrative would require me to encourage the stories, engaging in all aspects of the characteristics and context, while also considering how these related to issues such as context, organisations, the professions, and education.

Holloway and Freshwater (2007) advise caution in completing an in-depth literature review prior to applying narrative inquiry as a methodology, risking influence of the researcher's ability to fully listen to the narratives. A literature review is required and is therefore included within this doctorate research and provides a current view of existing evidence to provide a base to build new knowledge and add to existing scholarship (Kim 2016). In response, and to ensure clarity in my philosophical approach, I continued to self-critique in reflexive self-analysis throughout, to ensure rigor in my methodology application. While being aware that for narrative inquiry, Kim (2016) heeds the risk of becoming too self-reflexive and moving the lens to one's own narrative and beliefs rather than that of the participants. Maintaining a reflexive approach guided me to follow the individual narratives initially, rather than immediately searching for themes emerging from the literature. I also acknowledge the effect of personal influences and narratives which are relevant to the listening and 'retelling' of narratives (Clandinin 2013).

Clandinin and Roseik (2006) and Clandinin (2013) propose applying Dewey's (2015) theory of experience to enable this depth through a three-dimensional approach, considering Temporality, Sociality and Place. In temporality, there is a recognition that experience is continuous, formed from the past, the present and the future. Sociality refers to the context of the experience, the social, cultural, professional, or political for example Place refers to the physical space of the experience. The tripartite aspects also apply to the researcher within narrative inquiry. Pinnegar and Daynes (2007) explore the unique feature of relational knowing in narrative inquiry, the participant and researcher are within a changing, learning relationship. This presents challenges to the more traditional research concepts of distance and objectivity (Kim 2016). Maintaining a relational responsibility to the participant and ensuring trustworthiness, integrity and rigour can be achieved by triangulation, audit trail and reflexivity to ensure this does not hinder the validity of the research and I ensured this was embedded in my approach (Pinnegar and Daynes 2007; Cainea et al. 2013; Kim 2016). To ensure I embraced the narrative inquiry methodology as recommended by Pinnegar and Daynes (2007) I approached the narrative 'turn' in thinking and learning in four areas. Within the relationship between researcher and participant as described previously, to embrace words as the data, to pay attention to specifics and accept challenges to personal knowing.

4.2 Why Narrative Inquiry?

Narrative inquiry was chosen as a methodology for this study as this aligned to my philosophical views, was a relatively under-utilized approach within leadership research and because it addressed the aims of the research question. I had considered other methodologies such as interpretive phenomenology, however as previously discussed, my interest in the individual multifaceted aspects of experience and story appealed. By searching to understand the story and influences which shape, be they historic, social, institutional, or cultural, I hoped to attain knowledge and personal development in a relational, temporal, and continuous approach. I also explored the literature to ensure the choice of using visual methods was indeed an appropriate approach. Being a novice within research and creating images, the opportunity for creative approaches within narrative inquiry expanded my interest as discussed by Kim (2016), Mannay (2016) Chase (2018). The creative aspects of both visual and narrative inquiry allowed structure when theoretical frameworks such as Connelly and Clandinin (2006) and Dewey (2015) are applied, which appealed as a novice researcher. While structure is provided by other methodologies, I considered

Thomas's (2010) four questions when making decisions in the use of narrative as research:

- What type of theoretical field (within nursing and education in this context) is drawn upon?
- What type of knowledge am I seeking?
- What is my ethical perspective?
- What method of analysis will be used to disseminate the narratives?

In addressing these questions within this thesis and in my philosophical approach, I expose my accountability for the research while also justifying my approach.

As revealed in chapter two, there is a paucity of evidence generated by this methodology in nursing and leadership, which indicate a gap in the development of theory and knowledge in this area which advantaged narrative inquiry. Within nurse education, the content and competencies are driven by the regulatory body, while educators and the HEI's evaluate and measure the effectiveness, achievement and satisfaction of the student, the measures are rarely in depth and exploratory. In seeking narratives of the experience of the student, educator, and clinical nurse, I hoped to provide opportunity to add to knowledge and influence practice in allowing the experience to be related.

Narration relates the life journey and experiences which influence progress, development as well as loss and imperfection. Dewey correlates narrative with levels of human consciousness and there is a wider recognition of the importance of narrative in learning (Geertz 1973; Rosen 1985; Dewey 2015). Therefore, the use of narrative as a methodology provides insight into teaching, learning and practical performance as well as support development of teaching approaches and pedagogy (Webster and Mertova 2007).

4.3 Sampling

The study included participants from three areas of professional experience providing a trio of narration and triangulation which informed the research data and provided experiences of the phenomena. Students provide their life experience in the current context of student and prospective registered nurse. Senior nurses provide life experience of their educational preparation and role of professional nurse. Educators provide life experiences from all roles, from student nurse, to qualified nurse and now as educators, preparing students for registration facilitating educational knowledge and skills (Flick 2018).

I acknowledged the approach to sampling needed to align with the design, non-probability purposive sampling involved recruiting participants with the required status, knowledge and experience for the study aims. Narrative inquiry, as a methodology, is an evolving process which is not as clearly characterized as other research designs. The requirements of other designs to establish structures around sampling and question design are very much less defined with relationships between the interviewer and the participant (Clandinin 2007). In my initial approach to recruitment, and concerned I would not be able to recruit, I had developed an inclusion criterion which would broadly reach the participants who would be able to provide an insight into the phenomenon. I had not however anticipated the high response from academics. I therefore applied purposive sampling with reflexivity to ensure my approach was robust and acknowledging my subjectivity and mindful of bias within that selection (Parahoo 2014). I selected the respondents who had the qualities and experience required for the study design and phenomenon to be explored. While, also maintaining a reflexive account of the process, accounting for alterations in my approach and ensuring rigour was addressed throughout the methodology and the impact of Covid-19 on the recruitment and drop out of participants (Bradshaw et al. 2017; Schneider et al. 2016).

For the sample of academics, the original intention was to recruit from one organisation. In the reflexive process and following discussion with supervisors regarding confidentiality and ethical concerns, I proposed recruiting from another site. This would allow me to address my concerns with anonymity and privacy within the related narratives. While I had considered ethical issues, and my proposal had been approved by the ethics committee, a personal concern for professional and social responsibilities meant that further consideration of a wider sample context may allay my concerns as well as further add to the rigour of the research (Schneider et al. 2016). Acknowledging this allowed further consideration of 'insider researcher', enabled mitigation of anonymity threat, ensured trust, privacy and confidentiality. I therefore returned to the ethics committee and gained approval to recruit from another higher education organisation, to extend the recruitment pool of academics. Recruitment at this site did not yield interest. Therefore, I relied on the design of my research to allow participants to make informed choices, to uphold the ethical guidance which informs research at the HEI and to reassure any participants that withdrawal from the study prior to publication without explanation, was acceptable.

Recruiting for narrative inquiry requires negotiating access to the participant group (Clandinin 2003). This allayed my concerns regarding both students and academics

as I was aware of potential insider position. I negotiated participation by presenting my proposal to students and providing further information on the internet platform of learning, providing them with my contact details, ensuring I had considered the effect of my position as lecturer. For senior nurses, a 'third party' in a senior position within the HB introduced my proposal and provided contact and opportunities for further information. As the participant group I hoped to recruit was also from a senior nurse group, I considered the influence of possible power relationships by including a third party, which may have influenced the recruitment process. While I had initial responses from four possible participants via the third party, when followed up, three chose not to participate, followed closely by the suspension of recruitment by all HBs due to the impact of Covid-19. I had intended to have equal representation from all three groups, however considering the approach of sampling for narrative inquiry, the emphasis should be placed on quality of the interview, rather than quantity of participants (Kim 2016). O'Reilly and Parker (2012) also consider the appropriateness of the sample is not directed by the number of participants, rather by the fitting of the data to the phenomenon being investigated. Kim (2016) recommends flexibility and realistic acknowledgement of sampling for narrative inquiry, considering if the research question has been addressed and richness of data captured. In my anxiety at the lack of recruitment of nurses, I considered the literature and approach to sampling concerns. Guest et al. (2006) consider 'saturation', or the yielding of no further knowledge through the narrations. While I consider the data I gained within the narratives collected was broad and deep, the inclusion of experience from one practitioner's perspective is a limitation due to Covid-19 and is discussed further in Chapter eight. O'Reilly and Parker (2012) provide guidance for concerns that full saturation can never be achieved due to the organic nature of the human experience. Transparency of the epistemological and methodological stance should guide the decision-making process within research, challenges of reaching saturation should be acknowledged within the limitations and not viewed as invalid findings (O'Reilly and Parker 2012). Sample size was not significant in this qualitative design, however, as the data collection intended to use interviews to explore the emerging experiences, I aimed for 5 to 9 participants from each participant group (O'Reilly and Parker 2012). Five students, six academics and one nurse were recruited and provided with pseudonyms (presented in Table 8). O'Reilly and Parker (2012) advise transparency regarding saturation and this is discussed in the 'Limitations' within Chapter eight.

The participant groups aimed to include:

Participant group 1. Male and female students of varying ages and life experience from a University, in their third year of a three-year B.N (Hons) degree programme for pre-registered nurses across three professional fields. The participants were studying at level six from the September cohort entry points and received the same core theoretical content and clinical experiences according to their field.

Participant group 2. Male and female senior nurses working at band seven or higher in a HB. A senior nurse from the HB agreed to facilitate recruitment. Band seven and above grade nurses have experience in both leadership roles and inclusion criteria includes experience of working with student nurses and newly qualified nurses.

Participant group 3. Male and female academic lecturers who are delivering higher education to student nurses or nurses in healthcare. All academics were registered nurses in adult, child, or mental health nursing.

Table 8: Participants and pseudonyms

Academics	Students	Senior Nurse
Juliet	Sarah	Maria
Mary	Samantha	
Nicholas	Suzanne	
Michael	Annie	
David	Cath	
Tony		

4.4 Study setting

Interviews for all participants were originally planned to be held within the University in pre booked rooms with confidentiality and non-interruption facilitated by the researcher. However due to the sudden occurrence of the pandemic and restricted access to participants, two academics were interviewed by telephone and recorded. Guidance and consistent information were provided to all to maintain consistency. Interviews were audio recorded and transcribed for analysis of the narratives (Holstein and Gubrium 2012).

4.5 Data collection

While initially considering how to capture data, I had not fully considered the methodology and theoretical framework for my approach. My intended approach to conduct focus groups and then one to one interview with the three groups seemed to be appropriate to the methodology of exploring the topic of leadership in nurse education. However, on further reading of the narrative approach and Dewey's theory,

I became concerned that focus groups would not allow both the development of the participants' individual story, and the trusting relationship of my role as researcher. Narrative data collection involves personal revelations and perceptions of the impact of experience (Mattingly 2007). The use of focus groups seemed to contradict consideration of narrative as a personal expression within my proposed approach. A focus group may have inhibited participants true narration of experience. While I had contemplated how I would consciously and critically analyse the revealed plots, I had allowed less consideration of the method. To allow storytelling to have its freedom from each participant, I would need to further allow appropriate space and time to also participate in its unfolding which negated the method of focus groups. In 'thinking narratively' as discussed in Chapter three, the researcher and participant relationship is an important consideration. Each participant is regarded as a 'narrator' relaying their story rather than a participant answering questions (Clandinin and Connelly 2000, Chase 2005). Mishler (1999) presents this approach to interviewing as moving away from the facilitative question and answer approach to a collaborative construction of narrative, producing a detailed account and seeking long narrations rather than staccato questions and answers (Chase 2005; Reissman 2008). Therefore, suggestions were considered for constructing engaging open examples of questions which would allow for narration to occur. On reflection this approach worked well, and the example questions are demonstrated in Appendix 7. At the end of each interview, I revealed the images to the participants. I considered this timing carefully, aware that images may influence the narrative if introduced initially as discussed in Chapter three. The narratives contained immediate reflections on experience, enhanced in richness by further reflections on metaphorical notions in observing the images. Initially, I had printed hard copies for participants to view together and provided time for reflection and consideration. For the two academics who were interviewed by telephone, I provided the images electronically and asked them to view only after the interview, so that a consistent approach to this was upheld.

4.6 Data management

Full disclosure of the procedures including confidentiality, anonymity, handling of data and the right to withdraw was presented to all participants in advance. Any interested parties who fell outside the inclusion criteria were provided with reasonable grounds for this decision. As the researcher is also a qualified nurse, the NMC Code (2018) was also adhered to in the approach to the study. Data was stored securely according to the HEI Data Information Handling guidance on a secure password protected

computer. All personally identifiable information such as names and contact details data will be destroyed confidentially at the end of the study.

Data will be kept for 5 years after the project ends or at least 2 years after publication or in accordance with the University Records Retention Policy.

4.7 Data analysis

In deciding on my approach to data analysis I discovered separating my professional roles as educator and nurse hindered my embrace of the methodology. I considered looking for themes within the narratives rather than being immersed within each, relating, and listening (Chase 2005). This I considered, may be due to my role as educator, and nurse, trying to make decisions on what was presented. I returned to my original research question and to Dewey's theory (2015). It is reassuring that Clandinin and Connelly (2000) and Riessman (2008) acknowledge the struggle of maintaining the uniqueness of the narration in analysis. Further personal lack of confidence and concern for ensuring the methodology was applied, resulted in once again returning to my original reflexive thoughts at the formation of my research question, and to the literature.

In discussing analysis Polkinghorne (1995) considers two approaches: paradigmatic mode and narrative mode. The former involves a thought process which recognises patterns and categories within the narrative, the latter recognises the whole narration. In focusing on the detail of the whole narrative, each aspect of the experience can be considered from context, to feelings and interactions, while the researcher remains present in the retelling (Chase 2005). This reflects the narrative inquiry methodology of Clandinin and Connelly (2000) and Dewey's theory of Temporality, Sociality and Place. In discussing the methodology in Chapter three, I considered my responsibility to continue with 'Temporality commonplace', Sociality commonplace' and 'Place commonplace' within my analysis framework to ensure the methodology of narrative inquiry is applied (Clandinin and Connelly 2000, p. 23). The Temporal dimension exposes how experience and perceptions influence current reality and aspirations for the future moving between past present and future, Sociality how personal and cultural aspects influence inward and outward perspectives and Place, how the environment and physical surroundings frames the narrative strands .While 'themes' and categories are widely accepted in qualitative approaches, 'threads' were used to explore the thoughts, emotions and perceptions within the analysis as this term is more suited to narrative inquiry and the framework approach (Clandinin 2013; Clandinin and Connelly 2000). Within this process of selective threads, I explored

where storylines may converge, and tensions emerge (Braun and Clarke 2013). Clandinin and Connelly (2000) suggest that researchers continually revise and revisit their field texts in negotiation with participants, however due to the time constraints of the Doctorate, this continuous process was not possible over a lengthy period. However, plot lines were revisited and narratives re written as points of importance emerged and the iterative process continued within the analysis phase. By plotting narrative words within Dewey's framework, it was possible to return backwards and forwards through the audio recording, transcribed narratives, and reflexive notes in the field. A free hand and then table demonstrating the three-dimensional plotlines were used for each participant to provide a visual representation (see Table 8. and Appendices 9 and 10 for further examples). Clandinin and Connelly (2000, p. 15) address the uncertainty of moving from the field to writing research texts as "becoming" rather than "being", addressing the history and moving forward. Placing attention on the "inward and outward, backward and forward" approach, considerations are given to feelings, hopes, emotions, values, the environment, and the temporality dimensions. Further tensions are acknowledged, of giving "voice" to the participants, presenting a researcher "signature", and acknowledging the writing of the thesis is intended for an "audience" (Clandinin and Connelly 2000, p. 149). This constant tension is also combined with how to compose research texts, in describing this as an "upheaval of thought" expressed by Clandinin and Connelly (2000, p. 153), I was reminded of my philosophical stance and Nussbaum's (2008) link to emotions. Being mindful of balancing these tensions as well as recognising, in their approach to the methodology, Clandinin and Connelly (2000) are without the boundaries of structure for submission of a required formalistic piece of work. The "back and forth" dynamic process of composing the narratives are ongoing and continuous until they realise a complete work. In considering my approach to the tensions, it was important to revisit a first attempt at writing the individual narratives whereby I had been keen to create themes and arguments, supported by theory, focusing less on the unique story of each. This initially created a narrative which lost its richness and forced a generalization of emerging themes for analysis, moving away from experiential analysis and the active creation of themes (Braun and Clarke 2013). Clandinin and Connelly (2000) recognise this as a tension for students, refocusing my view of being true to the individual narrative and ensuring an upward approach to creating 'overarching categories', or 'common threads' rather than reducing to finding themes. It was reassuring to find acknowledgement of the unease experienced by narrative inquiry researchers in searching for a way of writing the research texts and a different direction suggested from the structured suggestions of Bruner (1990) and Wolcott

(1994). Clandinin and Connelly (2000, p. 155) apply the metaphor for narrative text as a “soup” which includes description, argument and narrative, and the balance depends on the experience being presented, while also considering the “container”, in this case a thesis for a Doctorate with specific requirements. Dewey (2015) deems experience as personal and social; all individuals should be appreciated in relation to the social context. For Clandinin and Connolly (2000) within the context of education, the recognition of experience and learning being situated in the imagined past, present and future is important. Therefore, the narratives are presented within the dimensions, with narrative forming the main content, identification of the ‘common threads’ and further analysis and discussion are developed in Chapter six.

By reading and re-reading, listening, and viewing the field notes, through the iterative process, stories and plots began to develop. Searching for metaphors and word images that indicate characters and narrative threads of social dimensions allow the development of common threads to emerge (van der Rietet et al. 2011). The complexity of individual narratives is accepted by Clandinin and Connelly (2000) and they recommend an awareness that within each story, the researchers position sits within both the participants’ story and their own, and they should embrace both.

Further consideration was also given to the visual images and analysis of a ‘critical event’ (Webster and Mortova 2007). A ‘critical event’ is considered as something told within the story which reveals an alteration in the perceptions of the storyteller, bringing emotional response to the fore. An event becomes ‘critical’ when it has impact on the practice or professional role of the teller, it may be emotionally disturbing or exposing, positive or negative, create a profound change within the person or their views on the phenomenon, and influencing their perception of the future self (Webster and Mortova 2007). ‘Critical events’ occur within societies and communities, Bruner (1986) considers learning from ‘critical events’ involves a sharing of cultures and occurs often within communities of practice which share values and knowledge. The opportunity to analyse any ‘critical events’ exposed within the narratives would therefore be appropriate for nursing and education. Through narrative ‘sketches’, the place, sociality and temporality were considered with ’broadening’, ‘burrowing’, storying and restorying, placing significance on any ‘critical events’ and identifying threads (Connelly and Clandinin 1990). McEwan and Egan (1995) and Connelly and Clandinin (1990) consider these events may epitomize the complex nature and humanness of events when analysed though the lens of the researcher and participant together. The concept of *broadening* applies the detail of the broader context of the story, with a broad description of the participants context

in which the research takes place. *Burrowing* refers to the detail, perceptions, emotions, and impact of the events told. *Storying and restorying* refers to the significance and plotline (Kim 2016).

> Events are exceptional by virtue of their criticality. This relates not so much to the content (which might be extraordinary), as to the profound effects it has on the people involved. (Woods 1993, p. 356).

Engaging in analysis while collecting the data, I listened to the recordings several times and again on obtaining the transcriptions to immerse myself in the storytelling and develop the iterative process. I also referred to the reflective entries in my notes where any impressions of the interview were captured, along with my own impressions of my part as interviewer. Using the three-dimensional framework, I colour coded each transcript according to temporality, sociality and place, highlighted any 'critical events' and worked with the emerging threads. Considering I had introduced further dimensions into the analysis framework which would consider the 'critical event' and visual metaphors, I 'flirted' with the approach, as recommended by Kim (2016) to challenge my approach and the rigidity of a framework. This allowed me to question my approach, create space for consideration and transition into the analysis. I then converted each into a table with five columns: three for framework, one for the visual reflections and one for the 'critical event', highlighting the 'threads' which developed from each narrative. The common threads were then developed into the discussion. I was then able to broaden, burrow and story and re-story. An example is provided in Chapter five with further examples in Appendix 10.

To enable the narrative to take an articulate and clear form, 'narrative smoothing' is recommended to remove the jagged edges of disconnected thoughts within the story (Kim 2016). Acknowledging the risk of selectivity and assumption which could raise ethical issues for remaining true to the narrative; respecting participant, taking a sensitive and gradual approach and maintaining confidentiality at the cost of rich data, this can be addressed (Spence 1986; Squire 2013; Kim 2016). Further consideration was also given to the interpretation process further distinguished as 'restoration' and 'demystification' by Josselson (2004). By interpreting in tandem, both approaches can be applied within narrative inquiry (Kim 2016). The narrative is taken as representing the subjective view of the participants world, retelling with empathy and collaboration (Josselson 2004). During the analysis, I found a visual free hand drawing, then plotting in a table of the three-dimensional themes, useful in organising and arranging the analysis and this provided an audit trail of the process (Appendices nine and ten). This supported the analysis within the framework and I therefore continued this process with the further interviews. Choices were made about which facets of each

individual story were to be presented within this analysis, and these were collated in the tables within each participant's analysis. This revealed a visual, individual representation of the analytical framework exclusive to each, which was important to value, and make distinct, the contribution and personal narrative. Choices for the content of these were based on aspects of the participants' stories, relevance to answering the research question, and considered powerful to the data analysis. Moving forward and back enabled a 'restorying' of this process until a complete view emerged. I conceded two areas of concern relating to truth and validity within this approach. Denzin (2018) recognises narratives may not determine truth or the experience of truth, instead they are reflections and representations *on* the world, rather than *of* the world from each participant at that time. In considering validity, I referred to the recommendation of Reissman (2008) in referring to my reflective notes and diary kept throughout, recording inferences and decisions, ensuring self-critical cognizance. It must be acknowledged the stories collected are current and their interpretation may modify with time. However, by detailed attention to each narrative and the context within which it is set (being the research question and academic disciplines), following the methodology and ensuring reflexivity, I hoped to strengthen the validity and truth of this analytical representation (Reissman 2000; Mishler 1999).

Analysis can inform the interpretation of deeper meanings and hidden nuances, not by scepticism or disbelief in the narrative presented, rather by 'demystifying' the implicit significance (Kim 2016). Thus, the analysis and interpretation developed collectively to develop the narrative meanings gaining further understanding of the phenomenon. Throughout the iterative process of analysis, I reminded myself of the philosophical and methodological underpinnings of narrative inquiry and took an inductive approach.

4.8 Ethical issues

The apprehensions of 'insider researcher' and ethical concerns is further explored in 4.9.1, however, the impact of dissemination was a concern in the raising of potential sensitive personal narratives and anonymity. Accompanying this was also the potential for exposing feelings with use of image elicitation, evoking memories and emotions. Within narrative inquiry, the researcher must consider that consent may reach further than the participant as those who may feature within the narrative are unable to consent or contribute to that narrative (Clandinin and Connelly 2000). I found this an important consideration in my reflexive process and a personal acknowledgement to the burden of knowing information of the non-consenter. In agreement with Kinsella and Whiteford (2009), reflexivity is a self-interrogating

approach to the generation of knowledge. In considering that I would not be able to gain the non-consenters' perspective, and as a researcher remaining neutral, I realised that knowledge may be equated to both power and disempowerment, possibly compromising my position and relationships with others, and I conceded that the ethical facets of my research would remain central at all times (Mannay 2016; Denzin and Lincoln 2018).

University ethical approval was granted in June 2019, Health and Care Research Wales and Health Research Authority approval was granted for access to participants in the HB in October 2019 and approval from the local HB followed (confirmation of approvals are located in Appendix 2). The study maintained the approved standards for the duration. Participants were respected, and their autonomy maintained by voluntary involvement in the study and full disclosure of the study details, they had the right to withdraw and were provided with a Participant Information Sheet and Consent Form (Appendix 4 and 5). Ethical principles were adhered to and assured through the integrity of the research design and participants are aware that the academic value will be disseminated. Participants were provided with pseudonyms and their identities anonymised to ensure confidentiality. All contributions from participants were treated and valued equally by the researcher in a courteous and respectful approach. The Data Protection Act (2018) has been adhered to.

4.9 Enhancing the quality of the study through reflexivity

By maintaining a reflexive approach, I aimed to maintain integrity and trustworthiness in my approach to the research (Finlay 2002; Pillow 2003). Reflexivity requires making oneself the object of gaze and reflection, observing, and reflecting on the truth in the approach to the study (Geerinck et al. 2010). From the initial development of the proposal, I maintained a journal and engaged in reflexive activities through supervision, peer discussion and journaling. I identified key approaches to this as detailed here.

4.9.1. Insider researcher and novice researcher

The duality of my role within this research was challenging. With an established role as lecturer and now researcher within my own organisation, I am aware of the 'insider researcher' challenges which accompany the fluctuating role (Drake 2010). I am fully aware of my position of privilege, enabling access to information about the undergraduate curriculum, access to participants and experiential knowledge of leadership and education within the context. Advantages of an insider status can be beneficial to the meaningfulness and clarity in distinction of developing the research

question, developing the relationship with participants and opportunities to enable authentic storytelling (Hayfield and Huxley, 2015). However, I was concerned my overfamiliarity may have the opposite effect and induce bias in selection of participants, and a lack of analysis and synthesis. This could have influenced my data collection technique, analysis, and reporting (Mercer 2007). My position within the organisation caused me to question my ethical approach and integrity, leading to reconsideration and questioning of my approach. As a working colleague of some participants, and senior lecturer to others, it was essential that none of the participants were influenced, by feeling coerced into participation and felt able to relate their narrative as purely and honestly as possible (Atkins and Wallace 2012; Mercer 2007). Being in a position of familiarity, as described by Geer (1964), I was concerned of the numbing or reducing effect this may have on the stages of my research. I was conscious that a period of 'defamiliarisation' was required, that the most seemingly familiar comment from a participant would be valuable (Atkinson et al. 2003; Becker 1971). I hoped to find this possible through problematizing of the research question, by experiencing unfamiliar narratives from histories unknown, and unique experiences of each individual. Sociologists and anthropologists have noted this familiarization as a potential inhibitor to exploring new understanding and knowledge in areas where assumptions and commonalities are easily taken by the researcher (Atkinson et al. 2003). In taking a reflexive approach and detailing throughout the research process, I was committed to exploring my own values, experiences, and knowledge, forcing personal cross- examination as self as researcher at each juncture. In questioning paradoxes and contradictions in the self as well as how they shaped my interaction with the participants, I hoped to achieve critical subjectivity (Mayan 2009; Clandinin and Connelly 1994). By exploring and questioning my tacit knowledge, searching wider theoretical reasoning, and focusing on my reflexive self, I aimed to enable perspicacity in my relationships with my participants, the narratives they conveyed and the joint discovery of knowledge. I also acknowledge the role of supervisors in this process, as well as peer review from critical friends. By discussing my approach and exposing my questioning concerns of familiarisation and insider position, this supported me in' unfamiliarising' the context and reframing my approach.

I acknowledge my position as a novice narrative interviewer and while I had experience at interviewing, I explored the theory widely before undertaking the 'pilot' interview. I also considered Silverman's (2013, p. 7) discussion on the position and aim of a novice researcher approaching a Doctorate as an apprenticeship: "doing

research in order to demonstrate that you have learnt *how* to do research", and reflexivity became important to this process. I was aware that I may try to control the interview and while I initially developed a broad questionnaire to guide, I realised that more structure was required. This was not to provide a rigid framework, which would not have aligned to the methodology, rather to ensure I did not control the interview or direct questioning to suit my agenda of collecting data. Agee (2009) warns against 'loading' questions to suit an agenda and I reflected on my questioning and engagement throughout the interview audios. I was also aware of the participants being viewed as sources of knowledge. I was aware I needed to think narratively, and I became aware of the relationship of interaction and responsivity which is a unique feature of narrative inquiry (Pinnegar and Daynes 2007). I initially found my introductory preamble a challenge, to ensure a consistent approach of information giving, due to my lack of experience and wanting to do well. I was keen to ensure the interview became a narration rather than a static series of questions, and with some participants this was not always easy. I found some participants were ready to tell their story, and this was evident when I listened to the audios. Aware that narrative inquiry is sometimes regarded as a "vulnerable genre" due to the relationship of participant and researcher (Behar 1996, p. 13), I was mindful and reflected on my emotional and ethical responsibility to the participant and ensured following each interview, they had time to reflect on the interview and feedback any thoughts and feelings. I found progressively I became more relaxed and confident as I became more familiar with prompts and questions.

