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Abstract

Background: This research explored the experiences and perceptions of leadership preparation in pre-registration nursing education. The development of leadership skills in the pre-registration period is often considered a continuous process, and evidence suggests there has been an inconsistent approach to leadership within undergraduate nurse education. Exploring perceptions of experiences in this area was deemed important to guide future leadership development for undergraduate nursing students and formed the rationale for this Doctoral study.

Design and methods: The phenomena of interest were the expectations, experiences and perceptions of student nurses, academics, and nurses in preparation for the role of leadership. A narrative methodology to learning and contexts of learning was applied, data collection included semi structured interviews conducted early in 2020. Metaphorical associations through images are thought to support leadership development and philosophies; therefore, photographic elicitation was used to evoke association and emotions, facilitate reflection, and enable expression. The framework for narrative inquiry combined with the theoretical background was used for data analysis.

Results: Leadership is perceived to be an important aspect of the role of a qualified nurse and should be considered as central to learning development for undergraduate students. While all participants valued the importance of leadership in nursing, this research revealed how each narrated experience of leadership holds emotional impact on how leadership is viewed in self and others.

Conclusions: Participants' experience shaped each story of perceptions of leadership, both within education and in clinical practice. Students' 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, along with a perceived disconnect between the social and cultural experiences and context of learning. Tensions within the experiences of the academics also revealed a juxtaposition between aligning their experience of leadership with the educational preparation of students and the experiences from clinical leadership, within the social constructs of dual professions and learning contexts.

Keywords: leadership preparation, narrative inquiry, photographic elicitation, pre-registration nurse education,

1.Introduction

This research explores the experiences and perceptions of leadership preparation in pre-registration nurse education. Leadership skills are often considered a continuous development throughout the career trajectory from pre-registration education onwards, however evidence suggests there has been an inconsistent approach within undergraduate nurse education (Pepin et al. 2011; Ha and Pepin 2018). Covid-19 has added to the existing international focus on the importance and quality of preparing undergraduate nurses for leadership, alongside challenges of staffing, retention, and quality of care (WHO 2020). However, the challenge for nursing students remains in navigating contrasting settings of higher education and clinical placements as contexts for learning (Crane and Abbott 2021).

Exploring perceptions of experiences in this area was deemed important to guide future leadership development for undergraduate nursing students and formed the rationale for this research. Exploring student nurses' perceptions of their awareness and preparedness for leadership, their experiences in education and clinical contexts provided insight into perceptions of leadership. The experiences of educators and nurses who influence and mentor students was considered important to provide insight into perceptions of how students are prepared, and the experience and knowledge this is based upon.

2.Background

In the UK the Nursing and Midwifery Council (NMC) have embedded leadership as a requirement within the standards for registered nurses (NMC 2018), however, there is a paucity of empirical research evaluating the effectiveness of educational programmes and their influence on nurses' leadership styles. It has been suggested that newly registered nurses are unprepared for leadership roles with varying approaches to pedagogy appearing within nursing curricula (Al-Dossary et al 2021). Evidence suggests a consensus in the lack of definition and clarity of leadership in this context (Miles and Scott 2019), while contrasting evidence exists as to the importance placed on characteristics of leadership by students (Brown et al 2016, Francis Sharma 2016). Communication, change and conflict management, accountability and patient safety have been demonstrated as being important, and linked to leadership development for students (Brown et al 2016, Démeh and Rosengren 2015). There is also evidence to suggest students are disengaged with leadership, and consider this a low priority for their learning (Francis-Sharma 2016).

Methods of approach to leadership vary in both the literature and curriculum design, including the embedding of visual conceptualisation of role models and self-image of leadership, and self-reflexivity development (Ha and Pepin 2018, Hendricks et al. 2010). Active learning approaches, such as action learning sets, have demonstrated positive effects

for leading change and improvement through leadership qualities, including challenging and motivating colleagues, courage, and analysis of complex issues (Christiansen et al. 2014). The introduction of leadership at undergraduate level has been explored, from an individual module, to interwoven approaches which spiral through years of study, both demonstrating positive outcomes for leadership development. Further research is needed to explore the impact of these (Démeh and Rosengren 2015, Pepin et al. 2011).

