Title: Valuing the emotions of leadership learning experience within nursing education

Abstract

Aim/Objective: This paper argues that a greater understanding of the role of emotions in experiencing leadership, the impact of role models and cultures of the workplace and profession, may enable further development for effective leadership development at undergraduate level and beyond

Background: Leadership has gained prominence as a necessary skill within nursing literature and policy, linking its importance to patient safety, working cultures, resilience and emotional labour globally. Viewed as essential within many undergraduate nursing programmes, and a requirement by professional regulators, there is a globally agreed acceptance of its importance. Despite this, the focus on evaluating and researching the effectiveness of leadership learning and through experiences of students in contexts of learning remain limited. This paper presents a discussion on the importance of experiences of leadership, exploring the emotional impact and how enabling reflexivity and critical analysis can be integrated in education. An approach is proposed for nursing education where the emotional impact of experiencing leadership is given significance. Experiences of leadership in practice and educational learning within higher education should allow students to reflect and conceptualise experience, aligning educational contexts of learning. Acknowledgement of emotional experience and pragmatism provides opportunity to strengthen evidence and knowledge and establish leadership as a concept of value within the profession from an early stage.

Design: A critical theoretical discussion paper

Methods: Based on a narrative inquiry study, drawing on theory and philosophies of emotions within education and leadership from 1907-2023

Results: Acknowledgement of emotional experience and pragmatism provides opportunity to strengthen evidence and establish leadership as a concept of value within the profession from an early stage.

Conclusions: Placing value on the experience of leadership by reflexivity and pragmatic, experiential approaches to learning can align educational contexts of learning and focus on effective leadership learning for the nursing profession.

Tweetable abstract: pragmatic approaches and reflexivity rationalise emotional experiences of leadership and encourage critical thinking and learning.

1. Introduction

Leadership has gained prominence within nursing literature and policy, linking its importance to patient safety, working cultures, stress, resilience and emotional labour globally (Brown et al 2016, WHO 2020, Wong et al. 2013). Leadership is accepted as an essential element within many undergraduate nursing programmes, and is often a requirement by professional regulators globally. Despite this, the focus on evaluating the effectiveness of leadership learning and experiences of students in the dual contexts of learning of university and clinical practice remain limited. A lack of philosophical underpinning and over-abundance of leadership theory and literature, places challenges on academic curricula design, compacting leadership alongside the sizable mandatory skills based competencies required within undergraduate nursing programmes. Leadership also features within the continuing development education of postgraduate programmes, however again has disparate approaches and availability for qualified nurses. Hailed as necessary for establishing the position of the profession in decision-making on global health issues (Bennett et al 2020), leadership is also more debated than defined (Clark & Thomson 2023).

A doctoral narrative inquiry study which explored the perceptions of undergraduate nursing students revealed the emotional impacts on students from experiencing leadership (James et al 2022), and this is an unexplored area within nursing education. Research exploring the many facets of emotions in leadership remains at an early stage and has taken two directions, the study of leaders' expression of emotion or their emotional experience (Eberly & Fong 2013). There has been some focus also on followers' perceptions of leader's emotional genuineness and the links between a leaders display of sincere feelings, as opposed to insincere displays, which may influence and change follower's beliefs in that leader (Eberly & Fong 2013). While there is evidence to support the impact of emotions on learning, this critical reflection will focus on leadership and how emotions experienced have potential to influence learning, motivation and identity development (Schutz & Pekrun 2007).

This paper argues that a greater understanding of the role of emotions in experiencing both informal and formal leadership, and the impact of role models and cultures of the workplace and profession, may enable further

development for effective leadership development at undergraduate level and beyond. Alignment of experiential learning in clinical practice and university contexts is an important theme which requires further thought and exploration.

Building on the doctoral research, further conceptualisation is developed in this paper, progressing the inclusion of philosophies and theories on the role of emotions in leadership and learning, developing John Dewey's (1981) pragmatic experiential learning approaches, and suggestions for leadership development within undergraduate nursing education. While pragmatism has been addressed within some contexts of nursing policy and education (Deering et al 2021), entwinning philosophies and theoretical perspectives of emotions in leadership development and the experiential learning of Dewey (1981) allows a critical integrated perspective to develop, with a suggested insight into a framework for application in nursing education. Applying professional experience, leadership theory, philosophy and evidence, this paper aims to address the challenges and complexities of developing effective approaches to leadership development in nursing education.