4.10 Summary

In this chapter I have discussed the study design and approach to recruitment and data collection. The initial pilot interview allowed me to reflect on my approach and anticipate issues such as the need to further prompt for narratives to emerge. My anxieties about controlling the interview and insider researcher did not materialise and the interviews flowed, were interesting and enjoyable. No ethical issues impacted the data collection, however the implications of Covid-19 meant two interviews were completed by telephone, which deviated from my intended approach. However, on discussion with the lead for ethics and supervisors, this was not viewed as a risk to the study. The approach to analysis ensured I revisited and re-told the narratives, engaging in a reflexive approach throughout to ensure the quality of the study was a central consideration.

Part Two: Individual narratives and overarching themes

Chapter 5: Individual narratives

5.1 Presenting and analysing the narratives

Within this chapter the approach to the individual narrative analysis and the descriptive analysis of participants' interviews are presented. A pilot interview is presented with the narrative analysis framework applied and demonstrated in Table 8. Individual narratives and analyses follow, further development of common threads and overarching categories are discussed in chapter six.

Due to the word limitations for this thesis, individual narratives continue in Appendix 8. However, all narratives have contributed to the analysis and although I could have presented shortened verbatim sections, I considered this would reduce the richness of the participant voice. Therefore, two student and two academic narratives are situated within the appendix and should be read as the analysis refers to all. Each account provides a brief biography, the story within the framework and critical events with an analysis of the photographs chosen and the metaphorical associations linking to the interview.

Direct quotations are used, the interviewer words are in quotation marks and participants words in italics, pseudonyms have been used throughout with quotations anonymised.

5.1.1 The pilot interview

To begin the process of data collection, I decided a pilot interview would be useful to allow reflection on personal performance and approach and allow an adjustment to style if needed. van Teijlingen and Hundley (2001) argue that data from a pilot should be included in the analysis where the pilot is 'trying out' methodological aspects. Sarah's interview was the first interview I had undertaken, and I considered this as a pilot, however no changes were deemed necessary, and the data was therefore included.

I found the pilot interview quite challenging as Sarah's nervousness was evident in her short answers to the questions, and I needed to ask more searching questions than I had anticipated. Reflecting on my questioning by listening to the audio of the interview, I was concerned that I had asked too many potentially leading questions. However, because of her static style of answering, I also thought I had needed to do this to enable her story to emerge. Looking at my notes of reflection which were written immediately after the interview and notes during the interview, I had noted her closed physical posture, with crossed legs and arms. By the end of the interview, she

had moved into an open posture, leaning on the table towards me. I realised that she became more relaxed as the interview progressed and when the recorder had been switched off, she revealed that she initially felt she needed to "do well" in the interview. I thought I had given a preamble about the interview being relaxed and I really wanted to hear her story. Kim (2016) advises the approach to interviewing should be 'interviewer' seeking knowledge from the 'participant', holder of knowledge. Denzin and Lincoln (2018) consider the nature of an interview as a method of data collection, a process of negotiation, a conversation, a mix of verbal and listening skills, non-neutral. However, Mishler (1986) moves away from the facilitative approach to considering the interview as a shared construct, a joint discourse. This requires relinquishing control by the interviewer, (Reissman 2008). Reflecting on my approach, I realised I had been keen to control as I was anxious also about 'doing well', of gleaning a story from the visibly nervous participant, which in turn, caused my anxiety. Giving up control allows a more collaborative discourse, and I made a concerted note to approach the interview as a mutual discussion, rather than a constrained structured format (Reissman 2008). Beginning the introduction to further interviews, I decided to spend further time reassuring participants and making clear that this was not a 'test' of knowledge. This improved the preparation for interview with other participants and improved my approach during the interviews.

5.2 Three-dimensional context

Within the three-dimensional framework it was important to make connections of the contexts and interconnectedness, as well as linking with my own understanding of the narrative. A brief overview of all three dimensions is presented to provide this milieu.

5.2.1 Temporal Context: past present and future

Changes to nurse education within the UK, from the 1970's to 1990's, saw the shift from medical model education to evidence based and nursing model approaches and the move from traditional training to higher education. In 1972 The Briggs Report proposed changes to the regulation, education, and training of nurses within the UK with a statutory body overseeing the standards and move to evidence based degree qualified nursing (Briggs 1972; Chapman 1973). In 1979 the Nurses, Midwives and Health Visitors Act (House of Lords 1979) included a new structure creating a framework on which decisions could be made and nurse education was moved to higher education by the Judge Report (Royal College of Nursing 1985). The commission recommended a broader curriculum with a holistic focus. Nurses with a

State Enrolled Nurse qualification were recommended to convert to a State Registered Nurses qualification so that one level of nursing was established. Student nurses became learners rather than workers through supernumerary status. The context of leadership within nursing is set out in Chapter three. For many of the academic participants and senior nurse, this historical context would have personal resonance and they would have experienced and lived through the changes. Also, all would have gone from their original education to Masters level 7 education or higher and the continuous practice and knowledge development required by both the nursing and education professions, including gaining promotion to higher academic and clinical levels ongoing. At the time of interview, all were working within pressurised academic or clinical environments, with the student now viewed as 'customer' by HEI's, and nurse staffing levels remaining insufficient for demand. The future of nurse education is continually changing with new educational standards by the NMC now established and in England, the emergence of the 'Associate Nurse', creating another level once again within the registered nurse framework (NMC 2018).

For the student nurse participants, some were in higher education directly from school or sixth form college, others, more mature with other life and work experiences. Those who were not directly from school level education had some knowledge and context of the past and some had worked as Healthcare Support Workers (HSW). All participants were approaching the end of their undergraduate nurse education and looked to their future careers as registered nurses.

5.2.2 Sociality context: personal and social

For all participants, personal and social contexts informed their perceptions of this topic within education and nursing. Within the interviews, personal experiences are told as stories and social contexts are retold, creating an individual story for that participant. Within the narration, these are attended to, supported by metaphors and symbolic association to the images shown.

5.2.3 Place context: space and environment

Nursing students are situated 50% within clinical practice and 50% within the University setting. While the University setting does not change dramatically, students move within clinical practice to a variety of clinical and community settings to receive a wide experience. While some students embraced this diverse experience, others find some clinical areas challenging. This also presented a contrasting learning environment and the 'theory versus practice' learning challenge of making connection and relevance for what is learnt in both settings and the bicultural space (Kramer &

Shallenberger 1977). For academics, their environment varied from University settings for teaching, assessing and research, to visits to clinical settings as required, however this was more consistent from that of the students. Past experiences for all will have included clinical settings and HEI settings and for some, included UK and international experience. The senior nurse participant had experienced clinical setting and HEI only within Wales. Considering the organisational structures and cultures of the environment and space, all participants had experience within the NHS and HEI settings consisting of hierarchical structures which were visible, and culturally diverse micro and meso level working environments.

5.3. Individual narratives

5.3.1 Student Nurses

Sarah's story - *The leader is the tree trunk, and the team are coming up towards the tree.*

Sarah was in her third year studying for a Bachelor in Children's Nursing degree. She began the programme following school and had aspired to be a children's nurse for some time. Sarah stated she was nervous about taking part, however she wanted to contribute as she thought the topic was interesting. She had no previous experience of nursing prior to starting the course. The interview took 40 minutes, which was the shortest of the interviews.

Sarah began by describing her experience of 'seeing' leadership in clinical areas and immediately referred to her view of leadership in terms of roles and her view of her own role, moving from the past to the present:

> *I've seen it when I'm on the ward on placements. You see it every day with the leading crew, the ward manager, or the nurse in charge…the doctors who are leading kind of everything that happens really, the decisions.*
>
> *Myself, I haven't really experienced, like, me taking any leadership on placement.*

Intertwined throughout Sarah's narrative she referred to her own lack of confidence as a leader and, in comparison with others. She contextualised the spatial situation of being in clinical settings and being with her fellow students in education. This was often linked with the contrast of personal expectations for her future and those of others including parents, other students, and the professional requirements. She told of expectations of leadership, looking inwards to her personal position and then outwards to her observation of others and in the realisation that it is a required element of the registered nurse role which she will hold in the future:

...other people on my course have got a lot more confidence from the course, but I hope when I'm qualified…

When I first come into nursing, I wanted just to help people, really, and I'm doing paediatric nursing and I just enjoy working with children… I think a lot of people do… like my parents when I applied for nursing they were talking about, oh in the future you can do this with it, you can be a leader or manager or something, but I didn't think that at all…

For Sarah, her experience of 'seeing' leadership in clinical placements was educative, however, she related opposing experiences of positive and not so positive effects of leadership and of the response to both. In Sarah's story the experience of both positive and negative leadership provided her with a 'critical event' to reflect on and this may have inhibited growth in personal confidence as a result. She related experiences within the Time Place and Sociality dimensions, exposed in the culture she described, the emotional impact and her perception of how this could impact her in the future made the criticality evident as she applied the emotional impact of another, to her own possibilities as a future leader. In Sarah's critical event, she described the context of the clinical area and team:

on a recent placement, there was a lot of staff on the wards and it was quite cliquey.

She viewed the experience as an outsider to the established culture, looking in from the outside and described as detaching herself from the behaviour yet associating with the emotional burden:

And I thought, from an outside perspective, because I didn't know these nurses beforehand, the person who is in charge, being the leader, was very lovely and making what seemed to be sensible decisions, taking everyone into consideration. So, I thought it was unfair that other people were undermining her based on decisions that she had to do as her job.

Remembering the personal emotional impact, Sarah recalled this and applied it to her future roles, and what the impact may be in the duality of challenges of the role of being a leader or part of a team. This moves the narrative backwards and forwards through the continuum of her experience:

I hope I don't do that and, also, if I am a leader eventually, I hope that I'm not talked about like that behind my back. It kind of made me a bit… I don't know, it's quite sad, then, if you're a leader, but then you can't also be friends with everyone.

Sarah merged views between her personal view of confidence as a central part of being a leader as she considered it objectively, and then personally looking to the future:

…I think it's a lot about confidence and your confidence in your own abilities and knowledge because to be a leader you have to be confident in your skills…

…and even now I don't think it's something I'm looking forward to….it hasn't built my confidence to see myself as a leader in the future. Maybe because I know I need lots of experience first.

Sarah recalled the response of the nurse leader in the critical event:

She was quite upset about it…she said well it was part of being in charge…so she just accepted it and brushed it off really…

Sarah linked emotions and perceptions of the response from the positive effects of effective leadership to reasoning of aspects of leadership, and valuing role modelling. The cognitive connections to her emotional response was evident with hints of her own aspirations, moving inward and outward as she related her perceptions of the experience:

….on the days when the nurse who was in the charge of the ward on that day was good at doing that everyone was more confident in the decision being made that day….I suppose I felt that when it was the more positive experiences…that would be someone to look up to and if I was to, eventually, do that, that's the nurse that I'd want to be more like.

Within Sarah's narrative, there was some uncertainty as to what the effective method of learning had been for her, both in terms of the spatial environment, and of the methodology. She described 'seeing' leadership examples and stated the need for good role models, while she focused on learning about leadership in the module in the third year, rather than developing skills in practice for leadership:

…if you don't have a role model to look to, you won't really know how nurses could lead and how they should do it.
I think whilst on placement I haven't had much ability for me to practise or learn about leadership, but the practise that we've had before placement has been good.

The focus is definitely in third year for leadership because we've got a module on it.

Also evident in her reflections on leadership and management was her struggle to distinguish the characteristics between these.

"So, what… what sort of characteristics, do you think, or skills, or competencies, maybe, what would you describe would… would come under that title of leadership?"

Being able to communicate well, being able to, like, time manage and people manage and seeing things…giving breaks and things like that …Yeah, decision making, communication… because I've realised… and through practicals that we've had and some lectures that we've had on the leadership, that within nursing it's a massive aspect of it and that the decision making's really complex and it's not… not simple.

There are repetitive pointers to communication and decision making throughout when considering these characteristics. She ended the interview with a reflection on self-awareness which positioned her in the continuum once more. Where the experience of the interview had invoked curiosity and purpose to further explore

leadership and an awakening to the possibility of a distinction between leadership and management:

> *Just as a pointer that I don't know the difference between management and leadership.*

Sarah approached the photographic images with some nervousness which she verbally expressed. Having related her experiences and perceptions of leadership she then bridged images with experiences choosing five out of the nine images presented. She chose one image as a metaphor which reflected her experience of the critical event, echoing the emotions of followers undermining, forces against and embedded images of strengths needed for leadership:

> Image 4. The Island -*This is like being in the middle and the sea is the team bashing at the rock or the leader, so it's the challenges they face.*

Her interpretation of leading and managing and being connected, yet separate to the team, was reflected in her choice of the image of the tree with exposed roots (Image 1). She viewed the leader as the trunk, the stable structure, however her thoughts on the roots varied, also describing the complexity and sometimes chaotic nature of this relationship and the culture of the organisational constructs:

> Image1. Tree and exposed Roots - *This is clear leadership, lots of leaders working together. Some leading and managing and represents the team where the roots branch off. The leader is the tree trunk, and the team are coming up towards the tree. Can be bad leadership as well in the messiness*.

Sarah viewed the images from experiences and saw elements of breadth, span, complexity, coerce and force, while contrasting with serenity and connectedness, indicating a vision for what leadership could be, yet from personal experience knowing what it can also be:

> Image 5. View from a plane at sunset- *This is about the bridge isn't it, the leader joins everything together*
>
> Image 3. the Beach- *This is calm leadership although it's too simple. Leadership is complicated*
>
> Image 2. Rhinoceros - *This is like the bossy leader, who barges in. It can be good and bad as it gets things done but doesn't work well in a team*

In choosing her metaphorical interpretation of leadership style, Sarah's choice reflected the complexity of healthcare organisations such as the NHS, the challenges of organisational cultures and the approach to leadership. Within her choice of 'the beach' image, her interpretation of 'Calm leadership' reflected the appeal for this approach yet having not experienced it. These reflect the experiences related in Sarah's narration and support the development of her perceptions of leadership and styles in her experiential learning.

Common threads which emerged within Sarah's story include the contrasting expectations for her future role as a registered nurse to that of others and indeed the profession. Her awakening to the realisation of the expectations is realised in her movement through the Temporal dimensions from her initial drive to become a nurse and now at the end of her three years education, at the precipice of her future, she confronts this. The challenges of working within organisational cultures was also articulated, becoming a part of her learning by reflecting on the effects and emotional burden of this on others and possibly herself in the future. She identified the positivity of role modelling and aspiring to emulate positive influences. Throughout her story, Sarah identifies the bicultural nature of learning in practice and university and the uncertainty of their cohesive effectiveness.

Table 9: Example of narrative analysis framework

Place	Sociality		Temporality			Critical event
Space and Environment	**Personal**	**Social**	**Past**	**Present**	**Future**	**Leadership**
Participant: Sarah						
Ward, clinical placement, lecture theatres, **Clinical practice**- *that's the only chance we have to see, really, leadership in kind of real life.* *It's just my experiences on the wards… and having my …place where your longer than eight weeks, that will come.* **Community and health visiting placements-** *Its more leadership of your own workload more of a two-way kind of teamwork rather than one person leading another.* **Safe environment-** *That's one of the more obvious parts of leadership because of the environment, all the decisions you make will eventually impact the patient.*	**Confidence** *I just don't have the confidence but the on the other side I really do want to.* *...other people on my course have got a lot more confidence from the course, but I hope when I'm qualified…* **Expectations for leadership.** *But I didn't think that at all. It wasn't…and even now, I don't think it's something that I'm looking forward to.* *That's scary…I don't see myself as a leader really.* **Education and development.** *I think theoretically, I've been prepared for it, …it's the confidence.*	**Cultures** *. ...in paediatrics its better morale between nurses* **Role models-** *I've had a lot of mentors who are extremely amazing nurses.* *If you don't have a role model…you won't really know how nurses could lead…so ward managers to be visible on the ward….and as a team.* *…if you have good leaders everyone else is more likely to want to work well.* **Professional values and ethics-** *...where decisions have to be made there has to be a leader who will lead a team who are*	***Experience*** *Didn't feel able to speak up, if I was qualified, I think I could have spoken up* *Perhaps at the start of the three years I didn't realise there'd be a role that the nurses have in leadership…* *Probably in the first year…on a medical ward…that showed some nurses who weren't so strong in leadership*	*I've realised…within nursing it's a massive aspect and decision making is really complex.* *I think over the three years I haven't been as confident as I thought I would.* *…and even now I don't think it's something I'm looking forward to….it hasn't built my confidence to see myself as a leader in the future. Maybe because I know I need lots of experience first.*	*I'm not sure how it works when you are qualified, but it would be nice to think someone's looking after you…helping you make decisions.* *Id eventually like to be confident enough to have a leadership role, like more of an official one. I think that will take quite a while to get there.* *I hope in the future I'll be, like, more confident*	***Cultures, confidence,*** *I think a negative experience of leadership was when, on a recent placement, there was a lot of staff on the wards and it was quite cliquey… and if certain nurses were in charge just because people didn't like their personality they wouldn't really respect their choices and they would talk behind their back and they kind of undermined that person as a lead then…* *And I thought, from an outside perspective, because I didn't know these nurses beforehand, the person who is in charge, being the leader, was very lovely and making what seemed to be sensible decisions, taking everyone into consideration. So, I thought it was unfair that other people were undermining her based on decisions that she had to do as her job.* "So how did that make you feel as a student nurse in that situation?" *I didn't feel like I could have said anything to anyone really, but it made me think… think that if, when I'm qualified, I hope I'm not any of those people. I hope I don't do that and, also, if I am a leader eventually, I hope that I'm not talked about like that behind my back. It kind of made me a bit… I don't know, it's quite*

	I don't think self-awareness has been linked to leadership at all. *I don't know the difference between leadership and management.* *A big thing that I learned…leadership and a project with nurses in Namibia…it was really interesting…made me think a lot more about it.* *I think it's a lot about confidence and your confidence in your own abilities and knowledge because to be a leader you have to be confident in your skills…*	*making those decisions…aware of ethical challenges. …if they don't have good professional and ethical values that will trickle down to other people.* **Profession as influencer** *…the more nurses are visible, as like in higher up roles…make decision…represent other nurses.*	*and how on those days when the nurses weren't confident everyone in the team …became less confident.*		*and be a leader, yeah.*	*sad, then, if you're a leader, but then you can't also be friends with everyone.* *She was quite upset about it but she kind of expected it. She said, well, it was part of the role of being on charge on the day...not everyone can like you, so she just accepted it and brushed it off…*
Photographic metaphor- Sarah chose to talk through the pictures and what some meant for her. Image 1. Tree with exposed roots. *This is clear leadership, lots of leaders working together. Some leading and managing and represents the team where the roots branch off. The leader is the tree trunk, and the team are coming up towards the tree. Can be bad leadership as well in the messiness*. Image 2. Rhinoceros. *This is like the bossy leader, who barges in. It can be good and bad as it gets things done but doesn't work well in a team.* Image 3. Beach. *This is calm leadership although it's too simple. Leadership is complicated.* Image 4. Island. *This is like being in the middle and the sea is the team bashing at the rock or the leader, so it's the challenges they face.* Image 5. View from a plane at sunset. *This is about the bridge isn't it, the leader joins everything together.*						

Annie's Story - *you're never going to teach a sheep to be a sheepdog, are you?*

Annie was a mature student and had worked for many years and a health care support worker (HCSW). She began her interview confidently and immediately began by providing some background within the Temporal dimensions, as to why she had decided to be become a registered nurse and enter higher education:

> *I've got four children… then they kind of grew up and, didn't need me anymore …I was like well, what do I want to do? That's what's brought me into nursing…*

Annie had also had experience of being a patient, one of which was quite recent. Within the reflexive notes made during the interview I noted Annie became emotional when discussing some of these experiences and she related some incidents which had influenced her views of what the nurses' role should be. She also considered what this experience may be like for a vulnerable patient, expressing concern:

> *Nobody seems to care. And when I've been in as a patient, I've seen some things… and I've said to a couple of nurses along the way, is this the way it should be done?*
>
> *…I waited 18 hours to see a doctor with no pain relief at all. And if it wasn't for the fact that I kicked up a fuss, nothing would have been done anyway. Now, if I was a vulnerable person in that situation, how much longer would I have sat in that chair for? And that's what worries me, what concerns me.*

Annie's concern and compassion for others was evident throughout her narrative, she approached this from a person- centred view, imagining being ignored and the impact potentially for other patients to be left for a length of time without receiving care. In discussing her experiences, she asserts herself as *compassionate and guiding,* as a mother, as a student nurse and HCSW. In her dual role within healthcare and perhaps as she had spent more time as a HCSW than a student nurse, she did not always perceive herself as a potential leader and saw her role very much as continuing as previously:

> *My aim is still very much the same as when I was working out in the community as a healthcare support worker, really.*

Concerns about the future and imminent transition to registered nurse was raised as well as the culture within clinical areas which she had experienced from both roles. She revealed this both from observing and being within the Place dimension of looking in and being outside and challenge of becoming a part of this:

> *When you go on to a ward, as a student, you're not… as much as you're part of the team, you're not actually part of the team… a lot of wards… and they're all quite cliquey… but they're all quite cliquey and you can't, like shove your way in.*

Annie had experienced very positive role modelling which spanned the Temporal dimensions, Place dimension and Sociality dimension. As a patient, and now as a student, she related positive influences:

> *…I was a patient… and she was fantastic. She was a sister on the ward. Absolutely fantastic. And she sat with me for hours and hours and hours. And she probably didn't have time, but she definitely influenced me to be a nurse. She is the reason why I am here. And she probably doesn't even know it.*
>
> *She wasn't my mentor, but she taught me so much while I was there…She had so much time for students. She was unbelievable. Absolutely unbelievable. I know that the one nurse that kind of took me under her wing and been working on our ward for 20-odd years, and my mentor had only been there a short space of time.*

Interestingly these narratives formed part of Annie's 'critical event', the experiences had been positive, they had a profound effect on her professional practice and developed in the 'experience continuum' over the Temporal dimension. What was also evident within the narrative was that criticality also came from more negative strands of the one story, which she had also formed within her perceptions to have a positive effect from a negative role model:

> *But then on the flipside of that, my mentor… had no time for me at all. So, I feel, with the mentors, people shouldn't be made to do it. They should only do it if they want to do it. Because there is a difference between having a mentor that wants to do it and a mentor that don't want to do it. And I've had both good and bad experiences.*
>
> *…all the negative experience I've had has inspired me to be a good mentor when I'm out there doing it.*

In relating her experience and perceptions of leadership and learning, Annie initially seemed to have no perception of difference between leadership and management. However, on 'burrowing' into her story, she was relating the difference and encompassing both where they overlap. She termed this as an *'umbrella'* and reflecting on this interview, re listening, I realised she was explaining the overlap and confusion students feel when they are either unsure of the difference, or when they see the interrelationship when it comes to leading for individualised patient care*:*

> "Do you think there's a difference between leadership and management?"
>
> *No, I think it all kind of comes under the same umbrella really… obviously they've got different meanings, but when you're talking about the patients and you're managing those patients, you're also showing leadership because you're guiding them through their patient journey, you know? And involving everybody else that needs to be involved in their care. So, no.*

Considering her experience of learning and higher education, Annie related the experience of realising the 'practice theory gap'. The different sources of knowledge versus reality of practice, she relates, can be a challenging:

I find that the uni and the ward don't all sing off the same hymn sheet. That's what I find a lot… We get told something in uni and… like this is the way it should be done, and this is how it goes, and then you go on the ward and it's not the way.

In learning about leadership, Annie discussed her struggle and separated the Place domains to the clinical area, which she associated with learning by *doing,* and the University setting, which she perceived to be a struggle:

I struggle with simulation as a learning method, yeah…. I learn better by doing. So, I've learned more…out on the wards rather than from a lecture theatre or from any of our skills sessions.

I can't say lectures haven't helped because they have. Like I just don't like the whole set up of it…

She related her disappointment in the opportunities to lead and manage patient care and her expectations differed from reality within this last period of learning before transitioning to registered nurse:

I was kind of hoping that going into third year might be a bit different, but my last placement, there was no… I couldn't do any leadership or management of patients because it was a chemotherapy unit.

In describing her perception of what it means to be an effective leader, she linked this with her experiences detailed within her critical incident:

You've got to be approachable, no matter what, for the patients, for the staff, for everybody. And making people feel calm as well. Making them feel like they can… like you're competent in what you're doing. Yeah. So, they can trust you…

On considering the photographic images, Annie chose one image depicting the Rhinoceros, and her comments on the concepts of calm leadership gave insight into her view of leadership as directing and energetic:

Image 2. The Rhinoceros - *… this geezer because he's kind of leading the way…and he has them following him… or he's leading the way, I'm not quite sure which.*

All the others are just kind of relaxing. You don't want to go anywhere when you face all these, do you? Just sit there and chill out. I don't think I'd like them…as a leader…

Throughout Annie's story, the multifaceted views of her experience within healthcare is revealed as she moves through the Temporal dimensions and Space dimensions, from her status as patient, HCSW and student. Her overarching categories and common threads are woven to form a view of inspiring influences in all three areas of experience and while she is aware of negative influences, she focuses on the positive. Her emotional connection for influencing good patient care is also clear, while her struggle with the theoretical approach to learning is evident in her perceptions that experience is effective and learning within the space of University, more challenging.

Samantha's Story - *I feel that leadership is more of everyone's responsibility.*

Samantha was in her third year of an Adult field degree and began her narrative by immediately setting out her ambition to be a nurse from a young age and how a personal bereavement had strongly influenced this, coupled with a subsequent personal illness as a child. Samantha's story is woven with emotive links throughout the Temporal dimensions with this early life experience and her relationship with nursing and healthcare and a desire to improve and make change where needed. Reading back on reflexive notes, Samantha appeared confident and was keen to contribute with her story:

> *So, the main reason why I really wanted to go into nursing was from a young age, I kind of was quite exposed to healthcare and nursing… I always remember that the nurses would come out and everything they would do. They were always very kind to all of us as well… because I wanted to make that difference to someone.*
>
> *A month after… I was in hospital myself… I picked up an infection in hospital… so I was in hospital for about a year and that was quite a negative experience for me… we did try to put a complaint in and things, but they had no records of me being there, so I kind of wanted to make a change that way as well.*

Within her story Samantha's different experiences influenced and contributed to the continuing development of her perceptions and the changing dynamics, and the value she places on each is evident. For Samantha, the early life experience of positive and negative events within the healthcare system and nursing, had moved her onwards and into nurse education:

> *…I wanted to improve what I thought was wrong with healthcare and I wanted to kind of make a positive difference to people's lives, instead of the negative that I faced.*

Samantha's view of her future career was clearly set out and her view of this future role was linked closely with her idea of leading and driving forward:

> *I've applied for the Navy and I've got into that, … being qualified, I'd go in as an officer…so you all have the same goals; have the same drivers as well, and it's all, you know, to do with delegating tasks in your competence and working within your own limitations as well.*

Samantha related events throughout the three dimensions within the narrative which associated to her early negative experience in healthcare and how those were managed and acted on. These threads spanned the Temporal dimensions, the Sociality of personal and social dimension and the space and environments of Place. In discussing these, the emotion of those experiences was evident, also evident in her critical event which related to raising concerns in practice:

> *I actually raised a concern on… previous placements and they've stopped students going there now, just because the nursing behaviours and things as well…it was obviously really difficult… so it was me and another student there.*

We were second year at the time and we both found it really difficult kind of questioning, because they would ask us to do things that we would know that was out of our… you know, our abilities. And I feel that questioning their authority was very difficult.

Reflecting on the challenge and negative experience, Samantha set out how this had impacted her and how she had transformed this into a positive learning event:

I was definitely glad that I did it, because knowing that there aren't students there now is… good, because I wouldn't want anyone else to have that experience that we did…. it also raised my confidence in…. you know, in escalating concerns in the future, but it was very difficult to do…so acknowledging that that was an issue was a really big step for my learning as well.

Samantha often spoke of '*control'* in the context of leadership or leading and in the reflexive notes. I had considered how the loss of control in the events which made an impact on her as a child and directed her towards nursing, had meant this was something she aspired to gain perhaps. Her ambitions for roles of authority within the Navy also reflected this characteristic of more trait-based leadership and a drive to make improvements:

…its always been kind of ingrained in our heads really to make a difference.

… more natural leaders and they personally like to have more control over situations than just being below someone and being told what to do.

…a lot of it is control… if you can control a situation, you can identify the outcomes, or the possible outcomes… know when to take control of a situation in the best interest of the patient.