Concepts such as leadership and Emotional Intelligence (EI) are linked to patient safety, working cultures, stress and resilience and emotional labour. All of these are considered important for effective leadership, supporting the transition to leadership as a qualified nurse (Wong and Laschinger 2013). Pedagogical approaches to leadership vary and include service-learning experience, self-assessments and 360-degree assessment, while different ways of defining leadership characteristics, from traits to abilities, have also been explored (Carragher and Gormley 2016). EI and its association to resilience and non-technical skills has been found to enable students to become more self-aware and deal with complex and challenging issues in clinical practice (Hurley et al. 2020). Debate continues whether a focus on individual leadership of nursing care, or wider contextual approaches developing leaders for social and political change, or both, are important (Garner et al. 2009, Waite and Brookes 2014). There is limited research exploring how the experiences of leadership learning impacts nursing students' perceptions and their views of themselves as leaders, or of the perceptions of nurses and academics who prepare students for future roles.

3. Research Aims

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 for 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

3. Methods

3.1 Study design

The phenomena of interest was the expectations, experiences and perceptions of student nurses, academics, and nurses for the role of leadership, Dewey (1980), and Clandinin and Connelly's (2000) narrative methodology of learning and contexts of learning was selected to answer the research aims. Dewey (1980) acknowledges aesthetic experience as high-level

knowledge, placing this central to individual narratives. Artistic metaphors of leadership are thought to support leadership development and philosophies (Klenke 2016, Dewey 1980, Nussbaum 2008). Photographic elicitation was therefore 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). Justification of the researcher's choice of images is provided in Table 1.

3.2 Theoretical framework

The epistemological belief that underpinned this research is that knowledge is subjective and that in constructing knowledge, visual influence is important. Experience was viewed as an ongoing interface between individuals and the environment, resulting in knowledge and wisdom developed through emotions, feelings, experiences, and perceptions. The research was conducted in a constructivist paradigm using Dewey's (1980) theory and principles of experience, and Nussbaum's (2008) philosophies of emotions.

Narrative inquiry seeks to understand the story with context, the historic, social, institutional, cultural influences shaping the narrative. Dewey's perception of experience places it within constant interactions of notions; personal, social, and material situations (Clandinin and Rosiek 2007). This pragmatic approach made narrative a suitable fit within the framework, as it deals with human experience revealing itself throughout a timeline (Clandinin and Connolly 2004). The process allowed prompting of views of education and leadership as well as the social constructs and cultural aspects of nursing as a profession.

3.3 Participants and setting

The study included participants from a university and a clinical setting, representing three areas of professional experience, providing a trio of narration and triangulation.

Nonprobability purposive sampling was used to recruit participants with the required status, knowledge and experience for the study aims. Reflexivity was applied by the researcher to ensure the approach was robust, acknowledging subjectivity and being mindful of bias.

Maintaining a reflexive account and audit trail of the process, and accounting for alterations in approach ensured rigour was addressed throughout (Bradshaw et al. 2017). Saturation was approached as a completed narrative was ended by the participant, whilst acknowledging that the organic nature of human experience and recall may never fully achieve this (O'Reilly and Parker 2012).

3.4 Research procedure and data collection

Participants were recruited following an expression of interest to all final year nursing students and academics in one UK university. Further expressions of interest were distributed within a clinical setting. Six academics ranging in experience, five final year student nurses and one senior nurse were recruited at the beginning of 2020. The impact of Covid-19 on the clinical settings impacted the recruitment of further nurses. Semi structured interviews were conducted by the researcher, audio recorded and transcribed. Morse (2012) recommends six to ten questions to be developed within narrative inquiry, for all participants the interview involved the narration phase, where the interviewer engages in 'active listening' and 'conversation' where semi structured questions were asked (Table 4). At the end of each interview, the participant was shown a range of photographic images of nature and allowed to freely associate their thoughts and emotions with leadership experiences.

3.5. Ethics

Ethical approval was obtained from the university and external ethics committees. Participation was voluntary and anonymity and confidentiality assured. Written informed consent was obtained prior to interview and included permission for recording of data. Participants were provided with pseudonyms, their identities anonymised, and contributions were treated and valued equally by the researcher.