2. Background

2.1 Learning from critical events

Within the analysis of the research this paper is based on, the use of 'critical events' was central to the exploration of emotions (James et al 2022). Considered as something told within a narrative which reveals an alteration in the perceptions of the storyteller, an event becomes 'critical' when it has impact on the practice or professional role, whether emotionally disturbing or exposing, positive or negative, it creates a profound change for the individual's views on the phenomenon, and influences their perception of future self (Webster & Mortova 2007). 'Critical events' may occur within communities of practice which share values and knowledge and involve sharing of cultures, which align to the nursing profession (Bruner 1986). From the analysis of student nurse narratives, experiences and emotional perceptions of role models, influencers, organisational cultures and hierarchical structures featured clearly as a theme. Evident from emotionally positive influences, which were rationalised as inspiring and motivating, to negative influences which could be both discouraging and isolating, and all

participants in the study had experienced some form of emotional event from experiencing leadership within nursing.

Positive role models which featured within the narratives were expressed as emotionally positive and perceived as driving innovators, positively influencing patient care and forming students' views of their own future leadership approaches. The importance was expressed in the need for students to have positive experiences from role models and leading influencers, to emulate and take forward. Influences of culture within clinical contexts and the tensions of leadership within large organisations were also evident and raised the issue of the professionals' outward response not always being positively influential and nurturing, as highlighted previously by Bond (2009). While these themes raise many issues, for the purpose of this paper, the challenges of contextual learning for leadership will be discussed initially and further analysis of the role of emotions within leadership further expounded.

2.2 Contexts of learning

The theory-practice gap debate acknowledges a disconnect between the learning contexts in nursing education and presents challenges for students and academics in addressing the implications. Students may struggle to connect both learning contexts, and express and process the emotional experiences in practice to theory and evidence. Opportunities to critically evaluate experiences, explore the evidence and process the emotional response can be lacking (James et al 2022 , Maben et al. 2007, Francis-Sharma 2016). Suggested approaches have included combined theoretical and practical leadership development through continuous approaches (Pepin et al. 2011) and visualised representation of leadership through role models and examples along with theory (Ha & Pepin 2018). 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 support the connection of theory and evidence to positive clinical role module experiences (Scully 2010).

Challenges of leading within the current complexities of health organisations, and the profusion of managerial tasks such as staffing and resources, causes tensions for clinical professionals. Equally, theoretical programmes for nursing which are built with technical skills and content leave few opportunities for reflection of theoretical leadership perspectives and experiences from clinical

practice, inhibiting the development of a reflexive reasoned discussion (Rolfe 2015). By placing value on the 'ends', rather than 'means' of student development in leadership; the 'ends' are the outcomes (safe, person-centred, quality driven nursing care), we must also ask explicit questions in planning curricula and learning methods, of what 'means' are important for fostering and nurturing the opportunities for students to develop and achieve leadership qualities. The student experience of leadership in practice should be supported by a reasoned and contextualised process of reasoning, exploring the actions and decision-making experienced and how they align to the professional values of nursing. An active learning methodology supports this, allowing opportunities for criticality and challenging such complex issues (Christiansen et al. 2014).

It is proposed that nurses develop leadership styles from early encounters with others in practice (Gallagher & Tschudin 2010) and compassionate experiences may affect positive actions within social contexts (Kerber et al. 2015). It is also suggested that where formal managerial roles are defined as 'leadership', cultures of control and use of power can have fewer positive effects, and a lack of understanding exists of the strategic elements of power as explored by Foucault (James et al 2022). The challenges of leadership roles, the lack of knowledge of distinction between leadership and management and the historical origins of the profession may well reinforce hierarchical power role structures and diminish the values-based focus of the nursing profession. An egalitarian approach may well criticise any form of hierarchical leadership in a profession which embraces fairness and equality such as nursing. However, the challenge for the nursing profession may be how to ensure the future workforce learns to combine the paradox of being a leader, meeting the demands of a resource driven complex organisation, while maintaining professional and ethical values. Leadership requires permission from others and of the self, requires negotiation and power to be effective, even when considering it on a micro level such as leading individual patient care (Western 2019). Foucault's (2010) view of power asserts its existence not requiring hierarchy, acknowledging the struggle is an accepted part of leadership. In the context of undergraduate nursing education, students should be encouraged and provided with opportunities to explore their perceptions and experiences of this paradox, to consider where values are placed within such constructs and further reasoning of the challenges in preparation for future roles. Within the student narratives of the research by (James et al 2022), the status of 'outsider'

in clinical cultures evoked emotional responses of not being able to 'speak up' or create change. This remains an issue for the future of healthcare contexts of learning despite acknowledgement of culture being intrinsic to patient safety as long ago as the influential Francis Report (2013) resulting from failures of care at Mid Staffordshire NHS Foundation Trust which recommended openness, transparency and a statutory duty of candour.