Within the narrative, Samantha related her experience of different styles of leadership she had witnessed in clinical practice and how she applied both to develop a personal approach:

…because I can observe their practice and see the positives and negatives of it, to kind of develop my own style. So, I've seen the benefits of, you know, having a strict leadership style and making sure everything's done….

I've also seen the benefits of working as a team… which makes their work in turn more effective, because there's just more kind of collaboration there and more teamwork in there.

In considering the difference between leadership and management, Samantha had some clarity in the distinctions and, at times this was blurred. This related to the space and environment dimensions where the experience of leadership in clinical practice contrasted to her experience of learning about leadership within education:

… in their managerial roles… being in offices and doing that kind of work…to kind of deal with time management and prioritising workloads…the importance of doing lists, you know, for time management and things.

I think it's being able to manage a team…prioritise the workload and delegate tasks according to the other people's limitations or abilities. You have to be a good communicator, obviously, with the patients, their carers, their families

and other members of the MDT. You have to be trustworthy, honest as well… the leadership role is to manage.

However, in relating her experience within University and learning about leadership, her perceptions related another view, indicating the links between theoretical perspectives and experiences in clinical practice had not yet fully combined:

Our module at the moment is all based on leadership and delegation… really that it's everyone's responsibility to be a change agent…to voice your opinion, because it could make the change that is needed, which was good… making a change for patients and improving healthcare, rather than a work aspect.

Samantha was very perceptive of organisational culture and applying power or position to within the space of clinical practice contexts:

…senior nurses not telling the ward managers things, just… have that control and power of knowledge.

…a lot of people are really strained on the wards and things as well, so it's a lot of withdrawing, or withholding information…

Samantha reviewed the images with enthusiasm and worked through all. Initially choosing Image 1. Tree with roots, her perception of this reflected her experiences from her experiences as a patient through consequences and responding to events:

… personal growth and how you see, like, the wider picture and obviously how you grow as a team as well. So, you make change from or, like, reflect on something that has happened and grow as a team… knowing that everyone's actions, including your own, have a consequence.

This was also reflected in her choice of image of The woods. Reflecting on issues and collaboration were main themes, with self-awareness and being aware of others. This reference to self-awareness had also emerged within Samantha's narrative and while she did not refer to EI, she placed self-awareness within her characteristics for effective leadership:

Image 9. The Woods- A lot of it is about professional development and personal development as well and personal awareness … take a step back, be aware that that's an issue and do something about it for the patient's best rights…, just growth and a team as well. Also with the leaves…you can overshadow people's perceptions as well, or it can get overcrowded…take a step back, work as a team, work with your own strengths and kind of, yeah, have the same goals, and collaborate in the best needs of the patients really.

…the decision you make, or the action you take might have consequences, or might have different causes for other things as well. Or kind of how you are with your… you know, your professional relationships could cause, you know, effect on how you deliver care, or how you work together, you know, staff morale, staff motivation.

Responding to issues and being aware of others was a theme which again emerged in her perception of Image 7. Moon on sea and Image 8. Rock and boat, projecting forward to her future role within the Navy:

> *…if something was to happen, or conflict, kind of just remain calm, or if someone's complaining, provide reassurance and a lot of the time, if you can't manage their complaint, you delegate it to the most appropriate people. And it's just about reassuring and kind of seeing it from their perspective as well.*

Also, in her insight of Image 5. View from a plane, she again perceived the importance of reflecting on issues, lapses in effective communication and care and the importance of considering others. Throughout Samantha's narrative these themes emerged and her 'experiential continuum' of learning from events as a child were evident in her approach to being a nurse within a large organisation. Characteristics such as reflecting, considering others, self-awareness and responding appropriately with making improvements, were dominant throughout her narrative:

> *…kind of the bridge to success. If you find a gap in the bridge or, you know, an issue in the structure of the organisation, that you kind of need to make that right for it to be successful.*
>
> *… taking a step back and looking if you're too invested or too involved, kind of taking a step back and assessing the situation as a whole as well, and seeing, you know, respecting the views of the patient, their families, other disciplines and seeing how to kind of, you know, collaborate effectively and achieve a mutual goal.*

Samantha's narrative provided a clear view of her future expectations of her future formed from her experiences in the past. Her determination to form positive learning and drive for improvements from negative experiences became the overarching characteristic within the threads of her story. In relating her experiences within the Place dimensions, her views of leadership were sometimes blurred. However, in her metaphorical view, learning from theory and perceptions of the images, her views on what leadership were much clearer. She embraced the metaphorical viewpoints with enthusiasm, clearly relating them to the leadership structure and planning of the Navy, which was her visualisation for her career direction.

Suzanne's Story - *someone said to me once "the thing is, Suzanne you're one of these people I would want with me in the trenches". And I think I'm that type of person***.**

Suzanne was in her final year of a degree in adult nursing and began her story by providing detail of her past and previous work and university experience. From reflexive notes, I had noted her confident approach and openness about her feelings and emotions in her story. The interview lasted sixty-five minutes, and contained long passages of speech, woven throughout the time dimensions, however it was most notably placed within the past and presents:

> *So, when I was 18, I remember doing one of those questionnaires in school…and there was a nurse thing on there, and I thought, oh yeah, I quite like that. But I didn't have the confidence, and I didn't think I had the ability. that then lead me to a ten-year career working in media… I had that niggling*

thing in the back of my mind about nursing. So, after I turned 30, I thought, right, you've either got to do it or shut up about it…

Experiences within this ten-year time frame had influenced her view of leadership and her confidence in decision making. She described working within a male dominated environment, reflected also in the terminology she used, with reference to, and having to appear confident. This work environment was therefore in contrast with the more female dominated profession of nursing:

I was the man on the floor…that leadership if something happened, especially in live events… it would be the question between myself and the director, right, what's the plan now? So it's that ability as well to think on your feet…when you come at it older you have a totally different perspective…you're more committed… from a female perspective, when I came into that industry it was men, nothing but men, except for like certain jobs were women's roles.

Suzanne was very aware of her status as a mature student within the cohort of younger students within the university environment and viewed her commitment to the programme as a '*sacrifice':*

...more aware that I'm sacrificing a lot. I was giving up a good paid job, really, to do this. So, I think you do tend to invest more in it and take it a bit more seriously, maybe… people treat you a bit differently as well…they can trust you a bit more because you're older… I am the oldest one in that group… everyone sort of comes to me to ask what we're doing and where we are… people see me more in a maternal kind of way which is a bit depressing...

Within her discussions of leadership, Suzanne revealed she had sought out further development opportunities in the wider university setting as she believed there had been little leadership theory within the course and that this would and provide her with a wider portfolio. With both her work experience and her self-seeking of opportunities, her awareness of styles of leadership and hierarchy and of her self-manifestation was evident as she reflected on her experiences in the clinical environments:

…too many people at top telling people what to do and how it should be done but they're not doing it themselves… there is just this attitude on some placements, I would say, a bit like as if we're in a war and like plough on… You might be in charge of that team but don't ever forget that maybe the people in that team have got a wealth of experience between them and probably been there longer than you, so don't ever disregard that just because you've gone up a notch on the career ladder.

…you become more self-aware of the type of person you are, I've probably come across a bit too strongly with some people.

Suzanne reflected on her experience of learning within the programme and related her feelings and emotions within her final year, and the nervous expectation of assessment. Within this she related confusion as to the aim and objectives of the learning and its misalignment to her view of when leadership was needed:

It has literally nearly broken me at the start of third year, and I'm quite a resilient person, but it did nearly break me… I'll be glad to be done with it…I

don't think it's a conducive environment, I think we're all a bit in the dark at the minute. All we know is we're going to be in a clinical skills suite being watched…clinical skills and simulation are a nightmare for me. I wouldn't say it's really a situation where you need leadership.

Learning about leadership was clearly tied to her clinical experience, role models and mentors, and she recognised that leadership was not always a position within the hierarchy. Rather she viewed it as experience and a responsibility to provide safe care for patients:

you learn more about leadership and things… when you're actually out… I think of a leader I think immediately think band six, seven, eight… I know there are staff nurses out there that are say band five and they say oh, I'm not going to go up, I don't want to be in charge, but they're leaders in a way of their wealth of experience…. patient safety is an issue, especially if you're dealing with a lot of meds, I would straightaway go to the ward manager …and I'd go higher up.

Suzanne's critical event developed observing cultural behaviours within the clinical areas and groups of nurses taking '*smoking breaks'*. Her approach reflected her experience of her previous work environment and being a decision-maker, while she viewed this behaviour as needing a non-tolerant and more directive style of leadership, and she viewed the actions as a '*bad habit'.* This also reflected her feelings as being in the position of student nurse and I detected some tensions here with her role within the University environment, where she felt she was trusted and respected by peers, to the role within the clinical environment:

I just think people get into these bad habits… I was on a ward where literally the whole team, my mentor, healthcare support worker, all of them smoked, so they would all go out for a break at the same time. And that's four members of staff gone. … obviously, there's another nurse with you but if something had happened to patients, I was just a student…I think that's a big amount of people to all go off at the same time…. thing I don't like, is if somebody's a leader and they don't acknowledge you because you're bottom of the ladder, I can't stand that… I've actually had more doctors be nicer to me than perhaps some of the nurses… there's been comments from various nurses, well, why is she doing it? What's the point? So, what, we have to facilitate her?

For Suzanne, in managing her emotions and responses to experiences within clinical practice she found writing a reflective diary as the most effective method, for learning and processing. She often referred to this and when discussing challenging times, she would reflect on this process and acknowledged the impact of an event would come later, during these times of reflection:

…after every shift, I write down what's happened that day… So, I left it, and then I think it was like the Thursday it hit me… So, I went back then and wrote it down. Because sometimes you can't process straightaway.

Suzanne looked at all the pictures however she felt able to comment only on one which she associated with her view of leadership and this related to her experiences

of working within teams, both in her previous experience and within nursing. Her view of the hierarchy is evident here as she views the team as '*underneath'* the leader, rather than working in a collaborative approach to leadership:

> Image 1. Tree with Roots - *obviously like you've got a team underneath you. You might be the leader, but then there's a team of people…like the roots.*

Throughout Suzanne's narrative she reflected backwards to the past and her experiences and related these to what she was experiencing in the present. She was confident from experience of having to be heard and seen within a male dominated work environment and related times of having to make decisions quickly. However, her position had changed within nursing as both a student and within a predominantly female environment, while remaining hierarchical. Suzanne related clear views of what leadership meant to her and it was based on both taking a transactional approach, as related in her response within her critical event, while also acknowledging the importance of team decisions. She was self-aware within her learning needs and determined to seek out opportunities for learning further and wider than her programme and cohort, and she was observant of the dynamics of workplace cultures and the effects of those on other team members. However, she was aware of effective and not so effective mentors and role models in her experience and believed valuable learning of leadership, for her had taken place within clinical practice.

5.3.2 The academics

Tony's Story - *Did we ever think of ourselves as innovators and change agents?*

Tony was educated in adult and mental health nursing and now an academic with over 40 years of experience. His experience of leadership and management came from a wide resource of both clinical nursing and higher education settings and some experience of being in management roles. The interview took 70 minutes and Tony was relaxed and keen to participate as his interest, involvement, and enthusiasm for educating and preparing student nurses was evident. From reflexive notes taken following the interview, I had noted Tony was animated when discussing the potential of students for leadership roles and he often paused to reflect on his past experiences.

Tony began the interview by clearly establishing his understanding of the differences between leadership and management and asserting his personal self-awareness or self-perception, in terms of his abilities as a leader and the challenges of the role:

> *I see leadership as different to management…. management is sort of getting the job done…. leadership, to me, is more developmental and*

innovative… motivating and having visions… So, from a personal point of view, they're not exactly high on my list of good skills… I've always… deliberately avoided leadership roles.

Although you want to be loved and liked by everybody, you've got to keep a little bit of a clear bit of water between you and that… that's the issue around that.

I think it takes a very, very special kind of person to have that motivation, that energy, and to keep on going back when it… when the wheels come off a bit.

What emerges within Tony's narrative is the effect of being *'managed'* by people within his past and present experiences, within various environments and organisations and what emotional effect this has had on his self-identity. What emerges clearly within Tony's narrative, is the lasting effects of the experiences, one of those formed his 'critical event'. The emotional impact of sweeping differences of leadership and management related in his narrative form his views and have had impact on his current views:

And I can think of three… four people who've… over the 43 years of my career so far in terms of leadership and management have been incredible.

…one of the staff that I did have particular problems with … came up to me and said, "How are you? I know we didn't get on, but" … And knowing that was a pretty bad experience for me…

Tony related many thoughts on education and nursing practice, development of knowledge and because of his wide experience, was able to describe how nurse education had changed over the Temporal continuum. The relationship between his own internal reflections and those external experiences became evident in his discussion of how he viewed the struggle for students in clarifying the expectations of leadership. This linked with the cognitive processes and appreciation of the environments which influenced both his, and current students' positions, and provided a narrative framework which had significance to education:

I've got this notion of disposable knowledge, and it's particularly problematic for me… So students might have a leadership and management module, but once they've done it, they tick it off and it's done…. if we come back to the NMC standards then, what I think the NMC are looking for is a gradual progression.

In discussing past traditional approaches to education, Tony considered the risk of learning skills and theories as valuable preparation for application to future contexts. There are also hints of reference to a spiralled approach to developing curriculum and, where topics are reinforced, added depth is applied as the learning progresses and knowledge foundations are built upon. Context and a desire to continue learning was important to Tony and he saw this learning experience holistically, gathering the

whole together, rather than a pick and mix selection of topics. He expressed this approach in his narrative:

> *theory on its own is meaningless…. the importance of a relationship between us and clinical practice. I think that… that would be very, very helpful… and that's why I'm saying do it as a continuum.*
>
> *I think leadership and management should be an underpinning theme that runs throughout a program…*
>
> *It becomes more of a philosophy, a way of thinking, and a way of doing rather than just packets of knowledge….*

Tony viewed his concern of expectations for leadership roles on students by retelling his experiences across his many roles, from student to registered nurse and academic. His concern lay in the students' understanding of what was expected of them, the pressure placed on them and the consequences of that. Through the interview he often spoke of his perception of 'self' as leader, and his lack of confidence in his own ability to lead, reflecting in his concern for students who may also find themselves not the being viewed as having the traditional skills of leader within the still hierarchical organisation of the NHS:

> *Because we don't want students to feel they… they're failures because they all don't come off being these kind of Supermen at the end of three years.*
>
> *My biggest worry is we're expecting standards from our undergraduate students at registration that lots and lots of the registrants don't have themselves…*

Looking backwards and forwards, Tony emphasized the impact of role models in practice as a positive influence and the importance for students to emulate. His own stories of role models emerged from all of his past experiences, in nursing and teaching and he acknowledged the good experiences were few, however powerful and influential:

> *I felt passionate about what they did. And I think that had a huge… it… it was role modelling through teaching almost…. for me, role modelling is a really, really powerful learning experience.*
>
> *…that I can only identify about four or five really positive role models in… in God knows how many years says something about a lot about leadership.*

The challenges of how to effectively educate students in preparation for leadership roles was also evident. Tony's experienced background in education was evident as he separated the 'hard' skills of teaching tasks with the 'softer' skills of concepts and theories of leadership:

> *For me, curriculum design is really important…it's about creating independent learners and thinkers…I could assess someone whether they can read an ECG…leadership and management is far more complex.*
>
> *...spiral groups of development...the relationship between delivering theoretical content, which I think is very important, it's important that students*

are given leadership theory…and helping students marry those things… its facilitating

What became clear from Tony's narrative was his enthusiasm for educating and enabling students to develop within the Sociality dimension, taking pleasure from seeing them develop and leave as registrants. How this had altered through his experience as a student and how his view through the past present and future was presented:

Evidence based practice wasn't invented…there was far more of a hierarchy…. We didn't look at things like leadership…

it's identifying those early adopters and… and letting them fly, letting them go. Releasing them. Giving them the opportunity to be there…

Tony approached the photographic images, choosing a few to which he could relate, those chosen linked to his narrative and self-perception of being a leader and of observing leadership. His reservations about his own leadership ability and negative emotional experience as told in his critical event were associated by his first chosen image, using a metaphor to link with the image:

Image 2. the Rhinoceros - *Bull in a china shop…I think in terms of leadership, that can probably be quite demotivating.*

"Have you experienced that kind of leadership?"

Yes, as I mentioned, and I've tried it. … yeah, and it doesn't work for me

Tony interpreted the Rhinoceros image as a representation of a negative experience and his replication of that style, which he considered as not being effective. In his next choice of image, his expression and enthusiasm return when he identified with positive leadership attributes and reveals his self confidence in this approach, and again clarifies many aspects of leadership skills.

Image 4. the Island with building - *This is my passion…one thing I am reasonably good at is leading people to get up to the top of mountains… for me it's the challenge…. there's probably 16 different ways of getting to the top of that. So, don't be too narrow minded as a leader. Just because you think that's the right path, there may be other really good paths…it's quite exciting to jump off these into the water. And sometimes that's what leadership is all about. It's that fear of the unknown… But it's having the courage…*

Considering the last image chosen, Tony linked the complexity and precarious nature of large organisations' dependence on effective leadership. His narrative of experience spanned organisations and experiences of effective and ineffective leadership while his knowledge of the effects on patient care and individuals was also woven through. He associated this in the images:

Image 1. Tree with roots - *I'd have anxieties about this tree here. I think it might fall down shortly because part of the organisation's been eroded away, the soil and that sort of thing… complicated network. And even these little bits here are just as important as the big bit… as a leader, it's understanding and*

recognising the importance of everyone involved in the organisation and how all parts of the organisation are important, how they fit together, what makes them work well.

Throughout Tony's story, he weaves within the Temporality dimensions, taking images and perspectives from the past and bringing them forward into his present experiences within education, and projecting forward for his aspirations for students. Common threads emerging are concerned with the expectations placed on students for future leader roles, the impact of role models, and the positive and negative emotional impacts of those. Tony's concern for the methodology and preparation for registration and leadership was also one of the ongoing themes, and his wide experience within education recognised the challenges for both educators and students.

David's Story - *I was in like the second or third group of Project 2000, I think. We were acutely aware that the traditionally trained nurses had... had all seen like they'd had this briefing that we were going to come along and change the world...*

David had begun his nurse education in the mid 1980's and was a registered mental health nurse and an experienced academic. He spoke enthusiastically within the past domain, providing detail about his experience within the clinical environment where he had moved to higher grade management roles early in his career. The interview took 75 minutes and I had noted his relaxed posture.

David related a background to his experiences in the past domain, which detailed the expectations of others and the reality of the lived experience within the social dimensions, capturing the cultural shift in nurse education of the 1980's:

…we were supposed to be the future leaders with our new skills and everything on a diploma level. Looked all very shiny new, didn't it, then, diploma level?

…So, you were supernumerary all the way through the programme till the last placement when you were in the numbers. Of course, what happens then is you become a pair of hands, because you can't be a staff nurse, they can't treat you like that, but you're in the numbers so they have to work with you somehow…

David's experience within this context became his critical event and informed his approach to teaching and supporting students in his current career and dimension of time. He had experienced the challenges of being a new member of staff in a culturally close clinical space, taking a role which had been unexpected and also then trying to create a change within. David's story provided context within the Sociality domains, place and in the past domain, providing vivid perspectives of the cultural contexts:

... but certainly, there was a general feeling at that point. I went from being a student and being... being feared and... and having anxiety about me,

because I was going to come and take your job and your leadership role. That when I did get my first manager... ward manager's job, the only other person that interviewed for it was someone who'd been there for about five years longer than I did...And it was considered to be their job, if you know what I mean…So I took someone else's job…. So... so actually it did come true. Project 2000 nurse did come and take someone else's job. Let you down like...I have to say it was the most difficult year and a half of my career...And it was difficult trying to pull a team together that was quite divided by that..... and being a relatively new kid on the block and taking someone else's job and then saying to everybody, we're going to stop working like this now and we're going to start working like this, what... what you're basically doing is telling them everything you've done is wrong...

Much of David's story focused on the past experiences situated within clinical spaces and the current sociality of the higher education environment and the challenges for students in negotiating both. His distinction between management and leadership was clear and he often mentioned the impact of historical and cultural influences on moving forward, both within the context of education and the clinical environments:

…there were some very old-fashioned ideas about leadership and progression in the Health Service that time… What do you do about those people who don't want to change? Or don't want to develop? Or... or just don't buy into what you're trying to do, how do you work with those people? … 'Well if I want something done, I'll ask a proper nurse to do it', was the response I got.

Mental health wards are full of strong personalities, they really are. It's a matter of the fact that so much of mental health care and assessment is... is based on opinion. You know, we don't have blood tests for schizophrenia or anything, or integrated care pathways like you would if you had a broken leg or something.

Within both, David also identified the confusion of terms used for learning which may confuse students in their objectives and the ties of traditional terminology:

…it's still known as the management placement, right? I know we find it difficult to shake off cultural things...it hasn't been a management placement for about the last 20 years.

David had extensive experience in developing curriculum and programme content in within leadership and management for undergraduate and students and for nurses in practice. He strongly associated values with practice and leadership and spoke of ensuring students understood the importance of this along with advocating for progress to wellbeing:

I think that if you don't have those fundamental values of compassion more than anything else, probably you can't be a leader. Because you can't encourage other people or inspire other people to be compassionate and empathic...if you don't have that compassion for the people you work with as well in your team, and an understanding of their strengths and limitations you can't be a leader either.

In his discussion of the preparation of students for leadership and registration within the HEI environment, David could relate the challenges faced by students due to his experiences and his knowledge of the undergraduate curriculum. The challenges he related also reflected his experience of being involved in what he considered effective programmes, and the compared with the constraints of requirements and the structure of the undergraduate programme structure currently:

> *…the pre-registration programmes are so packed full of things that you have to know in order to be a nurse, and the NMC standards aren't making that any easier...*
>
> *…it is the leadership and management module, isn't it, really, that it... that it comes into in year three at the moment? But because we have to assess them as third year nurses, it's quite difficult sometimes to... to think what... what are the scenarios that they actually would have any involvement in practice in... in dealing with? So, it's quite artificial, really...still everybody wants to focus on what their clinical skills were...*

David also had a clear vision of what could potentially be effective for the new curriculum design and how bridging the bicultural learning environments of clinical practice and theory could be more tangible for students. Relating his views of what he thought, David referred to his experiences in the dimensions of time and space, of learning environments and past experiences of developing programmes:

> *So effective links between the... the practical elements of the programme when they're on placement and how we both prepare them for those placements and then ask them to examine them critically afterwards, I would say. That... the same thing still applies about being able trust people and push them forward and... and ask them to experiment a little bit...*
>
> *…think if we could make closer links between here's a theoretical module and here is something we want you to do while you're out on placement...this is what you need to be doing is identifying where can things get better and thinking how can I contribute to that? Well, can I even take the lead...?*

The importance of reflection for students within the experience and learning of the three years was evident in David's narrative which was linked to his own experiences related from the past as a nurse in the clinical practice environment:

> *I'd rather feel like you had students in the third year who were able to... to reflect in that way, constructively to then be able to project forward... the important thing to do is to look back on it and not, first of all, let it eat away at you...*

Considering the images, David chose one, Image 1. Tree with roots, again recalling his experience of working within the environment and relating to the past. He placed personal value in the support of teams and experience of leading change with reference to metaphors for nurturing:

> *for something to grow it needs to be nurtured... that for it to be strong and a change which lasts it needs to have those firm foundations and those roots… that do get that encouragement or that... or that strength from... you know, you*

can't have the tree in all its glory with all the roots... Holding it down and actually, you know, feeding it…

The overarching categories within David's story evolved from his recounted experiences of being a leader early in his career and finding his way within that role moving within the past and present Temporal domains and the Place of clinical and educational environments. The 'continuum experience' from developing programmes and seeing effective results while working within the constraints of requirements and limitations of the environments was evident within his narrative. He placed value in his ability to enable students to reflect and learn from experiences in an emotionally positive way and this space for reflection he situated within the HEI environment. David was also very perceptive of organisational culture and tradition within both the education and health environments and this was an ongoing thread throughout his story, providing insight into the effects from both personal Sociality experiences and contexts of the wider environments.

Juliet's Story - *it's the developing in others and others looking at you and seeing you as an inspiration...*

Juliet's interview began with her stating her preference to begin her narrative in the present and shift to past domains as she progressed. From reflexive notes, I noted her confidence, and she was enthusiastic in her eagerness to begin her story. The interview lasted 89 minutes and she wove throughout all three domains, relating her experiences though the time domains, social contexts and environments and applying those to her current role as an academic. Juliet began her nursing career from school in the early 1980's qualifying as a Registered General Nurse and had progressed into managerial roles early. Juliet also had a wide experience within HE with her teaching mainly focused on the undergraduate and post qualifying education programmes. In beginning within the present domain, Juliet related her views on leadership, defining and contextualising within nursing and influencing patient care was important to her:

So rather than go back and come forward…I would start where I am now…I've been qualified for 37 years…there's always an element of leadership, whatever I'm teaching…it's about setting the scene, setting an example, setting a standard…. it's not this idea of highfalutin leadership and management…it's something that's engrained in your activities as a nurse from day one…I feel I still have a strong lead on what happens in patient care…as a lecturer.

In relating her experiences in the past as a student and nurse, and now as an academic, Juliet referred to the new NMC educational standards, nurse education and students expectations, often comparing and contrasting between the past and present domains and contexts of education and providing her perceptions. With

experience spanning time, Juliet presented the challenges of teaching leadership to large student numbers:

> *…the NMC say that nurses should... it's in the new standards, my perception is, or my belief is, is that that's always been the case I feel that that standard would have applied to me 37 years ago...we were all had a similar mind set. Because there was a certain type of mindset of people...*
>
> *…when we're doing education at the moment and it's very difficult, you've got 250 of them sitting in a lecture theatre and you're trying to talk to them about leadership and management. And we don't lecture leadership theory because it can be dry as a chip.*
>
> *And I was never taught in a lecture theatre...because there were only 20 of us in a cohort. And it makes a difference, doesn't it?*

Within Juliet's narrative, she provided many examples and reflections on positive and negative leadership influences and role models and her emotional response experienced throughout the time continuum and changing environments. Two examples formed her critical event and the themes within these were woven throughout the whole narrative and impinged on her current perceptions and views:

> *She was the one who I thought, oh …demonstrating the leadership skills. It wasn't the ward sister; it was the staff nurse who was instructing me… she always used to make time to come and find me because she had a belief in me…*
>
> *... sadly, I think there's a lot of poor role models as well. So that sister, she was a poor role model for me... well, she was a role model in the fact that I didn't want to be like her. Because I thought, I can do better than that...*

The impact of strong characters and use of power were clear threads within the narrative, the impact of organisational culture on individuals' experiences and career progression was related from personal experiences:

> *… I've seen it happen in lots and lots of places ... it's become power based and hierarchical. It's not leadership. That's not leadership… So, you can see how an organisational culture... …and so she effectively, for whatever her reasons were, took that away from me and moved me away.*

In discussing students throughout the time dimensions, Juliet's experiences gave her motivation to support students. She appreciated their anxieties and the struggle to grasp what leadership and management were in the context of the practice environment. From her negative experiences of leadership and working within less supportive environments, Juliet perceived her role was to prepare students for this:

> *…my relationship with my personal students is about them getting to believe in themselves… I encourage them to have, you know, faith, belief in themselves. I made them into little fighters…they don't feel that they are able to take on this mantle that the NMC is requiring them to do now.*

With involvement in the pre-registration curriculum, Juliet discussed the current method and content, as well as her perception of the dual settings of university and

clinical practice. The discussion of defining leadership and management and how this is taught to students was also addressed, identifying the challenges for both academics and students:

> *Okay, you might deal with the clinical bit over here, but actually there's an awful lot more that goes with it…so it's management and leadership, so there's a management responsibility, policies procedure to follow, but then there's this also the leadership…*
>
> *And that's really uncomfortable to be having that dialogue in a lecture theatre. They don't want to engage in that. They don't engage... they don't like the session because… it's about giving them some key principles that they should be able to be going and having a discussion with somebody else, whether it be their personal teacher, whether it be a mentor that they have aspired to.*
>
> *…they're all skewed towards becoming this meeting academic criteria and jumping through the academic requirements… They don't see the big picture because they're focused on here. I don't think they fully take it on board, no. I think that we are missing a trick somewhere...*

Juliet's perception was that the challenge for students, due to the academic demands of achieving, caused a blurring of definitions of leadership and for students it was combined with the task orientated requirements of management: *… they're not seeing it as leadership they're just seeing as it... as competence...S*he also acknowledged the responsibility of clinical environments and the role of mentors. While she was optimistic that the responsibilities for developing students would change with the new standards, her experience of being *nurtured* as a student and newly qualified nurse was linked to her views of current issues of learning in practice:

> *Nobody's nurturing it in them…in practice. But they're not letting them do it…Because they are afraid that the student will make a mistake, possibly.*
>
> *They all contributed to your learning. Whereas at the moment it only seems to be the mentor who was supposed to be contributing to the student and that the nurses don't see themselves as being responsible.*

The opposing experiences of negative and positive leadership experiences were also evident themes within Juliet's choice of photographic images. She chose two images metaphorically representing nurturing and developing and isolation within position:

> Image 1. Tree with roots - *It's about solid foundation...Allowing that tree to flourish, yeah. And this... this reminds me then obviously that the... this striving for things more. Striving for the light.*
>
> *Image 2 The Rhinoceros- This to me is somebody who's up in their own castle and got their own little fortress up here and cuts themselves off from everybody else around the world, and I'm okay Jack up here, but I'm not going to let anybody else in.*

Juliet presented her narrative which wove through all three main dimensions. Throughout the story, her continuum experiences of leadership, both positive and negative, influenced her perceptions of expectations through her emotional response, and challenges for student nurses within the current context as she made

comparisons. The theme of nurturing development and strength were evident as well as an awareness of the challenges of organisational culture and its impact on individual prospects and life events.