3.6 Data analysis

Dewey's (2015) three-dimensional framework of Temporality, Sociality and Place was applied, to align with Clandinin and Connelly's (2004) approach and to develop the analysis of individual narratives. Further categories included analysis of a 'critical event' within the narratives, considered as something told within a story which reveals a change in the perceptions of the storyteller, through emotional response (Webster and Mertova 2007). Metaphorical links were generated by the photographs (Rose 2016). Overarching categories were developed to form further analysis and synthesis of the findings and themes by the researcher. An example of the analysis framework is provided in Table 2.

The detail of each whole narrative and aspect of the experience was considered, from context to feelings and interactions, while the researcher remained present in the retelling, framed in the narrative. This reflects the methodology of Clandinin and Connelly (2000) and Dewey (2015) who refer to the use of common '*threads*' within analysis, used to explore the thoughts, emotions and perceptions of participants. Through composing narrative 'sketches' for each participant, threads of the storytelling allowed interpretation of deeper meanings

and hidden nuances, making the significance understood (Connelly and Clandinin 1990, Kim 2016). The analysis and interpretation were developed collectively, firstly into sub themes and then categories, to gain further understanding of the narrative meaning and phenomenon being explored.

4. Findings

The narratives, critical events and metaphorical associations from the images conveyed tacit, emotional, and reflective experiences of leadership. From the analysis, fifteen sub themes were synthesised into five overarching categories, which are represented below and demonstrated in Table 3:

- 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

4.1 Category 1. Expectations and definitions of leadership

Expectations for leadership was evident in all the narratives. Students revealed emotional responses to self-image, looking beyond and across time for being future leaders:

Student a): *That's scary...I don't see myself as a leader really.*

The expectation for future leadership roles was accepted, however in preparing for leadership there were inconsistencies between participants relating this to taught contents of the programme, and a lack of confidence for going into practice, even though they were in the final year:

Student b): *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*

Student c): *As of yet, we haven't really had a lot of experience with leadership, or delegation or anything.,*

While some recalled being taught about leadership styles in university, others could not. Experiences recalled within the clinical environment, were influential. Some discussed 'seeing' leadership and all referred to negative and positive aspects of leadership which often formed their 'critical event', significantly informing their views of leadership. Defining characteristics of leadership were often unclear within student narratives and included the following terms taken from all student narratives:

time management, control and power, manage a team, delegate, communication, trustworthy, honesty, authority, inspire, encourage, complaints

The lack of clarity for students between leadership and management was reiterated by the academics, acknowledging the interchangeable use of terms within the programme. The academics and the qualified nurse had a wider continuum of experience to reflect on. Academics were empathetic to the expectations placed on students and aware of the challenges of teaching and preparing students for registration.

Academic a): *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.*

Academic b): *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.*

Providing clear definitions of leadership and management and distinguishing the importance of both were deemed important. Academics' narratives included themes of aspiration and possibilities for students, linking pedagogical philosophies. 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:

Academic b): *You know, don't make that hero ward innovator a myth...it's about starting with philosophy.*

Academic c): *...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.*

Metaphors from the images were developed by reflecting on past experiences and associated emotional notions. They related perceptions of both positive and negative characteristics of leadership, however positivity was evident as they projected expectations for future nurse leaders and potential for student nurses

4.2 Category 2. Personal awakening

Two sub themes of reflection and self-awareness developed within all narratives which evolved into a category of 'personal awakening'. Participants reflected on their current position and the emotional and cognitive response to experiences, interpreted as an 'awakening', a realisation of their perspectives. Students referred to either being aware of self or others, including patients and teams, as an important element of leadership in nursing:

Student b): *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 completely crushed...it's compassion for your patients but also compassion for your staff, being aware of their difficulties and making allowances.*

Leadership, continuous self-development, and reflection were not explicitly linked in all student accounts. Some perceived reflection to be helpful in learning, however this often focused on reflecting *on* rather than *in* practice, and was linked to assessments. Perceptions of purpose and meaning of reflection seemed to vary. While some linked theory to the process, others appeared to think of reflection more as a diary of events, rather than as a reflexive critical analysis and in-depth review of self and others. Opportunities for learning from peer experience and time for group reflexive activities was valued, although sometimes this was perceived as lacking:

Student d): *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.*

Student b): *I think, personally; it's very valuable...but not everyone thinks like that.*