3. Discussion

3.1 Facing inadequacies

The issue of socialization and the profession's continued treatment of its students and newly registered nurses continues to be highlighted, with impatience to the jejunity of meaningful action for intolerance (Derbyshire & Thomson 2019). Reviewing the emotions of shame experienced by nursing students, Bond (2009) acknowledged the negative effects on learning, and the resulting lack of identity and socialization this can have when experienced form clinical encounters. The role of clinical leaders is explored in the context of power and the inhibiting effect of shame is suggested, making rational critical thinking less likely if brain-based learning theory is applied. When leadership is considered, this may well become an even further inhibiting toxic combination. When we discuss leadership in nursing, the intricacies must also be acknowledged. These may include all aspects of power, including reward, coercive, legitimate expert, charismatic, resource and information (French and Raven 1960). All of these sources of power can be applied within leadership, related to the desired purpose, and as an influencing behaviour in nursing, we desire for this to be related to our professional values. However, from the issues noted above, we must also acknowledge they may be applied in a negative and abusive form, and this has no place within our profession and should not be tolerated. This point in particular clearly defines why, when negative leadership is experienced, whether through actions of bullying or intolerance, or through less overt means such as withholding information or ignoring contributions, opportunities for students to rationalise and understand this use of power is imperative. For example, the work of Kipnis et al (1980) characterises influencing tactics as 'soft tactics', 'hard tactics' and 'rational persuasion'. The use of soft tactics often seen in transformational and charismatic leadership relies on personal power from being viewed as knowledgeable and competent. Hard tactics are power positioned and hierarchical, such as attacking and

blaming (ideological leaders), while rational persuasion relies on logical argument to persuade others (pragmatic leaders). While further analysis of leadership exists within vast corpus of leadership literature, this is one example of how analysis of behaviours and tactics can rationalise and identify what may lie behind the expressions of others. By understanding, it is possible to de-personalise the experience and realise that the reasons for this behaviour speaks to the purveyor rather than the receiver. For the nursing profession, this is an important acknowledgement, to ensure nurses remain in the profession, refuse to tolerate negative behaviour and ensure actions reflect professional values when applied to patients and colleagues.

3.2 Concepts of emotions and leadership

Taking the philosophical work of Nussbaum (2008) who views emotions, as "geological upheavals of thought" (Proust 1982, cited in Nussbaum 2008, p.1), emotions are not considered as impulsive reactions, rather as intelligent perceptive responses to personal values, influencing life choices, morality and ethics. In Aristotle's view of the relationship of emotions and aspects of human interiority, these must also be understood to comprehend the virtues of morality. Therefore, in a constructivist approach, knowledge is viewed as a personal interpretation of experience, and wisdom closely related to the way individuals understand and know how emotions, contexts, and relationships effect responses (Nussbaum 1990). Nayak (2016) states that perceptions may be inferior without emotions forming a central role of cognitive values. Within the nursing profession, our actions and non-actions may have a direct effect on others, and being fully emotionally conscious of choices and consequences, what we see and choose not to see, and what our moral values are is therefore crucial (Rest & Narvaez 1994).

In her elevation of emotions as an essential element of human intelligence, Nussbaum (2008) associates emotional wellbeing to reasoning and decision making. This aligns with the professional values within nursing, and principles of some of the more recent theories of values-based and authentic leadership. Applying these principles to the world of political leaders and compassion, Nussbaum (2008) has explored the application of compassion to conduct in public life and the challenges of the relationships of emotions in this context. While there may be caution to basing political discourse and decisions based on emotions, there are examples of successful political leadership where emotions are expressed and valued in their approach, most recently brought to

attention by New Zealand's prime minister Jacinda Ardern's resignation speech (McClure 2023). If Nussbaum's view is to be heeded, that judgements and decisions made detached from emotions may move leaders further from their moral compass, then acknowledging the importance of emotions within nursing is something that must be considered in the developing stages of education.