Nicholas's Story *- I mean to me, leadership is the people who inspired me...*

Although originally planned as a face-to-face interview, due to unforeseen circumstances, Nicholas's interview was completed via telephone call. The interview lasted 47 minutes and from reflexive notes, I had noted it was relaxed and required occasional prompts. Nicholas had extensive experience as an adult field registered nurse and as an academic, with many years' experience of teaching and research. Beginning with recalled experiences of his past, Nicholas moved throughout the domains of time and reflected on the cultural environment of positive inspiration from leaders and role models within clinical practice. He acknowledged not remembering having educational content about leadership in the pre-registration programme, however, he did report positive influences in clinical environments:

> *I mean, you might think back to the clinical world and there were certainly people that I worked with who were exemplary people, in terms of getting the best out of their staff and making everybody feel part of a team. I remember thinking that I had to try to do some of that...I inherited a very good team on a very good ward, so it wasn't hard… I certainly knew what was a good leader, and what wasn't*

In defining leadership characteristics, Nicholas referred to his past experiences and developing and learning from those. He referred to identifying individual leadership *qualities,* and the importance of supportive people, positive cultural environments, and networks with a clear link to professional and ethical values which had shaped his views of leadership within the context of nursing:

> *You've got the right group of people, the right environment. But to me, it's about having qualities that other people think, that's just what we need here…*

Nicholas recalled an experience of taking an issue from practice which he was concerned about and raising his concerns. The response was positive and supportive, and this formed his perception of how individual values and making those visible, influence positive leadership. This theme was woven throughout his approach to leadership and how he perceived it influences patient care and therefore this became his critical event:

> *I remember an incident, because as a student I went to one of our professors about practice… and I know they didn't like what I was saying. And she took me seriously, which she didn't really need to at that stage, and that was my first experience of kind of speaking up if you like. Yes, I mean, again if you look at the people who are successful, they do have strong values and they kind of wear those values on their sleeves. I think the people who struggle are the ones who perhaps are a bit more... or a bit less committed to values…, I*

remember just people who were, you know, that kind of clearly stuck in their ways.

…So, I think there's something about the way you are, that wherever you are in the hierarchy, you need to kind of show what you believe in.

Considering the current curriculum, student cohorts and learning opportunities, Nicholas viewed self-awareness and EI as important for leadership development. He also considered the role of reflection and reflective practice and the need to reflect on personal approaches, not only incidents in practice, suggesting reflexivity was not fully explored at this level of education. This was associated with the methods of teaching and how the methods of learning ae introduced and presented to students:

…that needs to be balanced with self-awareness, emotional intelligence because without those skills, I think some people are likely to make mistakes and possibly push themselves or other people inappropriately…I've heard people say, you know, that they're always asking us to reflect, but they don't always perhaps understand what the rationale for that is. Maybe if it was linked more to things like self-awareness

I think when they start, they're really focused on competency and learning to be a nurse and, you know, they focus very much on the technical things… it's about how we introduce the possibility to students.

Within relating his experience to the future of nursing, Nicholas clearly associated providing aspiration, context, and impact optimistically. He placed value and importance in how these are delivered through teaching with how leadership is presented, along with the development of self-awareness in the student, and projected his views into the future dimensions by stressing the importance of students being aware of how they can influence wider contexts and agendas for health:

I think that if we can give that message to these newly registered people, then I think that's quite a valuable thing, but I think expecting them to be high-flying leaders in that organisational sense is... I'm not sure that's very helpful. I would... I'd say there's a stepping off point, but to be a leader, you have to know yourself.

I think it's very important that these kind of ideas are planted in their minds, but you know they are the future and they are the leaders, and what they choose to do themselves could make a huge difference to the... to the health of the nation actually...it boils down again to having self-awareness and being able to read the situation and being able to deal with it appropriately…

I think it's very important that these kind of ideas are planted in their minds...they are the future and they are the leaders, and what they choose to do themselves could make a huge difference to the... to the health of the nation actually.

From viewing the photographic images, Nicholas metaphorically linked two images to his views of leadership which reflected some of his perceptions and experiences recalled within his narrative, being reflexive and stepping away from challenging situations and taking a measured approach:

Image 5. View from a plane - *it kind of made me think about it, sometimes when you're caught up in a situation, going away for a little while and talking to somebody else about it and trying to hoist yourself out of the... this... the problem and see it from a slightly different angle. I think that is a really important skill, but I don't know if we teach students that, but I think it's ait's a very useful thing to do, you know, when you're having a very bad day or a very difficult time, that you're able to walk away and reflect/think about how did I do in that. And being able to say; do you know what, and maybe it wasn't perfect, but I did my best.*

Image 8. The Rock and boat **-** a sense of calm*. I would have thought that sometimes there's a skill in not reacting straight away to something. And being able perhaps to... to be calm and... see, I was given a very good piece of advice as I remembered it, if you're in a difficult situation and you respond... you want to send an angry response or you want to challenge something, is to sleep on it...Or delay it and don't reply straight away. And I think that's... that's the kind of response I think as a leader, is quite useful sometimes..... walk away from the situation, cancel the meeting, whatever it is and just take a little bit of space, then often you'll find the right thing to say. But if you say it when you're heated and, you know, agitated and everybody's upset, you'll probably say the wrong thing.*

Nicholas viewed leadership and leadership within the nursing curriculum from his wider experiences within both professions and the overarching threads presented his clear link of values being visible within good leadership, the importance of self-awareness and reflexivity, rather than reflecting on tasks and events, and how these are taught to student nurses. He placed value in his own experience of webs of support within his own development and recognised how negative cultures could impact on personal experience and future development.

5.3.3 The senior nurse

Maria's story -*…there's a heavy focus on leadership…they're going to forget about the fundamentals*

Maria was an experienced nurse educated as a Children's' nurse in the late 1970's, becoming a registered nurse in the early 1980's. She had progressed within clinical positions and was now Band 7 working a Clinical Practice Facilitator, linking with the HEI providers and the HB and managing a small number of other nurses. Maria's experience of leadership and management came from within clinical nursing and the hierarchy existing within the traditional framework of the NHS. She had remained within the locality for her career and was enjoying her current role which had supported and enabled her to complete postgraduate education and a teaching qualification. Her contact with nursing students came from visiting the clinical areas and supporting and educating clinical staff in mentorship. Maria's interview took 65 minutes and when listening back to the audio, there was very little direction and prompting needed. From reflexive notes, I had noted her relaxed posture.

Maria began her interview in the past, at the start of her career, setting the context of her '*training'* and the setting out the differences from then to now. Within her whole narrative she travelled continuously through two of the Temporality domains, often referring to her past and current experiences within one paragraph. The domain of future was discussed very little, and this may be due to her approaching the end of her career which she had hinted at and she related the context of her experiences and the environment of learning through experience:

> *When I trained you were lucky to have a registered nurse on the ward, let alone someone to support you…we weren't supernumerary then...we'd have sunk or swam basically.*
>
> *In terms of leadership…when I came up through the ranks there was nothing, you just learnt as you went through the process…*

Maria made clear her view that currently students are not fully prepared for the role of registered nurse at point of registration and needed further input and she was uncertain that leadership was a required skill at that point. She also discussed the organisational and cultural impacts of national lapses in care and subsequent inquiries, and the risk averse effects on students and over dependence on guidelines:

> *I think they have been disabled in their learning…haven't been able to do certain things because learning from national errors has prevented them from doing so…the new standards have tried to address that …although I think they have gone too far…. I'm not quite sure at the point of registration they are prepared to lead…or necessarily need to be.*

The tension between professional values and managerial decision making and meeting targets was evident from Maria's experience in clinical nursing and within managerial positions during the time of reports such as Francis (2013). This had also formed her perspectives on what skills she believed students should have, and the risk of losing the focus on fundamental nursing care. She acknowledged the need for students to understand leadership and its importance, however she was concerned this would be their focus:

> *Students are more focused on leadership than the fundamentals...who will not focus on the fundamentals because focusing on escalating through the ranks, they are going to be taught they are leaders of the future and I think there some key problems with that…I think students need to understand leadership. But what concerns me is …if its drummed into them from day one…they're going to forget about the fundamentals. You will have students thinking they don't have to wash patients.*

Maria empathised with students, the challenges they face and the pressured environment of the NHS:

> *It must be difficult for students…all they see is stress, stress, stress.*
>
> *"So how should we prepare students from an education perspective?"*

...it's not always perfect…standing back, observing, learning and questioning...self-awareness…experience.

Maria had clear views on what she believed effective leadership was, and her critical event was focused on positive role modelling and the impact of positive leadership. This is evident in her 'experience continuum' and was related with a confident view:

I had a wonderful ward manager, you could spend time with patients, and when she was on duty she would give herself the bed pans and sluice for cleaning…a good leader is about not expecting people to do…something you wouldn't do yourself. Mucking in with the Team.

I can remember one Sister…she said I'm going to make you a cup of tea because you haven't had a drink yet. …she was a good leader because she recognised …that we needed a drink.

At the moment I think I have an excellent leader who is a good role model and I think good leadership is learnt from people who demonstrate good role modelling…its courage, bravery, and resilience.

The confidence in knowing the difference between leadership and management was evident throughout Maria's narrative which related to her positive experiences and role models, which she also linked closely with professional values and altruistic viewpoints in nursing:

Certainly, professional values…to be self-aware…compassion, empathy…it's not about you at the end of the day…

Within Maria's wide clinical experience, her thoughts on the effective methods of educating and informing students to reach registration were revealed, as she both remembered her own *training* and how she perceived students experiences currently:

At the end of the day you know you can revive a mannequin…. I think it can teach the complexities…the processes and principles and how to manage… depends on the learner…the only way is through practice, experience.

Learning from experience, reflecting on things...at that point you get to be a good leader. A non-blame culture as well.

Maria considered the images carefully and although she moved quickly from one image to another, she was very confident in those she related to. The images also reflected her critical incident and experience and knowledge of authoritarian styles of leadership within the NHS. Within her narrative she had discussed authoritarian approaches as ineffective and the use of manipulative strategies and approaches to affect change positively and negatively:

I think there are clever leaders out there…kind of manipulate them around to doing what they want, I never resented that… I thought…very clever …it's what you wanted.

Unfortunately, there's a lot of leaders out there who are authoritarian, and it doesn't work, it really doesn't...a top-down approach never works.

The first image Maria chose was of the rhinoceros which reflected her views on negative leadership. Considering Maria's narrative, the Temporal dimensions revealed her experiences of notable events and subsequent changes within nursing and education and this image reflected ineffective leadership for her:

> Image 2. The Rhinoceros - *I think is authoritarian and a bit scary. I don't like this one. I certainly don't like this one.*

This was also reflected in Maria's perception of the Image 9 Woods:

> *That's a top-down approach where they're in their own world and knowledge is power and they are not sharing it…and I don't know where I'm going, I need help.*

She quickly moved on to those she associated with positive leadership and her critical event experience, where growth and nurturing is encouraged by motivation and empowerment:

> Image 1. Tree with exposed roots - *This one is about growth, developing, nurturing.*
>
> Image 4. The Island - *You have lovely calm, clear water, the goal is to get to the island, very relaxing approach. This is about nurturing and growing people*

Her choice of the Image 7. The Moon on sea, also linked to her comments on reflecting on practice and reflecting to learn new perspectives on situations. Maria had discussed this process within the interview and the need to consider events and think of solutions learning from experience:

> *This is about reflecting on what I've done, have I made a difference? Do I need to do something? Sit back and reflect on something…look beyond the grey dull exterior that's effecting they're judgement.*

The common threads within Maria's story include the overarching links from her experiences from the past and her experience of nursing and its changing landscape within this time frame. From her early experience as a student, she viewed her role then in contrast with the supernumerary status of current students and the ongoing debates and implications of the changes within nurse education were woven through the space and environment domains. Maria's stories of positive role modelling formed her views of hierarchical approaches to more engaging styles of leadership. From her experiences of changes in healthcare due to reports of failings, she reflected concern about the future of nursing and the expectations.

5.4 The 'common threads' and 'overarching categories'

Initial analysis of revisiting and retelling of each narrative allowed the 'common threads' to develop. As I engaged in the narrative smoothing, and 'retelling', individual perceptions unfolded to enable the elaboration of common categories embedded within the three dimensions of the framework. Engaging in this process I was

reminded of one of the most common identified metaphors from the photographic images I had presented to each participant, Image 1. Tree with exposed roots (Appendix 6). In organising the themes and sub themes to create the overarching categories the ‘common threads’ from the participant narratives were symbolised in the intertwining and spread of the roots, configuring upwards to the trunk where group sub themes were converged with sub themes from the imagery metaphors. Through analysis, five overarching categories were formed: Expectations and definitions, Personal awakening, Bicultural milieus and experiential continuum, Cultural structures and influences, and Aligning values in the duality of challenges. Further discussion of these categories and recommendations are presented in Chapters six and seven.

Chapter 6: Findings

Following the analysis and presentation of individual narratives, within this chapter the common threads and overarching categories from within the data are discussed and presented as a group analysis and synthesis. The threads are collated into sub themes and synthesised into five overarching categories. These are visually presented in figures 1-5 followed by the group analysis and synthesis of the common threads which are:

- Expectations and definitions of leadership
- Personal awakening
- Duality of role challenges and aligning values
- Bicultural milieus and the experiential continuum of learning
- Cultural structures, hierarchy and influencers

Impact and powerful influence of experiencing or, as one student participant termed it, ‘seeing’ leadership was a common overarching theme throughout the narratives as were the emotional responses associated with both positive and negative perceived leadership experiences. All had uniquely experienced different forms, approaches and styles of leadership in the healthcare context and sometimes in alternative environments, at differing times and at different social levels. Using the ‘critical event’ and the associated emotive acuity in analysing each narrative, this became a focus which seemed to influence the continuum of learning and perceptions of experiences for all participants. Within the metaphorical associations from the photographic images, leadership spanned all the dimensions of the analysis framework. Considering how all would be woven into the group analysis, I collated threads from each narrative into subthemes, and due to word limitations, the sub themes are not discussed separately, rather I accentuated the stories into five interconnected overarching categories which are presented here in figures and narratively, in the categories. The sub themes are visually represented in Figures 1-5 with verbatim terms for emotional expression and metaphorical associations, followed by a group analysis of each category.

6.1 Overarching Categories

6.1.1 Expectations and definitions of leadership

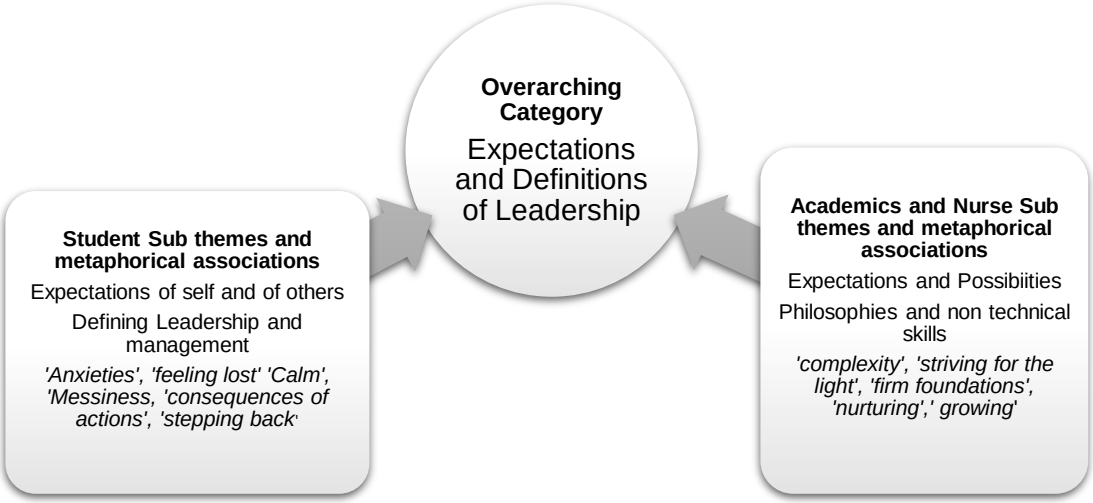

Figure 2: Expectations and definitions of leadership

The four subthemes of, expectations and possibilities, expectations of self, philosophies and non-technical skills, and defining leadership and management, were converged into the category of 'Expectations and definitions of leadership'. I had considered the importance of defining and distinguishing between leadership and management alongside expectations. Having clarity in defining both would influence what is expected of students and therefore, this aligned to one category. However, while developing a definitive characterisation of what leadership is within nursing was not the focus of this study, the range of perceptions of all participants are presented here and link often to the metaphorical associations based on experiences. Within the narratives of all participants, the expectations for leadership was evident. For the students, this was related from the perspectives of self-expectation and expectations of others for their future roles. Students revealed emotional responses to self-images, looking beyond and to the future, in being future leaders:

> *That's scary…I don't see myself as a leader really.* (Sarah)

> *I'm a bit apprehensive, but I'll see how it goes… I don't think I feel quite prepared yet to sort of lead, well manage.* (Cath)

For some students, the expectation of future leadership roles was accepted, however in preparing for leadership I interpreted inconsistencies between participants, relating to taught content of the curriculum and lack of confidence, even though they were at the end of their programme:

> *As of yet, we haven't really had a lot of experience with leadership, or delegation or anything, because obviously that's not really where we've been in the course.* (Samantha)

While some recalled being taught about leadership styles in the university setting, others could not. In considering the discrepancy, I recalled an expression from Tony, an academic participant who referred to '*disposable knowledge'* when students choose which elements of the curriculum are deemed important.

If students' expectations of self-image are not as leaders, the value they place on this knowledge is reduced. Also influential were experiences they recalled within the clinical environment. Some related '*seeing*' leadership and all referred to negative and positive aspects of leadership which often formed their 'critical event', significantly informing their views of leadership. This also reflected their perceptions of the views of registered nurses towards students:

> *I feel that questioning their authority was very difficult,* (Cath)

> *… my mentor that was on my ward, had no time for me at all.* (Annie)

Defining characteristics of leadership were often unclear within student narratives and included:

> *time management …control and power ...manage a team…delegate…communication…trustworthy, honesty…I think it all comes under the same umbrella…band six, seven, eight…act up…authority…they're different but the same…inspire, encourage…two sides of the same coin…complaints… doing everything that that patient requires you to do for them, no matter what it is.* (Samantha, Suzanne, Sarah, Annie, Cath)

The lack of clarity in distinguishing between leadership and management is also reflected in nursing literature and was reiterated by the academics. While academics were clear about what distinguishes both, they acknowledged the interchangeable use of terms within the programme.

In the narratives of the academics and nurse, expectations were related from looking back, from personal experience and projecting forward to the current expectations for students, placing emphasis in the Temporal domains. With a wider continuum of experience to reflect on, academics were empathetic to the expectations placed on students and had an experiential awareness of the challenges of teaching and preparing students for registration. This linked to the misalignment of regulatory requirements within nurse education and the ability to provide innovative pedagogical programmes:

> *Not every single student that comes off our programme is going to be, you know, a dynamic leader. And I think that's a really, really unrealistic expectation.* (Tony)

> *…As a first-year student, do we want to be scaring them about, you're going to be a leader...? It's quite difficult to prepare people for…it's still known as the management placement right...I think there could be a lot more done for it, I have to say.* (David)

While Maria, the senior nurse, viewed the expectations more from a practice viewpoint, concerned that students expected to be leaders and may forget fundamental care needs they should be providing for patients:

> *…there's a heavy focus on leadership and I think students need to understand leadership. But what concerns me…maybe students are going to be more focused on leadership…Because from the outset they're going to be taught that they're the leaders of the future and I think there are some key problems with that.* (Maria)

In providing clear definitions of leadership and management and distinguishing the importance of both, the academic and nurse participants related back to experiences, identifying clarity in the difference and areas of intersection. They acknowledged both terms were used within the curriculum and not made distinct, placing the importance of ensuring clarity in definition and language used both within describing the content and learning outcomes of programmes, as well as in conversations and discussions within the learning environment:

> *I do think they are different, and they are often bundled together, aren't they? And a lot of modules now and in the past might have words like 'leadership' and 'management' within them.* (Michael)

> *But if it's in their vocabulary then that's possibly a good thing...Because it makes them think they have a right to lead.* (Mary)

Academics' narratives included themes of aspiration and possibilities for students, linking philosophies or ways of thinking. This also linked to non-technical skills, the importance of this correlation to leadership for aspiring nurses, how this was taught and embedded within their vision of their future role and how they '*nurtured'* and encouraged this:

> *… you know, don't make that hero ward innovator a myth…it's about starting with philosophy… there's always the problems of OSCEs being a very false situation, In terms of leadership no, I don't think… how could you do that in an OSCE? I don't know.* (Tony)

> *…it's about how we introduce the possibility to students…. they believed they were going to be as leaders…what a fantastic thing to do.* (Nicholas)

> *I gave him an opportunity, didn't I? And I said, you can do this. Didn't believe in himself... so I helped him, supported him…*(Juliet)

Two students had clear expectations of leadership within their future roles. Suzanne, as a mature student with previous career experiences of leading, and Samantha with a future career planned in the armed forces who had considered leadership within that context as part of her imagined future view:

> *I think you've got to be ready to lead…I don't think you can get away your whole career without being a leader*. (Suzanne)

> *...we have been taught the core principles of leadership and, in placement as well, we've observed it happening, you know, obviously on the wards, or in the community.* (*Samantha)*

In considering the affect of images within research, Rose (2016) explores the uniqueness of how images are 'seen' by individuals and considering the visual images as metaphors, students expectations of a leaders were associated with emotional responses, strength, growth, teams, calmness and stepping back, foundations, complexity and calmness. This suggested perceptions of the role of leader as central to the effectiveness of nursing care yet with the wisdom and confidence of being reflective and calm in decision making. For the academics and the senior nurse, metaphors were developed by reflecting on their own past experiences and the associated emotional notions and expectations of power and strength, reflection, laying foundations and anchoring, striving and complexity. With a greater experiential continuum, they had related perceptions of both positive and negative characteristics, yet the positive imagery was still evident as they projected expectations for future nurse leaders and potential for student nurses.

6.1.2 Personal awakening

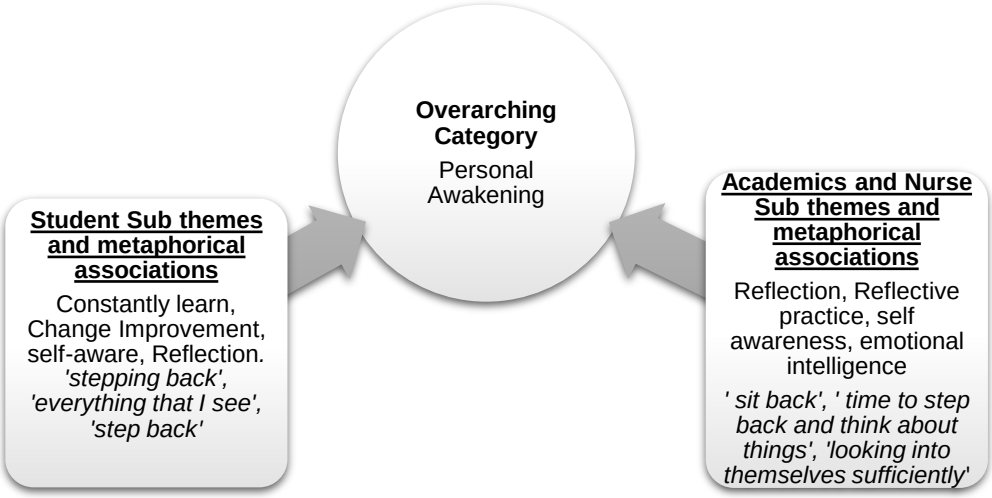

Figure 3: Personal awakening

Common threads and two sub themes of reflection and self-awareness developed within all narratives and I associated reflexivity and EI as evolving into a category of 'personal awakening'. I had noted during the interviews, how participants would move through the framework domains, making statements which reflected on their current position to the experiences and emotional and cognitive response to these. I interpreted this, and had noted during the interviews, as an 'awakening', and for some, a realisation of their perspectives which they perhaps had not had an opportunity to verbalise before. It also encapsulated the themes of reflective practice and being self-aware.

Within the narratives some student participants referred to either being aware of self or others, including patients and teams as an important element of leadership and developing:

> *…you've got to be aware of what you say or how you act to people because you know, they're going to either be inspired by it or be, you know, completely crushed… it's compassion for your patients but also compassion for your staff, and being, sort of, aware of their difficulties and making allowances and yeah, it all helps, doesn't it? - being aware of other people's emotions and empathy.* (Cath)

> *…having kind of the emotional…sensitivity and awareness and intelligence as well as your… impact, your actions on the wider structure, so on the patient, on their provision of care and the organisation as well…*(Samantha)

However, one student, while acknowledging the importance of self-awareness had not associated this as important for leadership. During her narrative and prompted by

my response, she considered how they may be linked, 'awakening' to the possibility, however because she had not made this link in what she had theoretically or experientially learnt, it was not fully developed as an associated concept:

> *…you need to be aware of how you act and how you interact with people and how people perceive you, because that might impact how people respond to you and if you're not aware of that in yourself you… why people, maybe, are not happy with your decisions… I don't think self-awareness, really, has been linked to leadership.* (Sarah)

The inclusion of EI and self-awareness within undergraduate nurse education may support the preparation for the requirements of registration and be instrumental in enabling nurses to address the competing priorities and challenges in clinical practice. While there was some recognition of self-awareness within the student narratives, the link to leadership and continuous self-development and reflection was not explicit. Reflection and reflective practice were mentioned, and some students perceived reflection to be helpful in learning, however this often focused on reflecting *on* rather than *in* practice, and linked to assessments:

> *…urgh, another reflection! you do realise how valuable it is...and the NMC say …you need to reflect and it's part of your revalidation, and yeh, mmm it's that experiential learning and then reflecting on it, it's one of the best ways to learn, I think, personally; it's very valuable...but not everyone thinks like that.* (Cath)

Perceptions of the purpose and meaning of reflection seemed to vary in the students' narratives. While some linked theory to the process by seeking further knowledge and analysis of the issue experienced, others appeared to think of it more simply initially, as a process of writing down what happened, as a diary of events, rather than a reflexive critical analysis and in-depth review of the self and others involved. Opportunity for learning from peer experience and time for group reflexive activities was valued and yet they perceived as lacking:

> *… after every shift, I write down what's happened that day… I will put down roughly what I've done for them, if they had any issues, any procedures or anything I got to do. And then if there's anything about that day that stood out or whether I felt I hadn't performed well or performed bad, you know, I will write that down. … it might just be bullet points. But then obviously I go back then and do mini reflections for my portfolio and I've got that diary to look back on. And I can think oh, actually, I'll reflect on that because that could be quite good.* (Suzanne)

> *…we write down all these reflections and it works for us. But you don't actually ever get to discuss the reflections with each other.* (Annie)

> *The reflections are based on your opinions, I suppose, and the situation that you've chosen to reflect on, but it's not so focused on your own actions, really.* (Sarah)

This varied approach to reflection was also evident within the metaphorical interpretations of the images. Some students who had chosen to discuss reflection

and learning within the narratives, then chose images and linked to '*stepping back'*, and '*personal awareness'* associating with leadership.