A desire for a cohesive approach to teaching and reflecting critically on experiences, developing self-awareness and EI early in the programme was expressed by the academics and acknowledged the ongoing development of these skills:

Academic c): *But as a young, fresh out of university person, I would never have thought of myself as a leader...*

4.3 Category 3. Duality of role challenges and aligning values

All participants recalled past experiences where strength and conviction for professional values and quality patient care, negotiating teamwork and relationships was thought to be important. Experiences were usually related to role change, or moving into a leadership role within established teams, and recall of emotional '*struggles*' within these narratives was linked with power and resistance. There was little recollection of being taught how to be a leader for the academic participants, rather of learning from the experience and adapting to the role:

Academic a): *I went from being a student... 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... 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.

Perceptions of power being related to authority in decision-making was evident, and while patient care was core to the implications of 'bad leadership', the confidence of students to lead was less evident. Professional values were considered central to decision-making:

Student a): *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.*

Student c): *...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.*

4.4 Category 4. Bicultural milieus and the experiential continuum of learning

All participants acknowledged the need for theory and practice learning, however a tension within the bicultural learning environments was evident.

Student d): *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 out on the wards rather than from a lecture theatre or from any of our skills sessions*

Academic d): *I just really think there's that gap between practice and education from a student perspective.*

Exploring constraints of complexity within organisational structures, the academics revealed their perspectives on ideals. These included closely related theory and practice themes, time for developing leadership concepts for students to relate to practice, closer relationships with clinical areas, and clarity of expectations from educational standards. Approaching leadership as an ongoing and developmental continuum was also recognised.

4.5 Category 5. Cultural structures, hierarchy, and influencers

All participants had experienced varied positive influences of leadership, which were considered inspiring and motivating. Negative influences had both discouraging, and sometimes contrary effects on how the emotional experience was perceived. Role models were considered important by all participants, linked to hierarchy and organisational cultures within clinical practice. The emotional positivity of the experiences was perceived as important, influencing patient care, and value was placed on the need for students to have positive experiences from role models and influencers. This was often combined with the mentorship role and the challenges and suitability of this:

Academic a): *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?*

Academics who recalled negative experiences of role models determined to be the opposite in their own practice and leadership style. This demonstrated how the emotional response and reasoning impacted their views and empathy for students. Influences of culture within organisations and clinical contexts and the tensions of leadership was also evident.

Academic c): *And we know they need to be strong enough to speak up.*

Academic a): *It's important for our students to kind of get a view... which is I guess why we talk about Francis... you know, those wards don't become terrible overnight, do they? That's the drip, drip, drip of culture.*

Positive role modelling experiences within clinical practice was viewed as an important element of support and inspiration for students. Negative experiences included reluctance for the role of mentor:

Student d): *Because there is a difference between having a mentor that wants to do it and a mentor that doesn't want to do it. And I've had both good and bad experiences... 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.*

Similar experiences revealed tensions within hierarchical organisations at odds with the expectations of healthcare contexts and a caring profession. Students were aware of the need to identify concerns relating to patient care, however, the issue of 'speaking up' and escalating issues was challenging.

Discussion

The findings from this study revealed that perceived characteristics of leadership were based on participants experiences and learning, which included emotional perceptions and positive and negative attributes. Leadership development is positioned between practice experience and theoretical knowledge, which highlights the importance of a clear alignment throughout student education. Findings demonstrated students' expectations and self-image were not always as effective leaders, and negative experiences provoked concerns and feelings of being unprepared for leadership in their role. Academics and the nurse supported an

ongoing process for leadership development, self-awareness, and reflection as ideal, however tensions of what education programmes are providing was also illuminated.

Emotional responses and reasoning in discussions of 'critical events' demonstrated a need to acknowledge the importance of experience and experiential learning, significant as it impacts students' perceptions of their self as leaders of patient care. In recalling experiences, participants recognised leadership as inspiring and important when linked to professional values, while acknowledging the complexity of its functions in nursing including the balancing of team relationships, maintaining characteristics of leading, while ensuring quality care for patients.