If it is accepted that knowledge cannot always be conveyed verbally and that actions and emotions are also required, as Polanyi (1966) proposed, then both the overt and covert expressions of emotions must be considered. Therefore, processing the implicit and explicit expressions of an individual and experience require time and reflection to arrive at a complete cognitive conclusion. For many leaders, linking emotional knowledge with actions and verbal expression is the desired outcome, where the message is clearly aligned with actions and expressions, reinforcing the overall approach to leadership. The importance of emotional intelligence, as expressed by Goleman (1995) and others, has seen this clearly linked to leadership further and it is possible to align this to personal goals. For example, negative emotions such as anger and frustration are related to events and experiences that may harm or threaten individual goals, whereas positive emotional expressions of happiness and joy may satisfy positive individual goals (Shaver et al 1987). Further exploration of this within business organisations has lead to the acknowledgement that followers may use the emotional messages conveyed by leaders to inform their decision making which may result in negative or positive influencers (Nylund & Raelin 2015). Further consideration of the philosophical and wider views of emotions and leadership is helpful to consider, as the development of leadership specifically focused on nursing alone remains in its early stages of development.

3.3 Concepts of emotions and learning

Within psychology, emotions are defined as a series of psychophysiological changes that occur in response to an event, including behavioural reactions, expressive responses, physiological and cognitive evaluations. Learners are expected to respond differently to educational contexts and events such as avoidance or anxiety towards particular assessments or academics, based on previous experience. Quiet students may be responding to previous negative experiences or become anxious and respond with a physiological reaction while also determining this via cognitive recognition of previous experience.

While much research continues in the field of cognitive psychology, emotions are thought to influence learning and performance in five areas: cognitive areas; approaches to learning and problem-solving; self- motivation and regulation; and memory (McConnell & Eva 2015). While the importance of emotions on learning is accepted within many higher education policy frameworks (Nugent et al 2019), further research in this area for nursing students, who experience highly emotive learning environments, would be valuable. The options of learning opportunities are varied in higher education, with many pedagogical and andragogical approaches to learning, from lectures to simulation. Further focus is required on the approach to leadership where students are required to be self regulating, self-aware, and aware of the impact of others emotional experiences.

3.4 John Dewey's 'experiential continuum' and pragmatism

Dewey's (1981) pragmatic philosophy places value in the intertwining of experience, life and education. The contextual influences of past and present are important within this approach and influence the individual's actions in the future. Dewey terms continuity as an "experiential continuum" which represent the construction of experiences, and the quality of those situations (Dewey 1987, p. 28). Social aspects, the influencing symbolic aesthetics of human interaction, emphasise the significance of social relationships of experience. As a philosophical lens, Dewey views the aesthetic, appreciating achievements, failures, dilemmas and change across the continuous dynamic seam of life experience and learning . Reflection and cognitive contemplation of the aesthetics also includes emotion, which aligns with the importance placed on reflection within nursing education. Taking Dewey's view of experience, the reflection and cognitive processing of experience is the key to learning, rather than just experience alone. He considers reflection as enabling 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 continued time, would students hope to understand the significance. Applying these approaches to learning, the relationship between learning, experience and conceptualization is interrelated and required.