Within the academics and nurse narratives, self-awareness, EI and reflection was perceived as valuable to learning and leadership development. All acknowledged reflection was a continuous theme within the undergraduate programme, and the experience continuum for all had embedded reflection as core to development and improving practice. There was also acknowledgement that not all students allied reflection to self-development, and it was a less reflexive approach to learning and development in current education:

> *... we teach reflection in the first year, okay... when they're taking on reflective practice, they're not looking into themselves sufficiently at that stage…So by the time we get to the third year... our leadership module starts we do a session on self-awareness. We need to do more self-awareness, more with emotional intelligence...More with reflection…at the moment we're churning out somebody who's becoming an academic*... (Juliet)

Resonating with the themes which emerged within the student's narratives, there was a recognition that the correlation between reflexivity, self-awareness and development, and EI was not clear for all students. A more cohesive approach to teaching and reflecting critically on experiences, developing self-awareness and EI early in the programme seemed to be a suggestion all thought useful, and acknowledged it was not explicit:

> *And I think that would be really important for students, to look at their potential leadership qualities and make an assessment about where they are, maybe where they'd like to be.* (Tony)
>
> *…the practical elements of the programme when they're on placement and how we both prepare them for those placements and then ask them to examine them critically afterwards, I would say…* (David)
>
> *I think some students just are like that, they're instinctively intuitive, they kind of get it. Some students need to learn that. They need to be given permission sometimes as well. (*Maria)

The theme of reflection and self-awareness appeared within the metaphorical connections made with the images for the academics and nurse. Phrases evoking aspects of reflection were used for many of the images such as: '*how can I do this differently', 'really thoughtful reflection', 'walk away and reflect', 'have I made a difference', 'look beyond'.*

Within the academics and nurse narratives, personal awakening occurred in their perceptions of past experiences and forward to their views of what the experience is like for current students. This provided opportunities to rediscover their personal experiences, reflect on the emotional response and cognition, providing insights on

learning and reflection. Some acknowledged that reflecting on leadership and self-awareness was developed at post graduate level study or after years of experience, valuing the continuum of learning and experience and acknowledging the ongoing development of these skills.

> *…it's only now when I look back on it, when I did my Masters, that's when they made us stop and think about... But as a young, fresh out of university person, I would never have thought of myself as a leader...* (Nicholas)

6.1.3 Duality of role challenges and aligning values

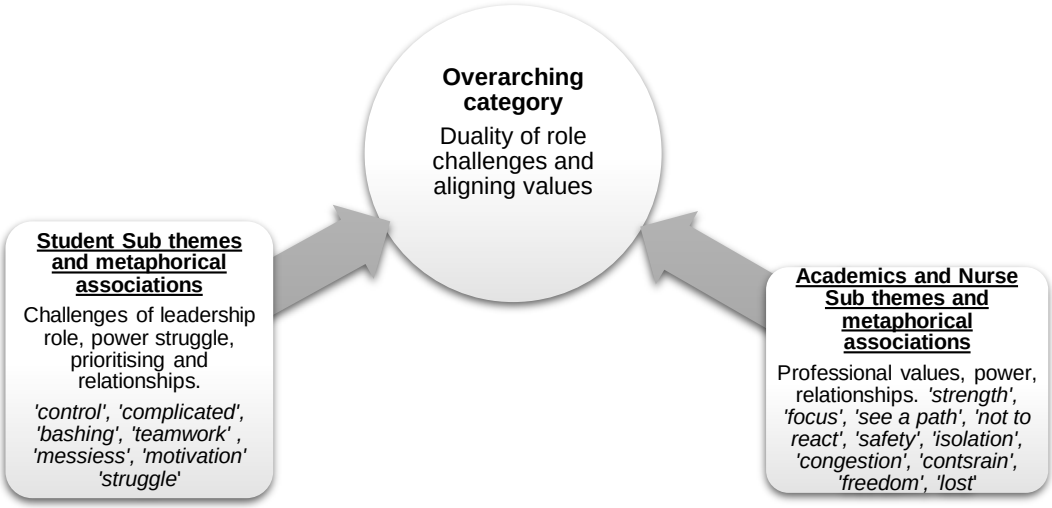

Figure 4: Duality of role challenges and aligning values

Recognising the protagonist of effective leadership in nursing requires strength and conviction for professional values and quality patient care while negotiating teamwork and relationships, all participants recalled past experiences where this alignment was perceived as challenging for leaders in practice. These experiences were usually related to role change, or moving into a leadership role within established teams, and the participants recall of emotional '*struggles*' within these narratives resonated with power and resistance. The three subthemes of relationships, teams and power, balancing the relationships were conveyed as leaders at divergence with the team for many external organisational reasons. Within nursing, this may have serious consequences for team effectiveness and patient care, significantly, the participants who shared these narratives were aware of this core concern and correlated professional values within their stories:

> *I went from being a student…to have someone who's a colleague sort of canvassing against you, … it was difficult trying to pull a team together that was quite divided by that... being a relatively new kid on the block and taking someone else's job and then saying to everybody, we're going to stop working*

> *like this now and we're going to start working like this…if you start from a place of values and being confident to be able to make positive decisions, then people will notice that and...if you don't have those fundamental values of compassion more than anything else, probably you can't be a leader. Because you can't encourage other people or inspire other people to be compassionate and empathic...* (David)

> *...it is about the values … that there are people who are exercising power but to me whose values are frankly wrong…A leader could be a very junior person with no management responsibilities, but to kind of capture the spirit or just crystallises the issues that expresses the sense of the values…or make people think and or act differently, and that doesn't have to be… people who formally occupy prescribed positions of responsibility and authority… The people who just weren't so good at listening…who were a little bit less team oriented… less receptive to the views of the interprofessional team… consequentially sometimes effect patient care actually, around management of risk, for example.* (Michael)

In retelling the challenges of leading teams in contexts which required relationship-based approaches, the academics reflected the era of therapeutic and emotional awareness approaches to leadership which emerged after the 1960's. Developing methods and insights to cope with challenging teams and managing the emotional responses of the team and self was evidently part of the emotional work for some of the academics, and the experiences had distinct learning in their retelling. Within the narratives, there had been little recollection of being taught how to be a leader for the academic participants, and stories of moving into leadership roles related very much learning from the experience and adapting to the challenge, also evident in the metaphorical associations with terms such as '*lost', 'see a path', 'not to react'.* Focusing on the professional values within the challenge of leadership in teams seemed to be the core message from academics who had encountered this:

> *I remember thinking, this is the job really, is to try and get the best out of these people …I did try not to fall out with people who'd been there a long time. …it boils down again to having self-awareness and being able to read the situation and being able to deal with it appropriately, and having the confidence in yourself… So, the ones who survive have a good network, they have a good solid foundation, they have a sense of themselves and what's possible, and that comes with experience… again if you look at the people who are successful, they do have strong values and they kind of wear those values on their sleeves...we think because of our professional values that when, you know, you become a nurse that they're automatically attached to your ...[laughs]... to your soul. And for these young students coming out, maybe that's the message that they need to hear…remember your values, remember what you believe in.* (Nicholas)

Although some of the student participants had experience of leading in previous roles, the theme of challenges in duality of roles were retold from experiences as student nurses, and often linked to professional values. Connections to patient care were also focused within the narratives. Experiences were recent, considering consequences

for decision making, teamwork and leadership. Of note were the connotations of power being related to authority in decision-making, and while patient care was core to the implications of '*bad leadership',* the confidence of students to lead was less evident:

> *You have to say to this person, right, we're going to work together and this is what we're going to do…when you get out there because the majority of the time you're not going to be a leader per se, because there's plenty of other higher up nurses on the ward.…all the decisions you make will eventually impact the patient…So if they don't have good professional and ethical values that will trickle down to other people…I think everything will impact patient safety, it comes from the leadership and down, so it's very important.… people who are negative and bad leadership, people will undermine you…* (Sarah)

> *…there are occasions where I think I feel like I should say something but I know I can't, …you're only there for a short amount of time …You know, you've got to work together as a team, but what you don't want is people taking the mick, either. And there are occasions where I feel people do… You might be in charge of that team but don't ever forget that maybe the people in that team have got a wealth of experience between them and probably been there longer than you, so don't ever disregard that just because you've gone up a notch on the career ladder. Nobody will want to work with you or help you because you are basically just dictating and abusing your power.* (Samantha)

Interwoven within the domains of Temporality and Sociality, the narratives of academics and students retold of tensions, of power, struggle and duality of roles in leading and yet being situated within teams. Placing professional values at the core of coping was important to those who had experience, and those who had observed others who were in their view, successful leaders. Teamwork and working relationships are predominant within healthcare, while engaging team members is acknowledged as demanding, however for all, balancing alignment with professional values supported this process.

6.1.4 Bicultural milieus and the experiential continuum of learning

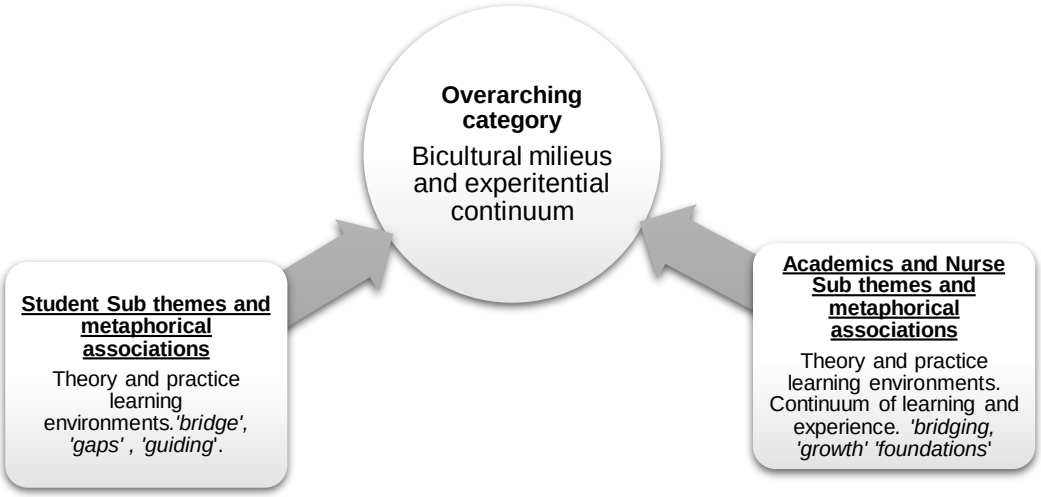

Figure 5: Bicultural milieus and the experiential continuum of learning

Student nurses are positioned in dual learning contexts, and both are required to provide a combination of experience and practical learning of the profession and all its multiplicity, and HEI's for theoretical and evidence-based knowledge. While both organisations have a partnership approach to this arrangement, both also have complex cultural and organisational structures and demands, which the student must negotiate and merge into an effective learning preparation. Practice and theory learning milieus should blend and compliment the learning experience. Within the students' narratives, I recognised there was a tension within the bicultural learning environments, and these were situated within the Place and Sociality domains, as one student expressed, they …*don't all sing off the same hymn sheet* (Annie) and developed within the three sub themes.

Students acknowledged the need for theory and practice, in retelling the narratives, I became aware of the different preferences of learning methods and the challenges and tensions of translating theory into practice. Within curricula, the blend of teaching and assessment is often varied to address the different learning needs of students. All students placed value in the clinical learning environment, some valued the theoretical and simulation environments, however there was a disparity at times in what was learnt theoretically to expectations within the clinical areas:

> *I think you need theory and practice; mentors are more able to provide the practical support and I think you need both, yeah, I don't think you can have one without the other.* (Cath)
>
> *…when you go out on the wards you should say, now this is how we do it in uni. Which is lovely, brilliant, but then you upset all of the staff around you. … So, I've learned more, I feel, out on the wards rather than from a lecture theatre or from any of our skills sessions… I can't say lectures haven't helped because they have. Like I just don't like the whole set up of it.* (Annie)
>
> *… it's a nice division of theory and practical skills as well. So, we learn the theory behind everything and it's nice to see how that is implemented in practice then as well.* (Samantha)
>
> *…no, I don't think it's ideal…knowing you're being watched and judged…simulation is a nightmare for me.* (Suzanne)
>
> *…you can't learn to ice skate without, you know, setting foot on a rink…the practical way of learning is the best, especially in sort of jobs like these, I think.* (Cath)

Considering the challenges students faced in learning across the bicultural milieus, I was also made aware of the challenge this presents for academics and nurses. Within the narratives, the academics acknowledged students found a disconnect of theory

and practice learning, contemplating how this could be improved. For leadership theory, the late introduction in the third year seemed to be a missed opportunity for students to learn about the theoretical background, identify self attributes and then link to examples within practice:

> *…if we could make closer links between here's a theoretical module and here is something, we want you to do while you're out on placement*…(David)

> *… You need to observe that practice and shadow them to… have guidance to what that looks like…… I just really think there's that gap between practice and education from a student perspective…it really depends then what… of seeing leadership and management in practice, isn't it?* (Mary)

> *From the beginning of preparation is really essential in order that can be somehow brought together at the end of the degree where people are making cases for changing something.* (Michael)

Exploring the constraints of complexity within organisational structures, the academics revealed perspectives on what the ideal would be. These included closely related theory and practice themes and more time for developing leadership concepts so that students can relate to practice, closer relationships with clinical areas, clarity of expectations from the educational standards:

> *they're all skewed towards becoming this meeting academic criteria and jumping through the academic requirements. And because they're so focused on that…they don't see the big picture because they're focused on here.* (Juliet)

> *…. if I was planning to teach leadership module through this program, I think I'd find that quite difficult because I'm not 100% sure in my own mind what the ultimate learning outcomes are that the NMC's expecting at the end of the programme… I think I could assess someone whether they can read an ECG or not fairly simply. I think leadership and management is far more complex than that.* (Tony)

Approaching leadership as an ongoing and developmental continuum was also recognised in the Temporal and Personal dimensions of the analysis for the academics and nurse. Reflections on past experiences, developing continuous learning and relating their perspectives on leadership within nurse education developed as a sub theme. In retelling their perceptions of personal leadership learning, many could not recall being taught about leadership at undergraduate level, rather it had been a gradual and continuous experience, of both post graduate level and learning from clinical examples and role models.

> *I don't remember having anything specific around leadership throughout my training, but I remember having a lot of clinical skills …and that partnership working between university.* (Mary)

> *I would struggle to remember individual teaching and learning that I had been a student in, which has been around leadership.* (Michael)

Acknowledging this and the difference expectations for current students, some academics realised the need for leadership to be explicit within the programme and across the three-year continuum so that students could identify leadership development as a personal and continuous learning:

> *I don't think that they have recognised that they've developed a leadership skill…. they don't readily understand how they've developed and where they are in leadership… they're just seeing as it... as competence...* (Juliet)

> *Probably the best way to do that is getting students to reflect on observations and… and possible experiences. I think students do need theory. But theory on its own is meaningless. What I think the NMC are looking for is a gradual progression. Not only throughout undergraduate preparation, but I guess a gradual progression throughout people's careers… … introducing that concept to them and giving them some kind of concrete examples that they could work with… If you go back to leadership theory, there are sort of attributes, knowledge, skills… that you would expect… people to develop, incrementally…. it's helping students to marry those things together. We know what the theory is, and this is what we've seen.* (Tony)

In identifying the theme of bicultural milieus and experiential continuum of learning, I interpreted the issues for students and academics were the organisational constraints within structures of higher education and the challenge of bridging the learning environments. The regulators requirement for achieving skill-based competencies has often taken the focus away from continuous development of 'softer' skills, or non-technical skills. One academic called the programme a '*broad based degree'* (Michael), and yet the regulatory requirements are at times quite focused at the level of achievement of skills. The expectations for content and context are high for both academic input and student achievement and although criticism of HEI based education for nurses continues by some, the achievement of degree level education blended with clinical competency was perceived as important. This emerged in the metaphorical perceptions of the images with terms such as *'bridging', 'foundations'* and '*complex systems*' representing the challenges of the organisations and facilitating learning contexts. Aligning the association of leadership with practice early in the programme and positioning as a foundation to the process of ongoing personal development may well shift the perception of leadership as a final necessity of skill sets before registration and allow a closer alliance of praxis.

6.1.5 Cultural structures, hierarchy and influencers

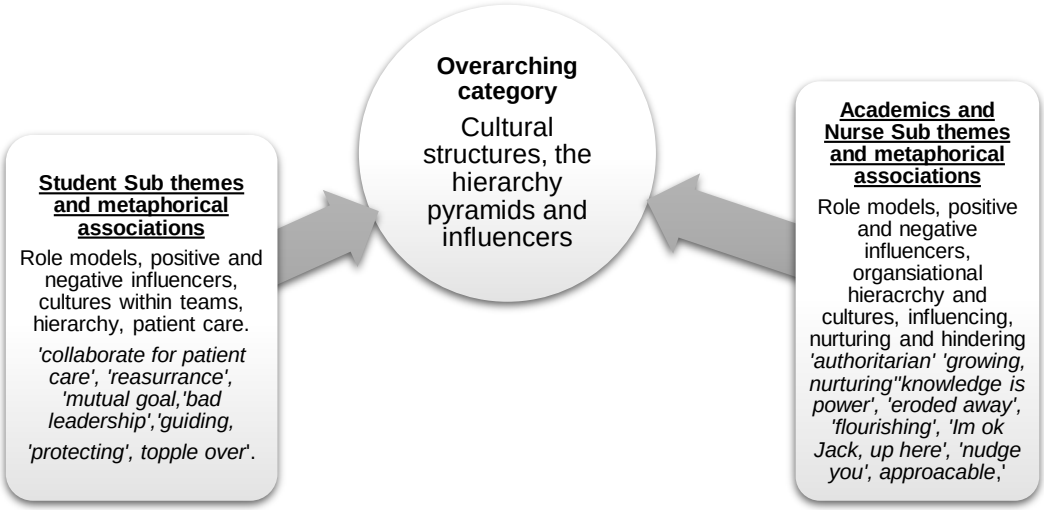

Figure 6: Cultural structures, hierarchy and influencers

Role models, influencers, organisational cultures and hierarchical structures featured as four sub themes within all the participants narratives, forming the overarching category of cultural structures, the hierarchy pyramid and influencers. Varying from recalling emotionally positive influences, which were rationalised as inspiring and motivating, to negative influences which had either both discouraging or contrary effects on how the emotional experience was perceived, all had experienced within nursing. Role models were considered important by all participants and this was evident throughout the Time dimensions, while the hierarchy and organisational or clinical cultures were situated in the Sociality domains of the analysis framework. I combined these sub themes within the narratives, as they often merged and had impact on the participants' perceptions of influence and leadership. I recognised the importance however, of not making assumptions about the collective amalgamation of organisational culture and recognising each individual's responsibility also. Furthermore, I acknowledged the cultural tensions which exist within smaller representations of a large organisation such as the NHS or HEI, are not separate systems, the wider social cultures such as the professions are also highly influential. I also noted reference to the sub themes were mostly confined to clinical practice. Role models for the students were contextually situated within clinical practice and academics were not discussed within this context, while for the academics, some recalled colleagues within HE who had influenced them and exhibited leadership within education. Similarly, students did not recognise the HEI as a hierarchical

organisation which may influence their learning programme, this was contained to the context of clinical practice.

Role models and those who have impacted and influenced, featured within the academic and nurse narratives, and this was situated both from personal experience and in consideration for current students. In recalling positive role models, the emotional positivity of the experiences were perceived as driving forward, influencing patient care and were represented in the metaphorical associations with terms such as *guiding… mutual… collaborating for patient care.* The importance was therefore highlighted in the need for students to have positive experiences from role models and influencers to emulate and take forward, and for those to be recognised. This was often combined with the mentorship role and the challenges and suitability of this:

> *I think it's getting them to look at the positive role models. Because I think sometimes, we just take them for granted.* (Tony)

> *…it's very hard to do that when you're talking about the thousands of students that we train, isn't it? …what the NMC is now saying is, these people need to take on their responsibility of developing this next generation…... all it means is that it's going back to where I was when I started my training…everybody was responsible for the student nurses and supervising them.* (Juliet)

> *I've had staff nurses that I work with who hated being mentors...So as a leader then you have to make a decision... do you force them to take students in turn with everybody else? Which might be that the student has a terrible experience working with somebody that doesn't particularly want to be with them...* (David)

From experiences as students and in clinical practice, academics could also recall negative associations of role models and mentors, and while some perceived this as having negative consequences personally, some had taken this as a learning experience and determined to be the opposite for their own practice and leadership style. This demonstrated how the emotional response or reasoning had impacted their views:

> *She was my mentor and a bully by all accounts. So that… for me it felt uncomfortable, intimidating. I wasn't supported. She was passive aggressive. And I could see it wasn't just me. But not a nice experience as a student…*(Mary)

The influence of culture within organisations and clinical contexts was evident within the narratives and the tensions of leadership within a large organisation is recognised. While it could be said that individuals are drawn to an organisational culture in their career choice which aligns with their values, it is then perhaps surprising when a culture is experienced which is in contrast. This can also be hindered and exacerbated by historical hierarchical structures which seem immovable, as David,

quoting Peter Ducker expressed in his narrative…*culture eats strategy for breakfast,* also reflected in the metaphorical associations as *'topple over'.* Again, for many of the academics, negative cultures had induced emotional and cognitive processing and influenced their leadership styles. I perceived an acceptance, and also frustration, of the hierarchy within the profession and the NHS:

> *So what that taught me is …we have to think about the culture within a team... rather than just focus on individual strategies… which all leaders...struggle with is what do you do about those people who don't want to change? Or don't want to develop? …how do you work with those people? That's... that's a real challenge, I think, in leadership…. it's important for our students to kind of get a view... which is I guess why we talk about Frances... you know, those wards don't become terrible overnight, do they? That's the drip, drip, drip of culture.* (David)

> *the hierarchies in nursing and bullying, it is quite insidious across the profession, we know that, and it has been for years and years… it's the same people around the table. And you see the same people year after year after year after year…it's become power based and hierarchical. It's not leadership.* (Juliet)

> *…it must be difficult working in a negative kind of culture, an environment. And we know they need to be strong enough to speak up…wherever you are in the hierarchy, you need to kind of show what you believe in…. I've certainly worked with people who were in positions of authority, that they don't really have people's respect.* (Nicholas)

With experiences of influencing cultures within healthcare, the academics and nurse appreciated the challenge for students, and while learning from experience was evident, the prospect of changing historically embedded structures and cultures was less evident, rather I perceived views that students should develop strength to 'speak up' to maintain values.

Many of the students had experienced positive role modelling within clinical practice, and greatly appreciated this as an important element of support and inspiration in their learning progress. Some also recognised that the leadership demonstrated by role models was an approach they valued and would also take forward in their leadership development:

> *… she said that a Band 6 is there…not to progress themselves but to progress the people below them to, like, sort of, lift them up… if someone can lead you but without you realising that your being lead, is like, probably, the most effective way, I think, you don't even realise it…. you just will always remember good mentors*…(Annie)

> *…So, if they're good, other people will think they're positive role models and, also, if you have good leaders everyone else is more likely to want to work well with them and work as a team together.* (Sarah)

Where there had been negative experiences, the student participants perceived some nurses as reluctant to take on the mentorship role which had also been identified by some academics:

> *I feel, with the mentors, people shouldn't be made to do it. They should only do it if they want to do it. Because there is a difference between having a mentor that wants to do it and a mentor that don't want to do it. And I've had both good and bad experiences… I've been on the receiving end of the negativity and it's not very nice.* (Annie)

Positions of authority and hierarchy within the NHS and nursing was perceived as causing issues with staff and removing nurses from direct patient care. Students often identified themselves as being *an outsider,* or not visible to the team in which they are positioned, and their perspectives were of looking into a situation, rather than being part of it. This was also reinforced by recalling cultural contexts where they perceived tensions in the hierarchy and within teams and often related this to how it may impact patient care:

> *…you do get staff nurses and you hear them complaining in the staffroom and stuff about the Sisters, always sitting in the office, doing paperwork, and their not always, sort of, visible, they're not there for support on the Ward taking their own patients, … I think as a student, you have a quite good position that you can, sort of, listen to what all the staff are saying, they don't sometimes realise you're there, and I think it makes me think, like, if I was a Sister one day or management or something, I'd want to actually be there in, sort of, the midst of it, and just by listening to them.* (Annie)

> *I thought, from an outside perspective, because I didn't know these nurses beforehand, the person who is in charge, being the leader, was very lovely and making what seemed to be sensible decisions, taking everyone into consideration. So, I thought it was unfair that other people were undermining her based on decisions that she had to do as her job.* (Sarah)

> *I think in first year even if you had just one session saying this is normally the layout and the hierarchy…I think that would just be quite useful to know. Because I went to meetings in my first year and I was sat there, and I came out with my mentor and was like, so who are all those people? …it's not very good is it, really? …There's too many people at top telling people what to do and how it should be done but they're not doing it… especially in nursing because the higher up bands you go the more paperwork and office work it is. Whereas at the end of the day you are a nurse and you're there for patient care.* (Suzanne)

Students recalled both positive and negative experiences of role models, mentoring and cultural structures within nursing profession and the organisation. Similar storied events from all participants, of working within a hierarchical organisation which sometimes was at odds with the image expected from a nursing context was evident. Students were aware of the need to identify issues relating to patient care, however, the issue of 'speaking up' and escalating issues, was challenging for some and being

able to identify an *approachable,* or *nurturing* role model was perceived as important for their confidence and learning.

6.2 Summary

In the iterative process of analysis, evolving the sub themes into overarching categories, I identified five core threads which were interconnected to the infinite learning continuum for all of the participants. Within Chapter six, I worked with the data primarily, interpreting findings from analysis of the narratives. All five categories have implications for the development of leadership within undergraduate nursing and beyond, as they are all interwoven into the cultural contexts and professional values of nursing and education. In Chapter seven, I applied the philosophical perspectives, findings from the literature review and theoretical context to further the iterative process and develop recommendations for practice.

Part Three: Discussion

Chapter 7: Discussion

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.
'Little Gidding' in 'Four Quartets'. TS Elliot (1943)

7.1 Within the theoretical framework

In Chapter six, I interpreted the five overarching categories, working predominantly with the data which illustrated how 'experience' of leadership and the resulting emotional reasoning, was a compelling influence, shaping the centre of each individuals' story. In Chapter seven a further synthesis is presented developing overarching levels of insight and abstraction presenting the findings within the theoretical frameworks and referring to the evidence explored in Chapter two. Emotional responses to experiences of leadership, or "upheavals of thought" (Nussbaum pp.1 2008), and the perceptions have been central to the analysis, and the contribution of this research is the uniqueness of each story presented, each retold experience within the domains of temporal, social and place perspective, and how emotional and reasoning responses can inform development and perceptions of leadership. Considering the five categories, I reasoned the unique contribution, with 'experience and emotional reasoning' at the intersection, illustrated in Figure 6 and forming into predominant themes of:

- **Awakening**. Becoming aware of the expectations and defining characteristics of leadership, the professional values which form the core for leadership in nursing, developing self-awareness and EI, and applying reflexivity to nursing praxis.

- **Social and Cultural contexts of learning.** Considering the bicultural milieus for learning, the hierarchy of the profession and organisation, the influencing role models.