Value was placed in self-awareness, EI and reflection on learning and leadership development. Being unprepared for the challenge of leadership roles and developing self-awareness gradually was a common recognition, while value was placed on the importance of self-awareness for coping with emotional burdens in work. This reflects Nussbaum's (2001) alignment of emotional wellbeing to reasoning and decision making as essential for effective leadership and preparation for leading. The academics advocated strongly for ensuring students maintain professional values central to their leadership approach, emphasised further within learning (Ekström and Idvall 2013).

Opportunities to explore emotional reasoning of experiences was thought lacking by students, and the inclusion of leadership theory late within programmes was considered as insufficient. This suggests an ongoing reflexive approach specific to leadership may support ongoing learning, as argued by Waite et al. (2014) and Hurley et al. (2020). Experiential methodologies which encourage reflexive 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 the reflective process (Christiansen et al. 2014, Yew and Goh 2016). This further suggests experience of leadership should be followed by a considered and contextualised process of reasoning, linking actions and decision-making to the professional values of nursing.

Academics placed value in maintaining high quality and evidence-based approaches to practice and reflecting on experience. For students, when support within practice was considered lacking, they struggled to connect both learning contexts and processing of emotional experiences to theory and evidence. Several suggestions and approaches to education have been suggested to narrow this gap. These include simulation methods, improving the cascade of research into practice, increasing the clinical credibility of academics, and fostering reflexivity in mentorship (Myall et al. 2008, Edwards et al. 2018,

Greenway et al. 2019). Combining theoretical and practical leadership in a continuous leadership development programme through the students learning experience and a visualised representation of leadership through role models, examples and theory may also be supportive (Pepin et al. 2011, Ha and Pepin 2018).

The aims of the study were met through analysis of data, gaining insight into perceptions, experiences, and expectations of leadership, as well as attitudes towards the preparation through education for leadership roles within the participant groups.

Implications for practice

The findings from this research are relevant and significant to nurse education and practice internationally, and add to the limited studies exploring perceptions and expectations of leadership and how leadership skills are developed. While partnership working between clinical and theoretical learning exists, students perceive a gap in experiencing effective leadership and opportunities for critically reflecting on theory and evidence. Opportunities for students to share and critique experiences with peers, mentors, and academics, is needed.

This study found that students do not always associate their own self-image with leadership roles, this finding is important for future consideration of how students are prepared and learn. Self-awareness was deemed important, and students should be actively involved in acquiring social intelligence and EI within leadership learning.

Aligning leadership to professional values within HEI undergraduate curricula and embedding early in the education programme would ensure clear association with professional development. Educators should support positive and inclusive leadership role modelling, while encouraging challenging of negative authoritarian examples and negative cultures. The use of distinct terminology would avoid confusion for students in defining and identifying characteristics of leadership and management.

Limitations



The findings presented here were interpreted through the researcher's lens, values, and experience, and based on the narratives recalled at the time. The participation of senior nurses was limited by the impact on recruitment by Covid-19, and student and academic participants were recruited from one UK university.

Conclusion

Leadership is perceived to be an important aspect of the role of a qualified nurse and therefore should be considered as central to the learning development for undergraduate students. While all participants valued the importance of leadership in nursing, data revealed

how each narrated experience of leadership holds an emotional impact on how leadership is viewed. While some findings concur with other empirical evidence, examining experiences through a narrative framework, and approaching associated emotions and perceptions of leadership revealed tensions and areas of value for nurse education to further consider in its approach to leadership development.

Table 1. Examples of images, link to leadership and identified metaphors

| Image Description | Justification and link to leadership theory | Participants associated symbols and metaphors within the narratives |
|--|---|--|
| <p>View from a plane of the Forth Bridges</p>  | <p>Bridge-building theory has evolved as an approach considering complex adaptive systems of human nature and the complex relationships. Bridge-building approach is symbolised by the connectedness, working across boundaries and silos</p> | <p><i>This is about the bridge isn't it, the leader joins everything together</i></p> |
| <p>Tree with exposed roots</p>  | <p>Complexity theory of organisational systems and teamwork. Overarching protection and nurturing with core central values.</p> | <p><i>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.</i></p> |
| <p>Pathway In the Woods</p> | <p>Teams and individual leading, leafy canopy providing safety and effectiveness of teamwork and distributive leadership theory, winding pathway providing direction.</p> | <p><i>the leaves...you can overshadow people's perceptions 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</i></p> |

| | | |
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|  | | |
|---|--|--|