Dewey's (1987) approach to the 'experiential continuum' of learning and associating experience as interconnected may reposition thinking of how nursing programmes and the dual contexts of learning can be effective for leadership. Cultures of habit forming, or ways of doing within sociocultural contexts can be stifling and result in negative environments if unchallenged. If we acknowledge Benner's (2001) view that practitioners possessing wisdom accept continuous learning to achieve expertise, then reflexive activities should also recognise assumptions and habitual actions. While Dewey's approach has much to offer, it is perhaps amiss to not acknowledge the influence of James's (2019) approach to pragmatism which embraces empiricist and rationale approaches, and which addresses the complex elements which nursing as a discipline is comprised of. In addressing facts while also requiring abstraction. James's (2019) philosophy supports value in observational and sensory experience while also valuing reflection and rational thought, both of which nursing education requires of its students. A pragmatic approach to education also allows for problem solving, questioning and critiquing, exploring the lines between objectivity and subjectivity and engaging and gathering knowledge and experience from other disciplines, explored by the Jamesian philosophy through Plurality, Fallibilism, Truth and Subjectivity (James 2019). When pragmatic approaches are applied to leadership learning, there is much to align to the approaches explored in the literature. Leadership spans many disciplines and there is much to learn from this literature, with many of the early theories originated from areas such as business and manufacturing, and now building throughout other scientific professions. Problem based learning activities are growing in popularity, allowing students to explore and reflect on the issues and complexities of leadership, explore the evidence and apply critical thinking and experience together. Further approaches such as Action Learning (Revens 1980) is also gaining interest within healthcare, allowing experience and shared and action focused learning to inform decision making and influencing practice such as implementing quality improvement and change (James 2018). Action learning also allows space and reflective opportunities for students to explore the emotional responses to experiences, allowing the rationalisation of emotions while also acknowledging their value for individual learning. Nurse educators expect students to question decisions, critique the evidence and question practice, which is challenging for students in practice. If nurse educators are to address the theory-practice divide for leadership, these pragmatic

approaches to the curriculum need to be shared and combined with the clinical educators perspectives on how experience and actions can meet theory and evidence to produce effective leadership learning.

3.5 Leadership in undergraduate nursing

In the research by (James et al 2022) individual narratives of the experience and perceptions of leadership revealed a dual perspective: memories of the events and personal emotional response, and the cognitive analysis of the significance. Here the findings align with Dewey's approach, to enable meaningful and emergent learning, reflection is needed to intellectualise and process. The regulatory board in the United Kingdom (UK), The Nursing and Midwifery Council (NMC) standards for pre-registration education requires achievement of proficiencies on registration, which include leadership, however the explicit characterisation of leadership is somewhat open to definition, providing some guidance but vague nevertheless (NMC 2018). A disparate approach to the design of leadership content and pedagogical approach methods within higher education is applied and while leadership development is positioned within practice experience and theoretical input, the alignment requires some further consideration and evaluation. From the evidence, students' personal expectations and self-image are not always perceived as effective leaders in their future careers, and concerns for lack of preparation for leadership and negative experiences add to these limited aspirations (James et al 2022). One of the challenges may be the language applied, termed as "principles of leadership" within the documentation (NMC 2018). This implies leadership is a series of basic ideologies which determines how something functions. Alternatively, many would position leadership as requiring opportunities of learning experience, reinforced by theoretical concepts and critical reflexivity, ongoing and emergent for individual development (Carragher & Gormley 2017; Foster et al. 2017). Furthermore, while language and definitions are considered, the confusion between the distinction of leadership and management continues. While management could be defined as a role of task-based activity, leadership is a social construct, requiring context within educational programmes (Carragher & Gormley 2017). Some evidence exists for the variations of importance placed on leadership by students (Ekström & Idvall 2013; Francis-Sharma 2016), however value is placed when associated with professional and ethical standards and there is clarity on its definition (James et al 2022). Theories

based on emotional and collaborative relationships and nuanced personal qualities have become more prominent, especially within health professions, as these often align with professional values and standards. Hierarchical structures remain however in the historical echoes of both the professions and within organisations such as the National Health Service in the UK. However, leadership approaches have adapted, responding to the complexities of current organisational challenges. Leadership is somewhat accepted as less positional and more about attitudes and vision, engagement, and evaluation.

The discussion of the theory-practice gap continues to develop and acknowledges there is a disconnect between the learning contexts in nursing education (Francis-Sharma 2016, Maben et al. 2007).Suggestions for addressing this within the context of leadership learning include simulation methods, cascading of research into practice, increasing the clinical credibility of academics and increasing reflexivity in mentorship (Edwards et al. 2018, Greenway et al. 2019). Pepin et al. (2011) report the combination of theoretical and practical leadership focus in a continuous programme for leadership had positive outcomes and Ha and Pepin (2018) proposed a visualised representation of leadership through role models and examples combined with theory. The alignment of an agreed and recommended pedagogical framework from the two professions of education and nursing has resulted, within the UK at least, in programmes focused on traditional concentrated skills, knowledge and outcomes content (Rolfe 2014). With challenges of large cohorts and the need to ensure workforce ready graduates, the development of innovative paradigms of pedagogy, which also ensure a continuous seam of experiential learning and reflexivity, is challenging (Chambers et al. 2013, Mackintosh-Franklin 2016). A lack of empirical evidence to support effective paradigms within nursing education seems to contradict the very principles of the profession's alignment with evidence-based practice.