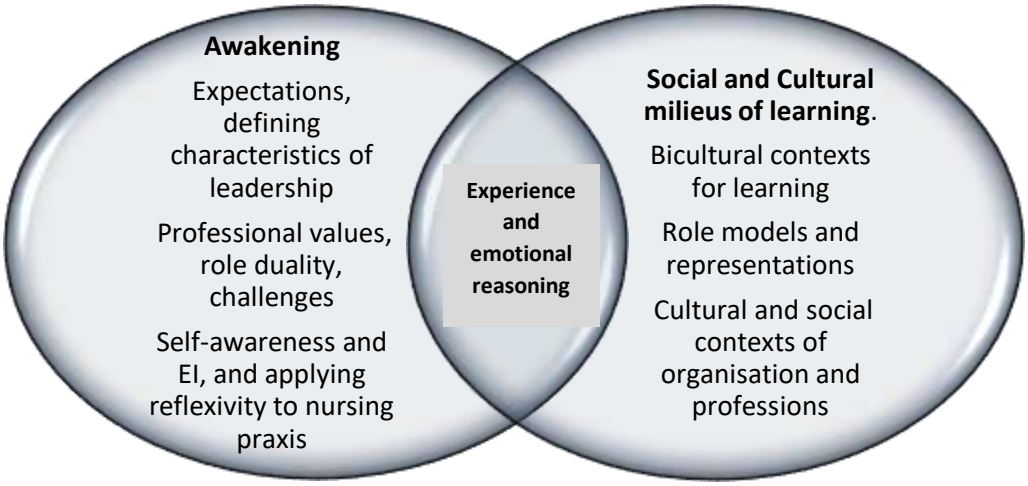

Figure 7: Synthesis of categories

In contemplating the themes, I turned to the theory and my philosophical perspective where experience, reflection, context and awakening to new perspectives and the 'self', often through acquiring wisdom, features. I formed a narrative approach to the iterative analysis approach and allowed my interpretations of the themes to evolve. Keats (1819) observed "Nothing becomes real till it is experienced" evoking the importance of each participants' story as reality for them, and I was reminded of Elliot's (1995) passage within 'Four Quartets' which allowed me to revisit the narratives and reflect on the process of 'awakening' for the participants in relating their perceptions, as well as in my learning of the research process. I perceived the passage, "And know the place for the first time" to elucidate the 'personal awakening' of each participant, while Dewey (2015) stated that reflecting *on* experience brought learning, rather than just experience alone. Nussbaum (2013) reflects on Aristotle's proposal that self-knowledge initiates wisdom, and in considering emotions as cognitive responses and I considered Nussbaum's theory of how emotions sculpt our lives as a profound resource for judicious insight and ethical reasoning. Furthermore, Nussbaum's (2013) social justice approach through the Capabilities framework supports a reflexive and fair approach to providing opportunities for learning which applied in this thesis are called *related Capabilities*. While the extent of experience for the academics and nurse was temporally wider than that of many of the students, the process of the narrative interview and use of photographic images revealed rich interconnected categories allowing me to form an overarching understanding of the dynamic themes.

Acknowledging the complex nature of individual experience and the impinging factors on each stage of learning experiences demonstrated by the participants, I applied a

narrative approach to form the following discussions of both themes. As such, meaning is made not only from knowledge, rather wider contexts and empirical evidence from Chapter two are also considered (Brockmeier and Mereto 2014).

7.2 Awakening

7.2.1 Expectations and defining leadership

In retelling their individual narratives of the experience and perceptions of leadership, the participants within this study revealed a dual perspective. Their memory recall of the events and their own emotional response and resulting cognitive discernment of the significance. Dewey (1989) interpreted experience as a dynamic ongoing process, yet cognisant wisdom cannot flourish if it adheres to tradition and habitual practice. To make experience meaningful and emergent, reflection is needed to intellectualise and create learning. However, reflection also requires conceptualisation and analysis of cultural and social conditions to nurture meaningful learning, which I have termed as 'awakening' (Dewey 1989). I perceived a tension within the terms reflective practice and reflection, used throughout the undergraduate nursing curriculum and featured within many of the narratives, which forms the centre of the discussion presented.

The NMC (2018) standards for pre-registration education have shifted to requiring achievement of 'proficiencies' on registration, placing leadership development within the requirements. As previously mentioned, the explicit characterisation of 'leadership' is vague within the documentation. This results in an open interpretation which adds to the confusion, resulting in a disparate approach to the design of leadership content and methods within education programmes. Producing a definition was not the focus of this research, rather the perceived characteristics of leadership were revealed based on experiences and learning which included emotional perceptions and positive and negative attributes. Leadership development is positioned between practice experience and theoretical knowledge which makes the need for clear alignment of both elements important within the student educative progress, making clear the expectations for all.

From my data, it was evident that students' expectations and self-image are not always as effective leaders, and negative experiences provoked concerns and feeling unprepared to take this concept further in their role. While partnerships of HEI's and clinical environments engage in developing curricula to an extent, the requirement for "equal balance of theory and practice learning opportunities" (NMC 2018, p. 10) does not always result in opportunities for learning leadership theory temporally congruent

with effective examples of positive leadership in practice. The challenge is the approach, termed as “principles of leadership” (NMC 2018), which positions leadership as a series of basic rules which determines how something functions. Rather, I would position leadership as an evolving ontological process of development, requiring opportunities of learning experience, supported by theoretical concepts and critical reflexivity, which are ongoing and emergent for individual development (Wood 2005; Foster et al. 2015; Snowden et al. 2015; Carragher and Gormley 2017; Foster et al. 2017). Empirical evidence supports a continuous approach, (Foli et al. 2014; Waite and McKinney 2015), and while there is a consensus within the literature for further evidence, this is also the case for determining core topics for inclusion for effective leadership development, and which can be later further developed in the career (Brown et al. 2016a, b).

The NMC education standards, Platform 5 (2018, p. 19) refers to leadership, role model and management:

> Registered nurses provide leadership by acting as a role model for best practice in the delivery of nursing care. They are responsible for managing nursing care…

placing some confusion between the distinction, which was illustrated within the students’ narratives. While ‘management’ could be defined as a role of task-based activity, effective leadership is an evolutionary process, a social construct and should therefore be situated within context when within educational programmes (Carragher and Gormley 2017). My data suggests for students, providing clarity early within the educational programme through use of distinct terminology, would support their ability to distinguish the characteristics and overlaps, while positioning theory in context and observing in practice. The confusion and lack of clarity in defining and identifying characteristics of leadership from this study is congruent within the empirical literature and is sometimes ill defined within the terminology used in these studies (Ekström and Idvall 2013). The findings within the literature review indicated a lack of consistency among students in identifying the importance of leadership and identifying the characteristics sometimes challenging (Ekström and Idvall 2013; Francis-Sharma 2016). Yet in the narratives from all participants, examples of valuing leadership in nursing and linking ethical values was evident. The emotional responses and cognitive reasoning in the discussions of the critical events demonstrate this. Nussbaum (2008) deems that emotions require appraisals of things held as important, judgements of something we acknowledge as needing to understand for our own sake. In recalling experiences, identifying the gaps and confusions, and associating

these with reasoning in the narratives, the participants recognise leadership is important, and equally, the complexity of its functions in nursing.

Social justice, as an approach within education, has been suggested within some of the empirical literature (Garner et al. 2009; Waite and McKinney 2015), and encourages the broadening of student expectations and knowledge, linking personal experience to sociocultural issues. However, none have suggested the *related* Capabilities approach, enabling individuals to seek quality of life by seeking 'functionings' in which they place value. In this context, students strive to achieve competencies for registration as they place value in the philosophy and professional values of nursing (Sen 2004). Being provided with *related* Capabilities, or opportunities to develop leadership ability would complement this, such as lectures and theory of leadership linking professional values, while congruently working in practice with nursing leaders. However, social justice is not always dependent on principles of distribution, rather it also requires modifying to allow individuals to achieve possibilities with sometimes constricted circumstances or resources (Sen 2009). Neither does it place restrictions or ideals, as recognition of individuals experience and social contexts are acknowledged, and freedom for individuals to apply capabilities (Smith and Seward 2009). For example, while theoretical and clinical opportunities for leadership development may be equally present, students would develop and apply this through choice. Some may become positional leaders, others will choose to remain within clinical practice and lead individually, without hierarchical positioning. While HEI's and clinical practice provide students with freedom and opportunity to experience and learn about leadership via a series of opportunities, this is disparate and disconnected often, as evident in the student narratives. Equity for achievement might be further considered by greater thought in aligning learning opportunities in both contexts of learning, and encouraging students to identify their values and self-image as a leader early within the learning experience, revisiting this as their perceptions of identity as a nurse leader reach the end of the programme and registration.

7.2.2 Values and role challenges

In the current demands of healthcare, the expectations for students and registered nurses remains testing. All participants recalled past experiences where alignment of the leadership role and professional values was perceived as challenging. The balancing of team relationships and maintaining the characteristics of leading, while maintain quality driven care for patients evoked recognition of its complexity. Wider

expectations of leadership in nursing have been driven following the revelations in Francis (2013), with debates of how, and if, the profession should be educated within the graduate framework. This perception reflects the “too posh to wash” and “too clever to care” speculations which emerged within popular press which symbolised the struggle and attempt at sense making of the lapses in care (Chapman and Martin, 2013). Indeed, some asserted that increasing academic status within nursing was motivated by achieving professional and social standing, rather than improving and leading standards of practice and bound to the professional values of the profession (Chapman and Martin 2013). Willis (2012) and subsequently Aspinall et al. (2019), deduced that there was no association between higher education and lapses of quality in care, and Rolfe (2015) asserted the issues within nurse education lies with an over technical, rational, and evidence-based focus without reasoned discussion and individualised approaches to nursing care. Indeed, the issue of students’ expectations was raised by Maria, the nurse, in her concern that expectations may be misplaced, and less focus placed on fundamental care of patients. By assuming students will focus on being a leader in a hierarchical and positioned meaning, we fail to recognise the values-based origin of their impetus to enter the profession perhaps, and this was evident in some of the student narratives, and also by the academics. By applying Rolfe’s (2015) thinking to expectations, it places value on the ‘ends’, rather than ‘means’ of student development in leadership; the ‘ends’ are the outcomes (safe, person-centred, quality driven nursing care). This then allows explicit questions to be considered in planning curricula and learning methods, specifically what types of ‘means’ are important for fostering and nurturing the opportunities for students to develop and achieve the quality outcomes and ‘functionings’ effectively with clear expectations (Nussbaum 2011). As suggested by some of the academics and expressed by one as *a philosophy,* the student experience of leadership opportunities should be followed by a reasoned and contextualised process of reasoning, linking the actions and decision-making experienced to the professional values of nursing. An active learning methodology supports this and while there is little evidence, Christiansen et al. (2014) suggest the approach allows sharing opportunities for criticality and challenging such complex issues. This would span both contexts of clinical and theoretical environments in the undergraduate experience, to ensure the importance of leadership development is linked to high quality, values driven, nursing care.

7.2.3 Self-awareness and reflexivity

Whilst academics and the nurse placed value in self-awareness, EI and reflection to learning and leadership development, in contrast the students' acknowledgment varied in their worth and one had not associated as important for leadership. Being cognisant of others and self, the social context and organisation, the nurturing of EI and reflexivity would support coping mechanisms for leading, as demonstrated empirically by Waite et al. (2014) and Hurley et al. (2020). Many academics recalled being ill-prepared for the challenge of the role and developing self-awareness gradually, value was placed on self-awareness, and as an approach to coping with emotional burden and work*,* reflecting Nussbaum's (2001) alignment of emotional wellbeing to reasoning and decision making as essential for effective leadership. The academics in this research advocated strongly for ensuring students maintain professional values as their core approach, agreeing with Ekström and Idvall (2013) who identified newly qualified nurses as feeling isolated and being self-aware in preparing for leadership as important. Contemporary theories of leadership such as Authentic (Avolio and Gardner, 2005) and Values-based (Stanley 2019) have placed intrapersonal, developmental, and interpersonal perspectives at their core. Self-knowledge is a required concept, focusing on the possibility of any individual being a leader, rather than any fixed 'model' or theory of leadership. Considering the theory of ILT's influencing leadership, engaging with mental models from experience and a cognitivist view of learning, which forms an understanding of leadership from the inside outwards, this approach also reflected the metaphorical associations made by the participants with the photographic images and emotional 'awakening' to perceptions of leadership (Hogan and Warrenfeltz 2003; Nichols and Erakovich 2013). The images evoked expressions of experience, both positive concepts such as strength and nurturing, and negative in authoritarian terms. Exploring and evaluating these influences, along with the intellectualising of the implications and consequences, would encourage both inward and outward awareness for valuable learning.

Awareness of wider contexts and constructs have been acknowledged within wider literature and empirical evidence as an important element of leadership within healthcare, (Bar-On 2006; Carragher and Gormley 2017; Akerjordet and Severinsson 2010; Mansel and Einon 2019). Debate continues as to which model of EI is effective, and there is criticism of research in methods of measuring EI (Codier et al. 2010). As with leadership, EI remains an often-indistinct concept, however evidence exists for it being a learnt skill, rather than innate (Cummings et al. 2008; Curtis et al. 2011;

Duygulu et al. 2011). It is acknowledged, further research is needed in the association of EI with leadership development in undergraduate nursing, however it is a suggested approach through education and practice, progressively built through the programme to develop interpersonal skills (Foster et al. 2017, Akerjordet and Severinsson 2010). Emotional Intelligence features within the NMC Standards of Proficiency for Registered Nurses (NMC 2018), however it is mentioned in Platform 1 'Being an accountable professional', not within Platform 5 along with leadership. The association for students needs to be well defined to ensure connectivity of both concepts.

Within the narratives, I interpreted many of the students asserting a surface approach to reflection, and this corresponds to the evidence and thinking, furthermore, reflection emerged as associated with assessment often, rather than self and practice development (Liimatainen et al. 2001; Jensen and Joy 2005; Coward 2011; Rolfe 2014). Reflection and reflective practice in nursing education is far from new, and criticality is encouraged for student nurses to learn through and from experience. To achieve praxis, reflexivity enables an interchange between theory and practice to develop a transformation in practice, with an informed and committed action (Bulman 2008, Rolfe et al. 2001, Nairn et al. 2012). Self-awareness and a wider view of the contextual influences is also fundamental, with a deeper consideration of values, going beyond a superficial analysis (Rolfe et al. 2001, McKinnon 2016). In considering the theory practice gap I identified within the student narratives, and the lack of opportunities to explore emotional and reasoning of experiences expressed by some, as well as the inclusion of leadership within theory late within programmes, it suggests an ongoing reflexive approach, specific to leadership, would address this. Dewey (2015) viewed reflection a necessity for problem solving faced in habitual actions, enriching thoughts and actions, an important approach to issues in practice. However, reflection within nurse education is also criticised as being restricting and models excessively defined, inhibiting the free thinking it is meant to support, with educators applying a descriptive rather than critiquing approach within teaching (McKinnon 2016, Coward 2011, Mahon and O'Neill 2020, Rolfe 2014). Methodologies which encourage reflexive and problem-solving approaches, with opportunities for seeking theoretical and empirical evidence to support the critiquing of scenarios, such as Action Learning and Problem Based Learning may encourage students to use collective group learning and support reflective writing (Woods 1994; Pedlar and Abbot 2013; Yew and Goh 2016). These approaches encourage self-awareness and contextual appreciation, resource seeking through self-directed learning and social

interactions, moving away from more authoritative teacher led pedagogies. I noted the students' narratives recalled a lack of group reflection and time to explore experiences from practice. Aligning to a social justice approach, by providing 'capabilities' of group approaches to leadership learning throughout the programme, facilitated by academics, reflexivity may be nurtured in a contextual and ongoing method to support self-awareness and leadership development.

7.3 Social and Cultural milieus of learning

7.3.1 Bicultural learning contexts, role models and representations

The discussion of the theory-practice gap continues to develop and acknowledges there is a disconnect between the learning contexts in nurse education and this emerged from this narrative data. Accepting this concept as the missing link between quality nursing practice, theory and evidence base, it presents issues for students and academics in addressing the negative connotations and implications, effecting clinical skill development of students and newly qualified nurses (Monaghan 2015, Greenway et al. 2019). I interpreted this within the narratives as students recalled a disconnect in content of theory, and the challenge of conveying knowledge and emotional struggle of asserting one's position as a leader in a clinical environment, which may not embrace a culture receptive to change. Similarly, this was related by the academics who could recall this through the time continuum, identifying leader 'types' and this was also expressed in the metaphorical associations with the images. Indeed, for some, the emotional response of experiencing both negative leadership cultures and the struggle of trying to implement change as leaders was profound, having experienced this as students themselves, and now observed the challenge from the education viewpoint. Motivation to change and continuously review practice is influenced by many factors, including the culture of the organisation and clinical area, towards learning and quality, positive role models and professional socialisation (Western 2019). In this research, academics placed value in maintaining high quality and evidence-based approaches to practice when discussing this challenge, reflecting on experience. Yet for students, when support within practice was felt lacking, they struggled to connect both learning contexts, and being able to express and process the emotional experiences and relate to theory and evidence, was often lost. Opportunities to critically evaluate the experience, explore the evidence and process the emotional response had not been presented to them.

This challenge is also supported within the literature and one empirical study demonstrating a disengagement of students in relating theory of leadership to practice

(Maben et al. 2007, Francis-Sharma 2016). While seeking the ongoing reasons for this gap, many suggestions and approaches to education have been suggested including simulation methods, improving the cascade of research into practice, increasing the clinical credibility of academics and increasing reflexivity in mentorship (Myall et al. 2008, Edwards et al. 2018, Greenway et al. 2019). Pepin et al. (2011) however found a combined theoretical and practical leadership focus in a continuous programme for leadership had positive outcomes. Ha and Pepin (2018) propose a visualised representation of leadership through role models and examples along with theory. In considering leadership development and the link of learning milieus, I interpreted students relating inconsistent experience of both leadership in their role models and leadership theory and evidence within the educational setting. While the debate continues within the nursing literature concerning the power balance of academics and clinical nurses between 'knowing' and 'doing', further collaboration is needed to provide students with support in bonding theory and evidence to positive clinical role module experiences (Scully 2010). Furthermore, I interpret from data presented in this thesis, the opportunities for students to share and critique their experiences, combined with theoretical and empirical sources exploring the issue, would support students to further associate practice to theory and allow conceptualisation of issues in practice.

Dewey's (2015) approach to the experiential continuum of learning and associating each experience as interconnected may reposition thinking of how nursing programmes and the dual milieus of learning can align. Habit forming or 'ways of doing' within sociocultural contexts can, if they remain unchallenged and critiqued, be stifling and result in negative environments (Dewey 2015). By providing the capabilities of embedding reflexivity within approaches to learning can encourage enriching thought and actions, reflecting with criticality and considering of context (Dewey 2015). If we acknowledge Benner's (2001) view that practitioners possessing wisdom embrace continuous learning to achieve expertise, then reflexivity and self-reflexive activities should allow recognition of assumptions and habits. Enabling dialogue for change and development within whatever context and encouraging this within both contexts of learning is valuable and important for students (Jenkins et al. 2018).

The challenge of leading within the current complexity of health organisations and the increasing distraction of managerial demands such as staffing, resources and targets provides a tension between modelling effective and positives roles for students. Equally, by not considering the alignment of theoretical leadership, reflection and self-

awareness with clinical experience, and not allowing the development of a reflexive approach to develop throughout the programme, then a disconnect is inevitable. Arries (2009) and Gallagher and Tschudin (2010) acknowledge nurses develop leadership styles from early encounters with others in practice. I interpreted this from within the academics' narratives in which role modelling is proposed to effectively support leadership development within practice and is valued by students (Foli et al. 2014, Francis-Sharma 2016, Jack et al. 2017). Approaching role modelling from a social capital perspective, as Kerber et al. (2015), benign and compassionate influences can affect positive actions within social contexts. Furthermore, a social justice perspective within nurse education and the nursing profession would encourage efficient use of positive and effective resources (role models), equity in distribution and choice for students, a focus to produce, and therefore re-produce, positive role modelling and sustain this effect ongoing. While I acknowledge this may seem simplistic and ideal, it may be an approach to ensuring negative role modelling is not ignored and goes unchallenged.

7.3.2 Cultural and social contexts of organisations and professions

Historical and social contexts attached to the profession, and both health and education organisations, shaped many of the experiences of leadership for the participants in this study. Tensions of hierarchy within the nursing profession and organisations were interpreted and there was an association of leadership combined with management, as positions of power within that hierarchy. Evidence demonstrates power and influence is associated with positional roles, influencing culture and attitudes within clinical areas (Evans et al. 2008, Kelly and Ahern 2009, Laschinger et al. 2012). Alongside this, the rise of prominence of 'leadership' as a term more frequently used within the NHS, presents a further dimension of tension. A leadership culture may influence positively, actively encouraged by reports and drivers (Francis 2013, Anandaciva et al. 2018; NMC 2018). However, where leadership development is not effectively implemented for staff and 'managerial' roles are redefined as 'leadership', this can develop into cultures of control, and shifts from professional values and dissonance can result (Western 2019). Within the academics' narratives, I found personal perceptions of leadership development and self-awareness had occurred at postgraduate and post registration level. When considering that many practitioners may not access leadership development until this stage, this requires consideration as they provide role modelling for students. This supports the NMC drive for leadership development earlier in education and therefore this could significantly impact if leadership development is successfully implemented

at undergraduate stages. A further tension lies within the combination of hierarchies and cultures across the professions and health organisations. Individuals tend to seek careers based on their values, instinctively moving towards cultures they align to, yet there is a paradox within nursing where we have a hierarchical structure, within a wider hierarchy of professions and the NHS as an organisation, in contrast with values of social justice and equity, therefore a tendency to conform to the historical cultures of hierarchy pre-exists (Handy 1996).

I interpreted a realisation of the challenge and '*struggle'* of leadership roles within many of the narratives and this evoked a consideration of whether the very concept of leadership reinforces hierarchical power role structures and diminishes the values-based focus of the nursing profession. Within some of the student narratives I interpreted perceptions of 'outsider' status for nurses leading teams, and the academics and the nurse also related experiences of this personally. An egalitarian approach may well denounce any form of hierarchical leadership in a profession which embodies fairness and equality such as nursing. Herein lies the challenge for the nursing profession therefore, the paradox of being a leader and leading teams, meeting the demands of a large organisation, often driven by targets and resources, while still maintaining sound relationships within the teams, based on professional and ethical values is challenging. Leadership requires permission from others and the self, and must be an ongoing negotiation, it could be argued it requires power and authority to be effective, even when considering it on a micro level such as leading individual patient care (Western 2019). Foucault's (2010) ubiquitous view of power asserts a complimentary need for resistance and its existence not requiring hierarchy, acknowledging the struggle is an accepted part of leadership. In the context of undergraduate nurse education and from a social justice approach, students should be encouraged and provided with opportunities to discuss their perceptions and experiences of this paradox, encouraged to consider where values are placed within such constructs, to further their reasoning of the perceived challenges in preparation for future roles. Developing a reflexive logic and challenging any disrespect, may enable confidence to assert values as central to their leadership style, with continued support and agency from their educative sources (Nussbaum 2008). Addressing the 'wisdom deficit' proposed by Schwartz and Sharpe (2010), who assert that self-integrity and empathy should guide professional ethics instead of over relying on rules, this would place values as central to leading within nursing allowing a cascade and influence on how leadership development is viewed and supported, moving away from an 'outsider' status (Kelly et al. 2016). Organisational culture is created by a

myriad of forces and if the nursing profession is to present itself as highly educated, driven by its values and demonstrating positive leadership by example, the narrative needs to be realigned as such (Bennett et al. 2020). Within the student narratives, I perceived the status of 'outsider' in the clinical cultures evoked emotional responses of not being able to 'speak up' or create change. An approach of inclusivity should exist within the partner organisations for supporting nurse leaders, providing exemplars and inspiring aspirations for leadership for students and positive cultures for learning which is known to influence students' response to learning (Saarikoski and Leino-Kilpi 2002).

Dewey considers reflection to enable a consciousness to the influencing cultures which influence our experiences. Where bias, prejudice or negative influences are perceived, this can obstruct positive actions, unless reflexivity enables the individual to critically transform. Polanyi (1964) observed that only with practice, discussion and analysis over time, would students see and interpret. Therefore, the relationship between learning, experience and conceptualization is interrelated and requires appropriate opportunities to evolve, allowing new thinking and actions to develop, leaving previous ways behind. However, these approaches need to be nourished and developed in partnership in both learning contexts if student leadership development is to emerge as effective in the future nursing profession.

7.4 Summary

Approaches to leadership development in nurse education are disparate and while they are shaped by regulatory requirements, academic standards and partnership requirements for the workforce, the legacy of leadership within the profession and heath organisations needs to be contemplated further. Leadership is widely perceived to be an important aspect of the role of a qualified nurse and therefore should be considered as central to the role development, with equal consideration as to how this is enabled in students. While all participants in this study agreed the importance of leadership in nursing, the application of Dewey's concepts of relevance of experience and Nussbaum's theory of the emotions and social justice have revealed how each narrated experience of leadership holds value in future conceptualisation. Furthermore, while there are findings in this study which concur with other empirical evidence, examining the experiences applying a narrative turn and approaching associated emotions as shaping the cognizance and resulting social and professional backdrop to perceptions of leadership, the tensions have been revealed and a critical construction of knowledge developed.

Part four: Summary and recommendations

Chapter 8: Summary and recommendations

Within this chapter a summary of the research is presented and offers the new contributions it has revealed in this area of knowledge, along with the implications for practice. An evaluation of the quality of the study is provided along with the limitations. The concluding section provides recommendations for practice and future research.

8.1 Summary

This study applied the methodology and method of narrative inquiry to explore the experiences and perceptions of leadership and leadership preparation in pre-registration education by narratively interviewing academics, student nurses and a senior nurse. Five students, six academics and one senior nurse were interviewed individually within a University site in 2020. The interviews were recorded and transcribed verbatim. Narrative Inquiry methodology was applied throughout the process including analysis, and researcher generated photographic images of nature were used within this to produce a fusion of research and visual metaphors. This revealed the personal narratives and perceptions of all participants, achieving the quest for narratives as knowledge. In approaching the analysis, the theoretical frameworks chosen were considered and a further paradigm was applied to explore critical junctures of the narratives, exposing the emotional and reasoning effects of the phenomenon being studied. The narratives were analysed firstly individually, giving full appreciation to each story, followed by a group analysis identifying the common threads and themes. In synthesising these overarching themes positioning within the wider empirical evidence and literature, and critically relating theoretical frameworks of Dewey and Nussbaum, the findings were interpreted.

The participants experience of leadership shaped each story of their perceptions of leadership, both within education and in clinical practice. The student narratives revealed tensions between expectations of leadership, defining leadership and associating their experiences with a personal vision of self as leader in the future role. A perceived disconnect between the social and cultural experiences and contexts of learning was interpreted, and these spanned the domains applied in the analytical framework of social, temporal and place.

Tensions within the experiences of the academics also revealed juxtapositions between aligning their experience of leadership with the education preparation of students and the experiences from clinical leadership, within the social constructs of dual professions and learning contexts. My use of narrative inquiry and visual images was evocative in allowing emotional expression and metaphorical associations from

experience to be told, revealing the impact of experience on the cognitive processes of reflection and reasoning.

Leadership is yet to be fully defined within the undergraduate nursing field, and yet is firmly situated as an expectation or 'principle' for registration. In this research, all participants thought leadership to be important for nursing, both as a profession, to maintain quality of patient care, and to drive for positive improvement. Defining the characteristics presented challenges for students while academics and the nurse had formed more focused views from experience. However, clarity in how to become or prepare for leadership roles was indistinct within the data and the empirical literature reviewed supports this. The challenge of connecting theory to practice within different learning contexts highlighted the theory practice gap continues to obstruct effective learning for some students. My research demonstrates becoming self-aware is deemed important by academics and the nurse, and while this was identified within some of the student narratives, not all identified this as important for leadership development.

Exploring the impact of emotional reasoning and reflexivity, following examples and representations of leadership for students, in contrast to the academics and nurse who had mastered reflection over all dimensions of experience, revealed a need to further explore how this influences their vision of self as leader. This was deemed an important finding within this study as it shapes the view of students' approach to leadership in the future. Academics produced rich stories which combined experiences throughout the spectrum of student, nurse and educator and while all supported an ongoing process for leadership development, self-awareness and reflection as ideal, tensions of what education programmes are providing was also illuminated. Negative examples of leadership styles were also surfaced across the participants stories and I deduced the profound emotional responses of some which emphasised the still pervasive hierarchical social contexts within the profession, as well as the opposing challenges of a values-based profession in a target driven organisational construct.

The construction of analysis and interpretation presented in this thesis are limited to my own interpretation. In addressing the issue of validity and integrity in narrative inquiry, Reissman (2008) regards two areas importance; the story as related by the participant, and the validity of the analysis or re-storying by the researcher. I have addressed these issues below, while acknowledging different interpretations may have been arrived at within alternative junctures of time, sociality and place.

8.2 Quality and integrity

Denzin (2018, p. xii-xii), in exploring the issue of ensuring validity within narrative inquiry states:

> narratives do not establish the truth…Narratives create the very events they reflect upon…. narratives are reflections on- not of – the world as it is known.

To ensure quality and integrity within narrative inquiry, the application of methods to the research question, epistemology and perspective must be appropriate, with a documentation of the sources and the process of discovering the data (Reissman 2008). My commitment to applying the approach of Clandinin and Connelly (2000) is documented within the thesis and in my approach to analysis in applying Dewey's framework. As a novice researcher I found the need to apply rigor to the methodology sometimes overwhelming and returned to the theory repeatedly until I entered a period of enlightenment before taking steps to move forward in my methodology design. Also, in using visual images, I was aware I was taking a step into the unknown within this field, and again, in my commitment to ontological, axiological and epistemological beliefs, ensured I searched for further theory and methodologies which support this approach and value the artistic and metaphorical richness which can be developed, adding to the depth of the data. All participants expressed this was an interesting approach and the images drew further expressions of emotion and connection which reassured my approach to the validity.