Table 2. Framework for analysis example

| Place | Sociality | | Temporality | | | Critical event |
|--|--|---|---|---|---|--|
| Space and Environment | Personal | Social | Past | Present | Future | Leadership |
| <i>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 your day</i> | <i>Certainly, professional values...to be self-aware...compassion, empathy...it's not about you at the end of the day...</i> | <i>It must be difficult for students...all they see is stress. I think there are clever leaders out there. There's a lot of leaders out there who are authoritarian, and it doesn't work.</i> | <i>I started my nursing in the late 70's, we weren't supernumerary, it was sink or swim basically</i> | <i>I'm not sure students are prepared to lead at the point of registration.</i> | <i>...they do need to be transitioned carefully...one day you're a student and the next you're the registrant</i> | <i>So that sister, the one that I'm talking about, 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.</i> |

Table 3. Sub themes and overarching categories with examples of symbolic associations and metaphors.

| Overarching Categories | | | | |
|---|--|--|--|--|
| 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 |
| Sub themes and metaphorical associations | | | | |
| Expectations of self and others Defining leadership and management | Constantly learn, Change Improvement, Self-awareness, Reflection, Reflective practice, Emotional intelligence. | Challenges of leadership role, Power struggle, Prioritising Relationships Professional values | Theory and practice Learning environments Continuum of learning Experiences | Role models, Positive and negative influencers, Cultures within teams, Hierarchy nurturing and hindering |
| <i>'Anxieties', 'feeling lost' 'Calm', 'Messiness', 'consequences of actions'</i> | <i>'stepping back', 'sit back', 'time to step back and think about things', 'looking into themselves'</i> | <i>'strength', 'focus', 'see a path', 'not to react', 'safety', 'isolation', 'congestion', 'constraint', 'freedom', 'lost' 'control', 'complicated', 'bashing', 'teamwork', 'messiness', 'motivation' 'struggle'</i> | <i>'bridging, 'growth' 'foundations 'bridge', 'gaps', 'guiding'.</i> | <i>'authoritarian' 'growing, nurturing' 'knowledge is power', 'eroded away', 'flourishing', 'I'm ok up here', 'nudge you', 'approachable', 'reassurance', 'mutual goal', 'bad leadership', 'guiding', 'protecting', 'topple over'.</i> |

Table 4. Semi structured Interview questions

| Semi structured Interview | Questions |
|--------------------------------------|---|
| Preamble statement | <p>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.’</p> |
| Prompt questions | <p>1.Can you tell me about you experiences of leadership and your thoughts on what leadership is?</p> <p>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).</p> <p>3.Have your views on leadership changed?</p> <p>4.From your experience, what is the best way to learn about becoming a leader?</p> <p>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?</p> <p>6.Can you tell me if you think leadership is important in nursing and why/ why not?</p> |
| Participant Group specific questions | <p>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?</p> <p>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</p> <p>Senior Nurse: You have told me which method you think is most effective for students to prepare for the leadership role.</p> |

| | |
|--|--|
| | From your experience, is there anything further which would help the student transition from student to nurse that would help within the clinical environment? |
|--|--|

Table 5. Participant details and interview details

| Participant groups | Participant details | Interview detail |
|---------------------------|--|---|
| Students | 5 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 received the same core theoretical content and clinical experiences according to their field. | All Interviews were carried out within the University face to face in pre booked rooms with confidentiality and non-interruption facilitated by the researcher. Guidance and consistent information were provided to all to maintain consistency. Interviews were audio recorded and transcribed for analysis of the narratives lasting up to 90 minutes. |
| Senior Nurses | 1 senior nurse working at band seven or higher in a clinical area , 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. | The interviews were carried Face to face out within the University in pre booked rooms with confidentiality and non-interruption facilitated by the researcher face to face, lasting up to 90 minutes. |
| Academics | 6 academic lecturers who are delivering higher education to student nurses in healthcare. All academics were registered nurses in adult, child, or mental health nursing. | 4 Interviews were carried out within the University in pre booked rooms with confidentiality and non-interruption facilitated by the researcher, face to face . However due to the sudden occurrence of the pandemic and restricted access to participants, two academics were interviewed by telephone and recorded, lasting up to 90 minutes. |

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