In presenting the narratives Agar and Hobbs (1982) advise ensuring each story is coherent and relevant to the global, local and thematic perspectives of the topic. I ensured this was supported by returning to the theory and empirical evidence within the field and revisiting this throughout, ensuring the relevance and uniqueness of my research. I was determined to approach each participant and the narrative produced, with sensitivity and systematic rigour, which is detailed in my approach to the design in Chapter four. I maintained the essence of each narrative by ensuring each was presented coherently and placed value on every detail by reading and re- reading, listening and re- listening to the interviews and engaging in the iterative process.

By maintaining a reflexive diary, and by returning and revisiting my notes made during the interviews and following, I was able to continue throughout and maintain a reflexive view which was also supported within my commitment to supervision sessions. This also ensured I was methodologically mindful, which enhanced self-awareness of each decision and approach I applied (Reissman 2008). I adhered to the ethical requirements in recruiting participants, interviews and data protection and

my commitment to sensitivity was upheld in considering my position as an insider researcher and engaging the recruitment of all participants.

As a novice researcher I am aware that the findings within the thesis may not be given immediate pragmatic use by the academic field, however the methodology has attended to context specific knowledge and attended to issues of validity and quality and therefore will add to the evidence within the discipline (Reissman 2008). The thesis has also given value to the detail within the narratives, unravelling complexity, conflicting experiences and nuances and I have been committed to transparency and making explicit the approach and interpretations arrived at. In considering validity in educational narrative inquiry, McNiff (2007) places the realisation of values within the approach to quality and validity, and I have applied both my values of a professional nurse and as an educator to this research throughout.

8.3 Contribution to knowledge

Having reviewed the literature and evidence within this area, it is evident that some of the issues explored have been examined, albeit with different aims and different methodologies, by other researchers. A purely narrative inquiry approach using Clandinin and Connelly, Dewey and Nussbaum has not been explored within this field and has presented a unique perspective. Therefore, while addressing and supporting other findings, my study has also challenged approaches and presented new perspectives. In maintaining the importance of emotions as cognitive responses (Nussbaum 2008), importance and value has been placed in the retelling of experiences and perceptions of leadership within undergraduate nurse education.

The findings in this thesis can inform, and are relevant, to nurse education and practice as both are interwoven seats of learning for nursing students, playing equal parts in the shaping and nurturing of future nurses and leaders. Vagueness in definition invokes a disparate approach to pedagogical approaches and content and diverts the focus of establishing clear messages and expectations for students, nurses and academics. Furthermore, while there is partnership working between clinical and theoretical learning contexts, it is evident a gap exists for students in experiencing effective leadership in practice and critically reflecting on the theory and evidence of leadership in University. The study found that students do not always associate their self-image with the responsibility of leadership. While this study revealed that leadership was considered important for nursing, and that values should be central to the being a leader, this is an important finding for future consideration; as one of the academics expressed, leadership should be a *philosophy* in nursing.

Self-awareness was deemed important to the academics and nurse and support for developing social and EI in students aligns to a values focused leadership philosophy in nursing for the future.

8.4 Limitations

While this thesis presents original knowledge and contributes to the evidence in the field, limitations are presented below.

8.4.1 Methodological issues

Narrative inquiry challenges assumptions of qualitative methodologies and requires ongoing reflection, while still relatively new in its development and acceptance as an established approach. In the field of nursing, education and leadership, which were the phenomena this thesis considered, narrative inquiry is at different stages of development, and in combining these topics for discovery, I was aware this would be challenging. Remaining close to Clandinin and Connelly's (2000) approach allowed me to apply the analysis framework of Dewey and was able to present the data as a 'landscape' across the dimensions. However, it could be argued, my inclusion of a 'critical event' (Webster and Mortova 2007), and the inclusion of the photographic elicitation within the analysis, could be over complicated for my inexperience as a researcher. However, I do not believe this introduced elements which complicated the design, rather added to the depth of discussion.

Clandinin and Connelly (2000) discuss 'being in the field' and being fully involved to understand the experiences and lives involved, revising and revisiting texts. While they acknowledge the tensions in this immersive approach, threatening objectivity, they also acknowledge these tensions are always at play and it is a balance of proximity and detachment, acknowledging their part in the research, their own story and the context in which all are situated. In this research, I was already within the field and this initially brought tensions of its own and may have introduced limitations to the study data. Time restrictions of this doctorate also limited revisiting texts over time. I was conscious that ethical requirements were maintained, remaining objective and reflexive. Clandinin and Connelly (2000, p. 184) advise "wakefulness" in learning, in doing and writing and in responding to others, and good narrative inquiry requires "explanatory and invitational qualities… authenticity… adequacy and plausibility".

Small samples are acceptable in narrative inquiry, and while I anticipated difficulties in recruiting, the opposite appeared to be the case for some groups. While there was a gendered mix within the academic sample, the students and nurse identified as

female, and this may limit the data from a gender perspective. The further challenge of Covid-19 could not have been anticipated. However, I was fortunate to have recruited a sample of academics and students, and to be able to complete the data collection via telephone where possible. Reflecting on this, I listened again and again to the taped interviews and detected no difference in the quality of data or narrations. Timing was therefore an issue, and I did consider how the participants may tell their stories twelve months later, following the impact of Covid-19 as it has impacted on the working environments and educational experience of the students greatly. I had concerns about only interviewing one senior nurse and the representation of clinical experience stories within the limits imposed by Covid-19 and I consider this a limitation. The temporal issue also applied to my position as researcher, and my learning throughout this process of the doctorate. The findings presented here are interpreted through my own lens, values and experience, and this is acknowledged.

8.4.2 Novice researcher

My inexperience as a novice researcher must be acknowledged as a limitation within this thesis. Kim (2016, p. 20) cautions novice researchers that narrative inquiry can be a “risky business”, associated with fiction by some positivist thinkers, and the need for focus on the ‘inquiry’ as much as the ‘narrative’. Indeed, I was aware that my love for narrative may overtake the analytical aspect resulting in the presentation of a series of stories, without depth of analysis. In my reflexive notes during the analysis phase, I posted constant visual reminders to myself, drawing back to the inquiry elements with phrases such as ‘no navel gazing’ and ‘what is the research here?’. The complexity and dynamics of the reality related within narratives requires deft handling in its presentation, which a novice researcher may struggle with. As many approaches also exist, narrative can be challenging in acceptance by scholars and journals for a novice researcher (Webster and Mortova 2007; Kim 2016).

Within the analysis phase and with my decision to include a ‘critical event’, the need to ensure I attended to the miniscule details was at times challenging. I was conscious of not overlooking the simple or too familiar, which is a risk when embedded within the cultures of both nursing and education as an insider researcher. I wanted to ensure I valued each detail, large or small within the narratives, which in turn places value on each participant’s contribution. Kim (2016) compares these miniscule details with Isaac Newton’s ‘falling apple’, a phenomenon which is familiar and simple, yet Newton’s inquiry into this detail developed into the ‘law of gravity’. Narrative inquiry should begin with the ordinary, through inquiry emerges significance and valued

experiences. Acknowledged therefore, as a novice and placing limitations within this study, some minuscule details may have been missed within the narratives.

In valuing each participant's narrative and contribution, I endeavoured to present all the richness verbatim. I realised within the restriction of word limits for this thesis, this would not be possible, and many passages were not included. While I have attempted to relate each as a unique narrative, some omissions may well have added further to the richness and analysis.

8.5 Recommendations

Despite the acknowledged limitations of this study, recommendations have emerged from the data and analysis. While suggestions have emerged from other research of the need for reflexivity and ongoing development of leadership, this study has identified further aspects for consideration within the design of undergraduate nursing curricula. Leadership is an evolving ontological process of development, requiring opportunities of experience, supported by theoretical concepts and critical reflexivity, which are ongoing and emergent for individual development. The three key recommendations are:

1. leadership should be aligned to professional values within HEI undergraduate curricula, ensuring it is clearly associated with the professional development of nurses, and embedded early within the first year of the programme, to place value in its importance and highlight its expectation within the requirements for registration.

2. educators within HEI's and clinical areas should support the promotion of positive and inclusive leadership role modelling, while also encouraging the challenging of negative authoritarian examples and negative cultures. This should be applied through supporting students to be reflexive, intellectualise leadership issues while clearly linking to professional values.

3. self-awareness should be elevated by the regulator and educators and associated to leadership development in the curricula and standards for education, to encourage a self-aware and wider socially aware nursing workforce. Student nurses should be encouraged to see their role as influencers of individual nursing care, and aspire as influencers of policy, deserving a place on the global stage representing the profession.

To disseminate and implement these recommendations locally, I intend to

- present the research within the School and align within the research development themes.
- incorporate the findings within my teaching at all levels of education programmes
- develop further links with the local health boards to identify leadership role models in practice and develop effective relationships for further student experience opportunities
- present my research at the HEI annual education conference
- present my research at nursing, healthcare and education conferences in Wales, the wider UK and internationally.
- present the findings to current programmes for students locally and wider such as the Council of Deans programme via a podcast
- publish the research and its findings in nursing, education or healthcare journals

These recommendations are focused on nurse education, while also acknowledging the role of the regulator in setting the clarity of leadership expectations for students and the profession. While there are limitations within this study, to address this, it is recommended:

- further research should be undertaken to clarify and define leadership in this context and explore effective educational methodologies for preparing student nurses for leadership. I hope to continue to further seek opportunities to develop research in this area to further contribute to this knowledge and approach for nurse education.
- this study and the methodology applied be replicated wider geographically to view this issue in a broader context.
- the students in this study could be reinterviewed to gain insight into their perceptions of leadership experiences as newly qualified nurses. This would provide further insight into the initial years as a newly qualified nurse and their perceptions of leadership and their own leadership development.

I acknowledge this study presents my interpretations only of the individual narratives and further analysis could be explored to ensure the inquiry reveals all the minuscule depths of what this ‘falling apple’ reveals.

Epilogue

> Furthermore, if emotions are as Proust describes them, they have a complicated cognitive structure that is in part narrative in form, involving a story of our relation to cherished objects that extends over time. Nussbaum (2001, p. 2)

Undertaking this Professional Doctorate has enabled me to seek understanding and explore many topics I consider as 'cherished objects'. At times, I have found it challenging to express my interest and belief in the importance of the topic this Doctorate addresses within nursing education. Reflecting over the process and reviewing my early writing in developing the research question, I realise I have arrived at an unexpected position. I have learnt to think critically, to craft and re craft writing and to be attentive to experiences as learning. I have learnt to question theory, question narratives and inwardly reflect and explore the opportunities for individual interpretations, with strengths of imagery and metaphors in expression of life experience.

Nussbaum (2001 p. 142) suggests that beliefs about what holds value is central to our emotions, and those beliefs are formed by 'social norms' and our own historical stories. Changes in acceptable 'social norms' can change emotional life and within this study and the nursing profession, I believe this has powerful connotations. It emphasises the interdependence of professional values and inspiring role models in leading the profession forward and creating excellence as a 'social norm' rather than accepting negative examples of nursing leadership. Exploring photographic images as metaphors for leadership within the research methodology has enabled me to question my assumptions and make the "familiar strange" (Mannay 2016, p. 31), producing rich narratives and associations or the participants. In exploring narratives and applying the theorical and philosophical frameworks I appreciate this study is an individual exploration situated at this time. However, the findings have produced suggestions and recommendations. In questioning, I have gained personal enlightenment and an appreciation of individual narratives, their potential for agency and an eagerness for continuing my learning.

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Appendix 1: Summary table of search process and results

Database	Limiters applied	Yield after limiters	Papers selected for screening after duplicates removed	Papers selected for inclusion
CINAHL	2004-2020 English language, peer reviewed	40	30	9 Pepin et al. 2011 Hendricks 2010 Foli et al. 2014 McKinney et al. 2014 Pearson and McLafferty 2011 Brown et al. 2016 Bruce et al. 2019 Ekström and Idvall2015 Christiansen, Prescott, Ball, 2014
SCOPUS	2004-2020 English language, peer reviewed: nursing topic	12	nil	nil
ERIC	2004-2020English language, peer reviewed	8	nil	nil
PubMed	2004-2020 English language, peer reviewed; 'nursing journals'	259	15	2 Ha and Pepin 2018, Démeh and Rosengren 2015
JBI EBP	2004-2020 English language, peer reviewed	3	1	nil
ASSIA	2004-2020 English language, peer reviewed	100	5	2 Francis-Sharma 2016 Parmenter 2013
CENTRAL	2004-2020 English language, peer reviewed	1	nil	nil
Total Included				13

Appendix 2: Ethics approval letters

School of Healthcare Sciences
Head of School and Dean Professor David Whittaker

Ysgol Gwyddorau Gofal Iechyd
Pennaeth yr Ysgol a Deon Yr Athrawes David Whittaker

12 June 2019

Cardiff University

Alison James
Dear Alison

Conceptualising leadership in nurse education. Perceptions of leadership on point of qualification, exploring the views and experiences of final year undergraduate nursing students, educators and senior nurses.

At its meeting of *11 June 2019,* the School's Research Ethics Committee considered your research proposal. The decision of the Committee is that your work should:

Pass –and that you proceed with your Research after discussing the reviewers' comments with your supervisor

The Committee has asked that the lead reviewers' comments be passed onto you and your supervisor, please see attached.

Please note that if there are any subsequent major amendments to the project made following this approval you will be required to submit a revised proposal form. You are advised to contact me if this situation arises. In addition, in line with the University requirements, the project will be monitored on an annual basis by the Committee and an annual monitoring form will be despatched to you in approximately 11 months' time. If the project is completed before this time you should contact me to obtain a form for completion.
Please do not hesitate to contact me if you have any questions.
Yours sincerely

Mrs Liz Harmer – Griebel
Research Administration Manager

Cc: Dianne Watkins, Judith Carrier

Ymchwil Iechyd a Gofal Cymru
Health and Care Research Wales

NHS
Health Research Authority

Ms Alison James

Email: hra.approval@nhs.net
HCRW.approvals@wales.nhs.uk

10 October 2019

Dear Ms James,

HRA and Health and Care

Study title:	**Conceptualising leadership in nurse education. Perceptions of leadership on point of qualification, exploring the views and experiences of final year undergraduate nursing students, educators and senior nurses**
IRAS project ID:	**269883**
Protocol number:	**SPON-1766-19**
REC reference:	**19/HCRW/0031**
Sponsor	**Cardiff University**

I am pleased to confirm that **HRA and Health and Care Research Wales (HCRW) Approval** has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Please now work with participating NHS organisations to confirm capacity and capability, in line with the instructions provided in the "Information to support study set up" section towards the end of this letter.

How should I work with participating NHS/HSC organisations in Northern Ireland and Scotland?

HRA and HCRW Approval does not apply to NHS/HSC organisations within Northern Ireland and Scotland.

If you indicated in your IRAS form that you do have participating organisations in either of these devolved administrations, the final document set and the study wide governance report (including this letter) have been sent to the coordinating centre of each participating nation. The relevant national coordinating function/s will contact you as appropriate.

Please see IRAS Help for information on working with NHS/HSC organisations in Northern Ireland and Scotland.

How should I work with participating non-NHS organisations?

HRA and HCRW Approval does not apply to non-NHS organisations. You should work with your non-NHS organisations to obtain local agreement in accordance with their procedures.

What are my notification responsibilities during the study?

The *"After HRA Approval – guidance for sponsors and investigators"* document on the HRA website gives detailed guidance on reporting expectations for studies with HRA and HCRW Approval, including:

- Registration of Research
- Notifying amendments
- Notifying the end of the study

The HRA website also provides guidance on these topics and is updated in the light of changes in reporting expectations or procedures.

Who should I contact for further information?

Please do not hesitate to contact me for assistance with this application. My contact details are below.

Your IRAS project ID is **269883**. Please quote this on all correspondence.

Yours sincerely,

Marian Bough

Email: HCRW.approvals@wales.nhs.uk

Copy to *Ms Helen Falconer* **List of Documents**

Appendix 3: Expression of interest for participation

Volunteers needed for a Research study on the perceptions of leadership on point of qualification, the views and experiences of final year undergraduate nursing students, educators and senior nurses.

What is the study about?

The purpose of the study is to explore the topic of leadership in nursing with third year nursing students, educators and senior nurses.

Why is the study being carried out?

The Nursing and Midwifery Council produced 'Standards of proficiency for registered nurses' and 'Standards for pre-registration nursing programmes' which set out the standards for education programmes and standards for entering the Nursing Register. Within these standards are requirements for leadership skills, however, there is lack of evidence and definition of what leadership is and how it is best taught to students. It is important we understand more about what students, lecturers and senior nurses think effective leadership is and how education can best prepare students for leadership when they qualify. This research is part of a Doctoral Thesis at Cardiff University.

Who will take part in this study?

This part of the study will involve third year students on a nursing degree programme in Cardiff University who have progressed to their third year of study. They will take part in a focus group with peers for about 60 minutes and an individual interview with the researcher on the Cardiff University campus.

If you are interested in taking part in this study, please contact:

Alison James

Email- jamesa43@cardiff.ac.uk

Telephone- xxxxxxxxxxx

Appendix 4: Participant information sheet

Participant Information Sheet

Study Title:

Conceptualising leadership in nurse education. Perceptions of leadership on point of qualification, exploring the views and experiences of final year undergraduate nursing students, educators and senior nurses.

Researcher: Alison H James

Invitation

I would like to invite you to take part in this research study which is part of a Doctorate programme I am studying for at Cardiff University. Joining the study is entirely up to you, before you decide, I would like you to understand why the research is being done and what it would involve for you. I will go through this information sheet with you, to help you decide if you would or would not like to take part and answer any questions you may have.
Please take as long as you need to read through the information sheet. Please feel free to talk to others about the study if you wish.

The first part of the Participant Information Sheet tells you the purpose of the study and what will happen to you if you take part. Then I give you more detailed information about the conduct of the study.

Do ask if anything is unclear.

Summary

The purpose of the study is to explore the views and experiences of nursing students, educators and senior nurses of what leadership means on point of qualification. The aim of the study is to seek an understanding of what leadership means and what the expectations are for newly qualified nurses. There is a lack of research in this area and the standards from the Nursing and Midwifery Council have been updated for nurse education which includes leadership development. This study aims to provide information to inform future nurse education and provide ideas for how leadership can be developed in undergraduate nurses to prepare them for the role of qualified nurse.

Why have I received this information?

The study will involve 5-12 people from three groups.

- Third year undergraduate nursing students
- Academics who deliver the undergraduate programme
- Senior Nurses from a HB

These have been chosen so that all views can be considered as all are directly involved in developing leadership either in clinical practice, or in the University.

What happens next?

If you think you would like to be involved, or would like further information, do contact the researcher and the details are at the end of this information sheet.

What will happen if I decide to participate?

If you would like to participate you will be asked to consent to be involved in the study, you will be asked to participate in a one to one interview for about 60. Photographic images of nature will also be used to help the discussion along. These will take place on the University campus.

Risks and benefits of participating

While I cannot guarantee taking part in this study will benefit you directly, it is an opportunity to inform future education for nurses and contribute to research. I will be asking you about your experiences of leadership in practice and education as well as other areas of life. Sometimes, people feel emotional when discussing life events. If this occurs, you may stop the interview immediately.

Confidentiality and data protection

Your information will be treated in full confidentiality and all those who take part will be identified by numbers or false names and all information anonymised. Ethical and legal practice will be followed with respect to any information about you that is obtained during the study in accordance with the Data Protection Act. All information gathered will be stored on a secure computer according to Cardiff University policy. All paper and electronic information will be stored securely and kept for five years following the study. Personal information will be destroyed following transcription of the data. Data and information may be viewed by the Researcher's Doctorate Supervisors and the transcriber. After this time, the information will be destroyed. The focus group and interview information will be analysed by the researcher, Alison H James.

If, during the interview and/or focus group a disclosure is made which evidences harm or malpractice, the recommended procedure as set out by the Nursing and Midwifery Council for raising concerns will be followed.

(/www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives).

What if I change my mind?

You can change your mind at any time and withdraw from the study at any point up to the point of publication without providing a reason.

What will happen to the results of the study?

At the end of the study, I will write a report which may be published in peer reviewed journals and conferences. No one who participates will be identifiable from the publication. If you would like a summary of the findings, I can send that to you at the end of the study. Direct quotes from the interview and focus groups may be used in the report, however, these will all be anonymised.

Who has reviewed the study?

This study has been reviewed by Cardiff University, School of Healthcare Sciences Research Ethics Committee, the Local Health Board Research and Development Board have also reviewed this research (IRAS project number **269883**).

What if something goes wrong?

If you have a concern about any aspect of this study, you should speak to me and I will do my best to answer your questions. Indemnity cover will be provided by Cardiff University. If you remain unhappy and wish to complain formally, you can do this by contacting the School of Healthcare Sciences Director of Research Governance (Dr Kate Button buttonk@cardiff.ac.uk 02920687734).

Further information and contact details

Alison H James

Doctoral Student

School of Healthcare Sciences

Tel…….

Email: jamesa43@cardiff.ac.uk

If you have any concerns during the research, please contact Alison's supervisors:

Professor Dianne Watkins watkinssd@cardiff.ac.uk ,Dr. Judith Carrier carrierja@cardiff.ac.uk

Appendix 5: Consent form

Consent form

IRAS project number **269883**

Research Title:

Conceptualising leadership in nurse education. Perceptions of leadership on point of qualification, exploring the views and experiences of final year undergraduate nursing students, educators and senior nurses.

Name of Researcher: Alison H James

Please initial each box

Participant Number:

- I confirm that I have read the information sheet dated 10/10/19 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
- I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
- I agree to be audio-recorded during the study. ☐
- I confirm that data from the study can be used in the final report and other academic publications. I understand that these will be used anonymously and that no individual respondent will be identified in such report. ☐
- I give consent for the use of verbatim anonymised quotes in publications and conference presentations. ☐

- I understand that the findings and potentially secondary analysis of the findings and associated data from the study may be presented at conference and in scientific journals. I understand that these will be used anonymously and that no individual respondent will be identified in such report. ☐

- I understand that if, during the focus group a disclosure is made which evidences harm or malpractice, the recommended procedure as set out by the Nursing and Midwifery Council for raising concerns will be followed. ☐

- I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers. ☐
- I agree to take part in the above study. ☐

Name of person signing the consent form: _____

Date: _____

Signature: _____

Name of person taking consent: Alison H James

Date: _____

Signature: _____

Appendix 6: The photographic image

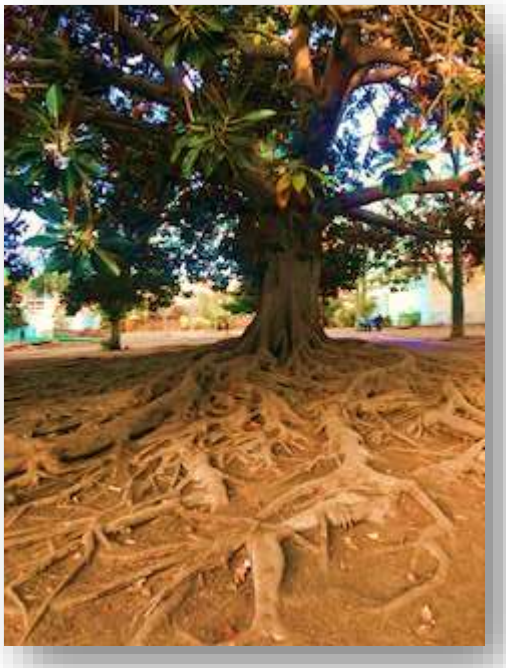


Image1. Tree with Roots

Image 2. Rhinoceros

Image 3. The Beach

Image 4. The Island

Image 5. View from a plane

Image 6. Root System

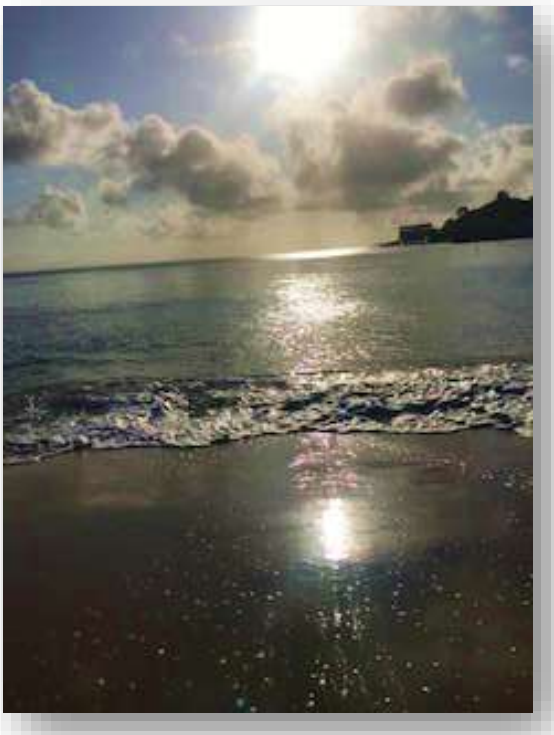


Image 7. The Moon on Sea

Image 8. Rock and Boats

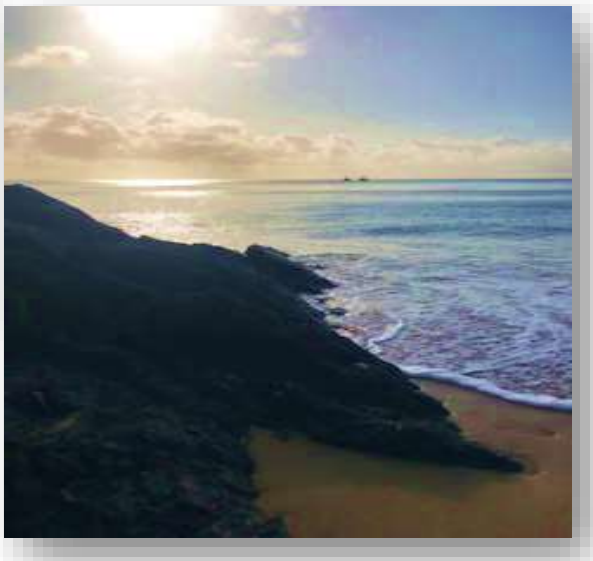


Image 9. Woods

Appendix 7: Interview preamble, questions and prompts

Morse (2012) recommends six to ten questions to be developed within narrative inquiry. The interview should involve the narration phase, where the interviewer engages in 'active listening' the second is 'conversation' where semi structured questions and images are applied.

An introduction to the interview will set the context.

'Thank you for agreeing to participate in this study.

The NMC standards for registration states that nurses 'understand the principles of leadership and how to apply them in practice, exhibiting leadership potential'. I am interested in your experience and views of leadership within nursing and in the preparation in education. I want to understand your experiences and your story, so please begin by telling me about your background, and then tell me about your experiences of leadership and how you see leadership in nursing.'

Prompt questions:

1. Can you tell me about you experiences of leadership and your thoughts on what leadership is?
2. What do you think the NMC mean by 'principles of leadership and leadership potential? (explore further, characteristics, skills, competencies, difference between leadership and management).
3. Have your views on leadership changed?
4. From your experience, what is the best way to learn about becoming a leader?
5. Can you tell me about anyone who has influenced your thoughts on leadership (positive or negative). What was it about them that you though made them good/ not good leaders? How did this make you feel, and did it impact your practice?
6. Can you tell me if you think leadership is important in nursing and why/ why not?

Specific questions for the three groups

Students:

> You have told me which method of education and preparation has been most effective for you in preparing you for the being a leader when you qualify, and you are now in your last year of education. Can you tell me if you feel ready to take on the role of leader and what this means for you now and in the future? (explore prompts for expectations for practice, emotions, fears, confidence, skills)

Academics

You have told me which method of education and preparation you think is most effective for students to prepare for the leadership role. Can you tell me more about your experience of this within nursing and education and do you have any views on what we can do to further provide students with effective preparation for this role?

Nurses

You have told me which method you think is most effective for students to prepare for the leadership role. From your experience, is there anything further which would help the student transition from student to nurse that would help within the clinical environment?

Appendix 8: The individual narratives continued
The Students

Cath's Story- *you've got to be aware of what you say or how you act to people because you know, they're going to either be inspired by it or be, you know, completely crushed*

Cath's narrative began with her reflection on her past experience as a patient which inspired her to become a nurse and she told of the challenges she faced, including the loss of friends who had left the course due to a mismatch of expectations and reality:

> *I spent two weeks in hospital when I was about 17, that triggered it for me, at that point I had no idea what I wanted to do…and then I just saw the Nurses…and I thought, yeah, this is what I want to do and here I am, third year.*

Cath's narrative was often situated within the environment and space dimensions as she related both her expectations and those of her peers within these contexts, of what she had seen and learnt, and what she believed was most effective in enabling that learning:

> *…they think it's going to be all clinical skills…practical things… the thing that really hit me most when I was at end of second year I think…, what they teach you is how to think like a Nurse and assess people…cogitation rather than, you know, just the clinical skills.*
>
> *…in a lecture, you don't have to pay attention… your mind wanders, but in an OSCE, you have to know your stuff and then act it out, which I think helps it get in the brain a bit more.*

Cath related her experiences of work experience in a different context within hospitality and her view of leadership was clear:

> *… the best leaders were the ones who…got involved with what's going on, doing it themselves as well as… taking the time to learn everyone's name, was a big thing, and then using that name and rather than, you're not just a number, you're a person, sort of like inspiring, quite charismatic…if you had a problem, you'd go straight to them…I think it's the most important thing, it's accessibility, I think, if you're a leader.*

However, within the context of nursing, her understanding was less clear. While she expressed both clinical and the university environments as enabling learning, she understood the concepts of leadership more clearly from her external work experience because she had seen a clear example and had experienced its effects. Cath found the possibilities of simulated learning more interesting than the lectures she had experienced. Within the context of the university environment, the difference between leadership and management was less clear to her and her association was with task orientated management:

…I don't think we've done any scenarios …I think the child students might have done…something like that might be much more valuable maybe having a whole day to do a simulated shift, I think that would be brilliant…we've haven't had anything related to management in simulation, I think it's all been just skills… being able to act out…how you thought a leader would act. …managing conflicts, delegation, clinical governance but I don't how much of that is related, … complaints management as how to deal with a patient who has a complaint and then signpost them to the right place.

Again, from clinical experience, she had experienced mentorship and role modelling for management, experiencing leadership was less clear within her narrative:

…generally quite competent at the job and confident with dealing with people, and just being able to know enough about the patients and their illness, sort of, knowing what's going on with everyone… when there's a complaint, and sort of dealing with relatives and stuff.

In contemplating the difference between leadership and management, Cath identified how the terms were used interchangeable and distinguishing between them became blurred:

I suppose, you're so caught up in trying to manage the situation, you don't even think about taking… the leadership role as well, but yeah, maybe they are intertwined.

Cath considered her vision for her future career and clearly identified how she would like to be viewed as a senior nurse as well as the importance for her, for '*seeing*' leadership and being visible as a leader, while associating hierarchy with leadership:

I think a lot of people want to progress more and I think if they see a good leader…a Band 6 or anything, that's going to inspire them to want to maybe be a Band 6 or a Sister in the future, and actually change things… just sort of, manage people and have that impact….

if I was a Sister one day or management or something, I'd want to actually be there in, sort of, the midst of it, and just by listening to them, sort of, I think, staff say that Management need to listen to them more and take into account what they feel more, and I think that may be something that I'd want to do then, I was in that sort of position.

Cath's critical event involved her recall of being involved in a pilot within the clinical area. The decision making for the pilot seemed inappropriate to her due to the needs of the patients, she found the issue emotionally stressful, with staff feeling unheard in their attempts to report this. The context of this event in Cath's narration came as she discussed hierarchy and top down leadership, and she was frustrated by the lack of listening from those directing the change in care and the impact this had on patient care:

…they got rid of like, incontinent pads or…they had very limited supply, it was like a trial, sort of, pilot but it was on an elderly care ward and that's the worst place to try that, …I think that came from even higher management but I feel like no one was listening to the staff about that because it was very stressful, like, it was really difficult to manage because you had patients…you only had

one pad a day you could use for them…I don't think it turned out very well…I think it's about listening to the front-line staff mostly.

In comparison to this, she then relates her experience of working with a band 6 nurse and her explanation of the role in context to influencing others and leading:

..she said that a Band 6 is there to…not to progress themselves but to progress the people below them to, like, sort of, lift them up… it's about, sort of, encouraging other people and facilitating their progress, and just being that support, the sort of higher management and being there.

Throughout the narrative, Cath refers to experiences where she heard staff saying they were not listened to, or being conscious of not being heard and being visible in relation to leadership and management and this seems to resonate with her vision for her future role in nursing:

…if I was a Sister one day or management or something, I'd want to actually be there in, sort of, the midst of it, and just by listening to them, sort of, I think, staff say that management need to listen to them more and take into account what they feel more, and I think that may be something that I'd want to do then, I was in that sort of position.

In viewing the images, Cath chose to discuss two which she saw as metaphors for leadership, the first image of the Rhinoceros, she interpreted strength, direction, and protection. While within Cath's narrative, she often spoke of experiences of top down leadership and the importance of being heard, in her interpretation of the second chosen image of the Tree with roots, she interpreted leadership as the roots, the foundations as the strength and a bottom up approach:

Image 2 The Rhinoceros- I feel like he'd be like, a big guy, sort of like, you know, in charge of everything, not taking any, sort of, you know, yeah, like, you'd want him to protect you, sort of thing.

Image 1 Tree with roots-It's like the roots on this tree, sort of like, it's like providing a foundation …so without the roots, like, the tree would topple over, so in a way, a leader is the roots of a Ward or an organisation or anything, sort of, being the support but also providing it with, sort of, the things it needs to grow … so like a bottom up approach even, sort of, starting from the bottom and working your way up and just yeah, being the grounding force of something.

The overarching threads within Cath's narrative are related to her experiences of working environments and viewing leadership approaches, the hierarchy within the NHS which sometimes supported this approach and the emotional views of not being heard from staff she had worked with. Her view of learning about leadership was situated in the clinical area and she placed value in this, sometimes struggling to relate learning in university to practice.

The academics

Mary's Story - *it really depends then what… what their experiences of that… of seeing leadership and management in practice, isn't it?*

Mary had completed a diploma and Project 2000 education in the Child field of nursing 1997 and was relatively new to working as an academic. Mary was interested in the topic and was relaxed, the interview took 47 minutes and from reflexive notes, she was quietly spoken but became animated when discussing her students and her enthusiasm for their learning was evident. She recalled having little input into leadership within her early education and HEI environment, however, she had experienced and observed many different styles and approaches within her clinical environment and experience. She began her narrative in the past dimension and recalled excellent mentorship and support within her early career, with a structured approach to professional development and progression:

> *…really being taken under their wing if you like… that's what I really remember about my experiences as a student of leadership.*

Mary related her approach to her career as self-motivated in seeking opportunities for development. Within her narrative she recalled being aware of her strengths and weaknesses and building towards development through her self-awareness, self-resilience and being present and she reflected on where this characteristic came from in her experience and family within the Sociality domains and she mentioned her father as a role model rather than any impetus from education or the profession. She considered current student cohorts and although her experience had been brief in working in the environment of education, she related a difference in the attitudes and expectations of students now looking for employment opportunities at the end of their programme and '*cherry picking'* areas where other students had reported supporting environments:

> *…they're identifying areas where they know from other graduates that they're well supported… I think they see leaders as more senior staff on the ward.*
>
> *But I think there are some students that expect to be… expect to be guiding… guided, not leading…*

Throughout the narrative, Mary mentioned feelings of anxiety, both her own and that of her students. For Mary, the anxiety lay in the students' anxieties and she compared this to her relative confidence on point of registration, for the students, she related hearing their concerns about feeling unprepared for approaching registration.

> *…they're worried that they're not ready for qualifying. That… that really worries me. …anxious about the expectations placed on them because they… they're not sure how to lead.*

The organisational cultures and expectations of clinical staff and students featured throughout Mary's narrative, placing her recalled events within the environment domains. In discussing the role of mentors and assessing students, she linked this strongly with responsibilities for patient care, and linked the responsibility of passing or failing students within both the academic and clinical environments. While acknowledging the challenges of not passing students, she had a clear view of why students should not pass:

> *…we have an obligation to maintain standards of care. And we are responsible for our patients. So, by passing students that when we… when we know we shouldn't, that's… that's not great leadership, is it? …for some maybe they're worried about the consequences of failing a student. But what they've got to think about, you know, this… this student is second year now. You know, is she… is she going to be able to qualify? Is she going to be somebody that they're going to want to employ and work on their wards? That's what they should be thinking about, shouldn't they?*

Mary related distinct characteristics of leadership from her continuum experiences including '*confidence', 'assertiveness'* and *'speaking up'*. This linked with her critical event as a student nurse and to a more recent experience within the clinical environment. In relating these events, she told of not tolerating '*bullying' and' passive aggressive'* behaviour and she had acted on both by escalating the issue to higher management. Within both events, she associated with the emotionally negative effects of experience and her approach was to ensure she would never adopt this approach to others:

> *…as a student, I think I was second year. She was actually one of the senior staff. She was my mentor and a bully by all accounts. So that… for me it felt uncomfortable, intimidating. I wasn't supported. She was passive aggressive. And I could see it wasn't just me. But not a nice experience as a student… So, I escalated that, and it got dealt with by senior management.*
>
> *I just identified this as wrong, and I will aspire never to be like that. I knew it was wrong, escalated it. Or tried to…I just think if you've experienced good leadership, good management, it's very clear when it's not good. I again will never… never be… never treat anyone the way that she treated me.*

From Mary's narrative, her association with past experiences within practice and the challenge of relating to theory was evident and she acknowledged this for her students, acknowledging the challenge of bicultural learning environments. She placed value in the experiencing leadership in the practice environment from role models and mentors, rather than from theoretical input and learning from experience became a thread throughout her narrative. In my reflexive notes I had considered whether this was because Mary was considerably new to the HEI environment and role, and how this may compare with other academics view who were less close to

the practice environment and had longer experience in the HEI environment. Mary viewed positive role models as figures for emulation:

> *…at the moment where you've… you know, I… I just really think there's that gap between practice and education from a student perspective.*
>
> *Because you need to observe that, don't you? You need to observe that practice and shadow them to be… sort of have guidance to what that looks like. And if you see them as a role model then you can strive to try and mould into that person…*

Viewing the photographic images, Mary metaphorically linked her chosen images to her continuum of experiences of leadership styles:

> Image 2 Rhinoceros- *bad leadership. They've got that horn. They're going to nudge you out the way. Don't like you for whatever reason.*
>
> Image 9 The Woods- *you know, you feel safe, secure. But equally you get a bit lost there.*
>
> Images 3,7 and 6 The Beach, The moon on sea, The root system- *The rest of these, I love these because they're tranquil, they're calm, and that is a good skill of leadership – keeping calm, focused, strong. Again, mixed up, crossing over. So yeah. Strong qualities.*
>
> Image the Island- Calm and… *normally that they seem controlled and in focus. Yeah. Don't know what's going on internally but normally on the surface they've got this air of calmness and professionalism.*

Within Mary's narrative, she strongly associated experiencing leadership within the clinical practice domain and acknowledged the challenges of relating to theoretical content within the university environment and her narrative moved from the past to present. Mary's recent experience within clinical environments remained clear and she was able to relate to the students concerns at registration and the expectations placed on them by retelling stories from the personal to social domains of her experiences. The overarching themes which emerged from her story was her emotional resolve and self-awareness of the organisational cultures and challenges, and dynamics of working within this environment. From reflexive notes, in beginning the interview Mary had told of returning to clinical practice and while she had enjoyed the academic experience, her view was that she could relate to that environment more and placed value in the return to providing direct patient care.

Michael's Story- *I think that leadership exists wherever practice happens… and that leadership is not just in the obvious.*

Michael began his narrative providing background to his experiences in the past, setting the scene for his thoughts on leadership within the nursing profession across all professional fields. Michael had gained a degree in another discipline and was volunteering for mental health services when he decided on a joint general and mental health pre degree course in the 1980's, moving into academia in the late 1990's. He

had therefore experienced many changes in all domains and across the professions. The interview lasted 63 minutes, and due to unforeseen circumstances, was conducted via the telephone, which allowed me to note reflexive comments about pauses and tone, however his physical presentations or expressions were not possible which did present challenges to my reflexivity compared to other participants. I did note Michael was relaxed and took time to think before responding to any prompts in interview and spoke with ease. In providing a view though the time dimensions, Michael was clear in his concepts of leadership and management and the overlaps in the clinical environment, situating this within the Sociality dimension, from personal and social perspectives:

> *I would see management and leadership as distinct to some degree, to a large degree actually…I do think they are different and they are often bundled together…I had positions of influence, but in terms of managing colleagues no…a leader could be a very junior person with no management responsibilities…that captures the spirit or just crystallises the issues…the values…*

Michael also clearly associated leadership as being intrinsic to individual person-centred care and coordinating care, locating within the Sociality and Place dimensions of complex environments such as the NHS organisation. This view was formed from the continuum of experience, working in the community environment, negotiating the complex Sociality dimensions of multidisciplinary teams within mental health services to gain the best outcome for the patient:

> *It is about managing a case load and leading a clinical team to focus on the needs of each individual patient and service users. So, I definitely see that as being an expression of leadership… as a care coordinator… you know being the kind of key worker for, it would have been 50 people or so, dealing with severe mental health problems.*

Throughout the narrative, Michael made associations between personal values and leadership, the relationships between power and positive leadership, influence, and outcomes of abuse of power, referring to global politics and history context and past and present domains. Moving through the Sociality dimensions of personal to social contexts, he firmly established his views through his own experiences, of how values were important and how role models can be positive and negative:

> *…it is about the values that underpin that. What is the motivation? What are you trying to lead for? What is the goal? What is the purpose...Is it partisan? Is it self-serving?...*
>
> *You can teach people about values…but what are people coming within the first place?...So people with compassion…very clinically skilled…these are people not known beyond their localities…but who are great advocates for the people they care for… facilitative, listening as opposed to authoritarian, dictatorial style, Id personally gravitate towards that.*

The reference to values and the connectedness of team values was also reflected within Michael's critical event. He linked this clearly again with patient care, risk, and outcomes:

> *I can remember a particular colleague I worked with many, many decades ago. A lot of kind of key… lots of disputes within the team, lots of concerns that this person wasn't showing the right kind of proactivity as a care coordinator, therefore a clinical leader, and therefore taking the initiative to… protect the safety of people on her case load… I think poor responses to handling information.* And the problem there I think… was poor receptivity to what was key for colleagues. You know, causing people to be very concerned about the safety of people on the case load.

Michael's personal experience within HE was extensive across the time dimensions, and this meant his views panned all academic levels and programmes within teaching and research environments. Situating nursing leadership as a visible and audible image, he referred to the political influence and struggle to be heard over other professions. In discussing the regulatory requirements for leadership, Michael again viewed this through the time dimensions of how the profession had changed and developed within the complex organisation and Place and how he saw education translate this into educational content and delivery:

> *I absolutely remember, as a point of teaching and learning, discussing with students the importance of care coordination and leadership in the context of care surrounding individuals… the NMC are also talking about people who manage teams. You know, so think of the pivotal role in the hospital setting of the ward manager, you know? That is a leadership role if ever I saw one…now…I think… when the NMC talks about political leadership, ultimately they are hoping that some people, not all, will go on to occupy those kind of very high profile positions that will allow them to speak for the profession and to influence the agenda…*
>
> *…obviously when they are in practice and they are experiencing being, albeit a supernumerary, but nonetheless a member of the health and social care team… so opportunity to think about values, opportunity to think about relationships. From the beginning of preparation is really essential in order that it can be somehow be brought together at the end of the degree where people are making cases for changing something.*

In discussing his views of preparing nurses for leadership and the NMC standards for education, Michael fully appreciated the challenges of the regulator and its partner organisations:

> *I suppose from the point of the regulator, is difficult…the same question could be asked of …ethical principles. …The Standards would become great volumes…whether it's possible to define leadership, I don't know…*

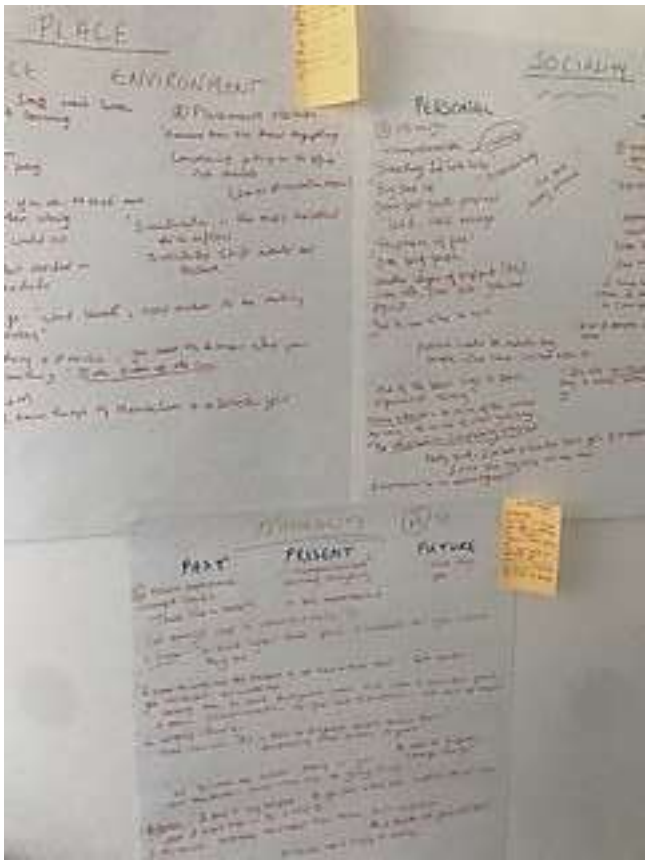
Michael observed the photographic images carefully and chose one to metaphorically capture his thoughts, which reflected his narrative themes throughout.

> Image 1 Tree with Roots-. *I'll tell you what draws me to that. It is a lovely photograph, and I love the intricacies of the roots. So, I am going to select that*

as a metaphor for health and social care as a complex system. So that is as good as any representation of everything being related to everything else. So, the way people exercise their leadership at whatever scale and scope and so on, they are operating in a system that is reasonably represented by that wood system. It is intertwined, it is interconnected, things cross over, they butt up against one another, there are points of congestion and space, and that wood system might constrain people's freedom to act, but also there are gaps that I can see where you could add more roots for example. So, I think that interconnectedness is intertwined in this, is a decent enough metaphor for health and social care as an inter-related, equally intertwined system.

Within Michael's narrative he moves seamlessly between the past and present dimensions with reference to Sociality, combining personal and social contexts. The main threads of values and patient care within the profession are evident and he presents his experience of working with the challenges within the complex organisations of health and education. Michael also presents two views of leadership in nursing, and places equal value on both as influencing care and the future of the profession, the strategic position and the '*grass roots'* position.

Appendix 9: Freehand initial analysis



Appendix 10: Examples of analysis frameworks

Place	Sociality		Temporality			Critical event
Space and Environment	**Personal**	**Social**	**Past**	**Present**	**Future**	**Leadership**
Participant: Maria						
Back in the days when we had a cleaning book, on the ward. There are examples of excellent leadership unfortunately. At ward level, are snapped up to put at a higher level. I know one ward with a superb leader, an excellent role model…but moved on to a different job. You know who the good leaders are because they tend to be moved around and put in areas that are struggling…. they're not just sitting on a pedate, they'll get down and do it. I think leadership skills in the University setting are very different within a practical setting. …it's how you implement those skills...dealing with the adversity of healthcare…you can't always plan you day. ***Simulation*** *At the end of the day you know you can revive a mannequin….I think it can teach the*	*I think it's having self-awareness of the situation. I can remember having maybe 30 plus IV drugs to do and having a student…I think some students are instinctively some are afraid to answer the phone. Intuitive. I think the want nurses who have the courage…challenge and deliver the best care.* ***Professional values*** *Certainly, professional values...to be self-aware…compassion, empathy…it's not about you at the end of the day…*	*There's a difference between leading one patient care and leading a team to deliver safe care…maybe students are going to be more focused on leadership… and they're going to forget about the fundamentals. It takes dedication, guts…she knew what she wanted and she didn't care what people said to her…she transformed it.* *It must be difficult for students…all they see is stress, stress, stress.*	*I started my nursing in the late 70's, we weren't supernumerary, it was sink or swim basically. ...going back to when I trained the registered nurses didn't really engage in direct care because that's not what they were trained for.*	*I'm not sure students are prepared to lead at the point of registration. Students are more focused on leadership than the fundamentals. ...who will not focus on the fundamentals because focusing on escalating though the ranks, they are going to be taught they are leaders of the future and I think there some key problems with that.*	*…they do need to be transitioned carefully…one day you're a student and the next you're the registrant…there's a six-month preceptorship…they find it amazingly supportive…. it's the process of experience and you learn from experience.*	*I had a wonderful ward manager, you could spend time with patients, and when she was on duty, she would give herself the bed pans and sluice for cleaning…a good leader is about not expecting people to do… something you wouldn't do yourself. Mucking in with the Team. I can remember one Sister…she said I'm going to make you a cup of tea because you haven't had a drink yet. …she was a good leader because she recognised …that we needed a drink.*

complexities…the processes and principles and how to manage… depends on the learner…the only way is through practice, experience. *It would be wonderful if education could come into practice more, practice into education so there's that transference of skills.*		*Its courage, bravery and resilience.* *I think there are clever leaders out there…kind of manipulate them around to doing what they want…* *There's a lot of leaders out there who are authoritarian, and it doesn't work, it really doesn't.* *It's the leader …who should be role modelling*		*Learning from experience, reflecting on things...at that point you get to be a good leader. A non-blame culture as well.*		
Photographic metaphor- Maria chose to talk through the pictures and what some meant for her. Image 2. Rhinoceros. *I think is authoritarian and a bit scary. I don't like this one.* Image 1. Tree with exposed roots. *This one is about growth, developing, nurturing.* Image 3. Beach. *This is about isolation* Image 4. Island. *You have lovely calm, clear water, the goal is to get to the island, very relaxing approach. This is about nurturing and growing people* Image Woods. *That's a top down approach where they're in their own word and knowledge is power and they are not sharing it…and I don't know where I'm going, I need help*. Image Moon on the sea. *This is about reflecting on what I've done, have I made a difference? Do I need to do something? Sit back and reflect on something…look beyond the grey dull exterior that's effecting they're judgement*.						

Place	Sociality		Temporality			Critical event
Space and Environment	Personal	Social	Past	Present	Future	Leadership
Participant: Juliet						
Learning environments *we've when we're doing education at the moment and it's very difficult, you've got 250 of them sitting in a lecture theatre and you're trying to talk to them about leadership management. And we don't lecture leadership theory because it can be dry as a chip* *They have to be able to... maybe a conflict situation... so... so even though it may be a clinically base... there's a medication error, well, what do you do with that medication error? Okay, you might deal with the clinical bit over here, but actually there's an awful lot more that goes with it. You know, like... so it's management and leadership so there's a management responsibility, policies procedure to follow, but then there's this also the leadership in terms of being able to support somebody through dealing with a medication error, being able to provide education, being able to not make somebody feel as if they're*	**Experience and perceptions** *my desire and commitment as well had an awful lot to do with it. Because I think that, you know, you... you have to have some of those core qualities, I think . she always used to make time to come and find me because she had a belief in me to be able to reflect and talk about it and guided and stuff. So, I was very lucky. And I think that I've had an opportunity to get to be a senior nurse by the time I was 29, I was very fortunate. I don't know whether I was necessarily competent at 29...*	**Associations of leadership perceptions** *I've always had a debate about are leaders made or born? You know... You make them or are they born? And I think that you have... because some people have got... there's innate skill quality within them...* *Or... but sometimes it's about the circumstances you're in which helps you to fine tune that ...then some people who have shown those qualities perhaps haven't had the environment or the role models, whatever it was, to ... to move forward.* *So it wasn't that they didn't have the*	*It would be something that would be driving what it is that I'm doing. Because as a... I want to instil those beliefs that I have that I hold into my junior staff... She would explore my beliefs and values and explore them with me and consider how they would apply to what it is that I was doing in practice.* And I was never taught in a lecture theatre...because there were only 20 of us in a cohort. And it makes a difference, doesn't it? *And offer my insight into a better way of doing that. Even to the point of having conflict with*	So rather than go back and come forward…I would start where I am now…I've been qualified for 37 years…there's always an element of leadership, whatever I'm teaching…it's about setting the scene, setting an example, setting a standard….it's not this idea of highfalutin leadership and management…it's something that's engrained in your activities as a nurse from day one…I feel I still have a strong lead on what happens in patient care…as a lecturer. *I encourage them to have, you know, faith, belief in themselves. And...*	*Because in years to come I'd like to see one of them being a senior nurse, being a ward sister, going on to do other work in a wider context You've almost got this huge float of RNs now who to go up the ladder and to go onto other stuff there's only certain people who are going to be cherry picked sometimes because they... some of them are cherry picked, aren't they?*	*She was the one who I thought, oh ... that she was demonstrating the leadership skills. It wasn't the ward sister; it was the staff nurse who was instructing me. And granted in those days she probably would have been the equivalent of a perhaps a six... sadly I think there's a lot of poor role models as well. So that sister, the one that I'm talking about, she was... had a... she was a poor role model for me... well, she was a role model in the fact that I didn't want to be like her. Because I thought, I can do better than that...* *I just carried on trying to do the job I should be doing and trying to be the leader I thought that I was.*

a complete waste of space because they've made an error. Do you know what I mean? So, it's about them having a blend of the two. *And that's really uncomfortable to be able to be having that dialogue in a lecture theatre. They don't want to engage in that. They don't engage... they don't like the session because it's a... it's... it's about giving them... so it's only a short session, it's about giving them some key principles that they should be able to be going and having a discussion with somebody else, whether it be their personal teacher, whether it be a mentor that they have aspired to be...* *Staff management. I think that there should be... I'd like to see the issue of leadership being in that first year when they're learning to be professional in that... they're all skewed towards becoming this meeting academic criteria and jumping through the academic requirements. And because they're so focused on that, all those other things and maybe perhaps the more... I don't want to say softer qualities it's not*	*Because I was being or having opportunity to test out ideas and make mistakes. It was never...the mistakes I was making in that role was never life threatening.*	*qualities... It's just that the circumstances ... so when you talk about them being made it's the circumstances surrounding them and the role models that makes them then, isn't it?* *I had an opportunity then to network, develop my skills, be responsible for my own area of practice and so on so forth. And obviously my ability then to... so I was... as... as I said to you about your... you have those... everybody's got these... not everybody, but lots of people have got the qualities, I just had the right environment to nurture them* *... it's become power based and hierarchical. It's not leadership. That's not leadership. she wasn't a leader…*	*healthcare support workers at the time when I went into a staff nurse post then I was involved in doing notice boards, engaging in student education, doing audits, standards. So, I was... and so... not all of my cohort were interested in that. I think it was good role models...* …the NMC say that nurses should... it's in the new standards, my perception is, or my belief is, is that that's always been the case I feel that that standard would have applied to me 37 years ago...we were all had a similar mind set. Because there was a certain type of mindset of people...	*and those... you know, even some students who've struggled they've said at the end, you know, God I would never have got there, because they... I made them into little fighters* *I think that we... we teach reflection in the first year, okay. So... and I don't think that they are... when they're taking on reflective practice, they're not looking into themselves sufficiently at that stage.* *So, the time we get to the third year, beginning of third year...And it's... our leadership module starts we do a session on self-awareness.*		

the right word, more of the bigger picture, they don't see it. They don't see the big picture because they're focused on here. And when as I'm saying to them, come on lift your head above the parapet, we all know lift you head above the parapet it's gets shot of . I don't think that they are... they... they... don't think they fully take it on board, no. I think that they... some... we are missing a trick somewhere... Without a doubt. Because they... they... they wouldn't be coming to me and saying... there's a few of them, one of my students in the cohort that just finished now, he was the cohort lead... *I don't think that they have recognised that they've developed a leadership skill. And certainly, when they do that final assignment in their portfolio...* *Nobody's nurturing in it in them or their education when they're out in practice, they wouldn't let them deal with the situation. So I say to them, when you go into PLO7 now you need to say to your mentor, I need to take a step*						

back, I need you to stand over there and let me deal with it... But they're not letting them do it. Because they are afraid that the student will make a mistake, possibly.						
Photographic metaphor- Juliet chose two pictures. *Image 1. Tree with roots. ... it's about solid foundation...Allowing that tree to flourish, yeah. And this... this reminds me then obviously that the… this striving for things more. Striving for the light* *Image 2. The rhinoceros…This to me is somebody who's up in their own castle and got their own little fortress up here and cuts themselves off from everybody else around the world, and I'm okay Jack up here, but I'm not going to let anybody else in.*						