3.6 Policy for leadership development

There has been an increased support for developing leadership in nursing within the UK and internationally (Health Education England 2015; WHO 2020). Research by Health Education England (2015) identified the need for clarity in language used by educators, and a lack of defined leadership skills in the

curriculum and hierarchical structures in the NHS indicated students doubting the need. A lack of awareness of the responsibility to lead, the value in interprofessional learning for leading, and the need for leadership to be embedded in programmes throughout the years of the programme were also indicated (Health Education England 2015). The Royal College of Nursing (2020) also supports development of leadership, acknowledging the recommendations of Francis (2013) and more recent reports such by 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 support of other global policies are evident, however the issue of how educators in both clinical and academia respond by developing innovative and evidence based designed programmes for leadership remains not fully addressed.

3.7 Implications for nursing

Within the research narratives on which this paper is based, students expressed a surface approach to reflection in their learning programme, associated with assessment often, rather than reflexivity and practice development, which has been noted previously (Rolfe 2014). To achieve praxis, reflexivity enables an interchange between practice and theory, to advance transformation in practice, with informed and committed actions (Nairn et al. 2012, Rolfe et al. 2001). Self-consciousness and eclectic views of contextual influences are also fundamental, with profound consideration and analysis of values (Rolfe et al. 2001). The lack of opportunities to explore emotional response and reasoning of leadership experiences which were expressed by students, as well as the inclusion of leadership theory late within programmes negated these learning opportunities. Dewey's (1981) view of reflection as a necessity for problem solving faced in habitual actions, encourages elevating thoughts and actions, an important approach to issues in practice. Reflection within nursing education is also criticised as being restricting through use of models, inhibiting the freedom of thought it is meant to support, with educators applying a descriptive rather than critiquing approach within teaching (Mahon & O'Neill 2020, Rolfe 2014). Therefore, methodologies which encourage reflexive, problem-solving approaches, with opportunities provided for seeking theoretical and empirical evidence to support the critiquing of experience and scenarios, such as Action Learning and Problem Based Learning may support reflective processes of learning in more meaningful ways (Pedlar & Abbot 2013).

As acknowledged previously within this paper, fitting all competencies and topics within a nursing programme is challenging for educators globally. As experienced nurses and academics, we all have differing perceptions on what is important to develop and include from the vast range of areas of expertise and knowledge needed for the effectiveness of the future nursing workforce and profession. However, leadership is a complex concept, not easily defined or addressed in nursing education so academics should also look outward to philosophies and theories available for learning, and explore these throughout nursing education. Establishing this approach to learning early within programmes may well enable students to place value on their emotions and feel able to explore and rationalise their experiences. Developing reflexive logic and challenging negative behaviours within organisations is important for patients, for the profession and for organisations. Confidence to assert values as central to their leadership style, with continued support and agency from their dual educative sources is also considered necessary and an approach which could be taken beyond the initial undergraduate learning process. Organisational culture is created by a myriad of influencing forces and if the profession requires a reputation of highly educated, values-driven professionals, exhibiting positive leadership by example, the narrative and educational purpose needs to be realigned somewhat. An approach of inclusivity should exist within the partner organisations, supporting nurse leaders, and exhibiting exemplary kinship and role modelling, inspiring aspirations for leadership for students and positive cultures for learning which is known to influence students' response to learning.

Applying a social justice approach within nursing leadership education has been suggested (Waite et al 2015), widening of student expectations and knowledge by linking personal experience to sociocultural issues. It is proposed that providing students with experiences and reflexive activities in which they explore their values and professional values may support leadership development. Aligning theoretical perspectives clearly while congruently aligning with role models in practice with nursing leaders, students can be encouraged to understand the effects of leadership, the importance of emotions in learning, and the implications of leadership on the profession and on nursing care.

Social justice is not dependent on principles of distribution, it requires 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 should be acknowledged with freedom to apply (Smith & Seward 2009). For example, while educators and clinical educators can provide leadership role models and theoretical input with reflexive and critical thinking encouraged for leadership development, students may develop and apply this through choice. Some may choose to become positional leaders, while others remain clinically focused and lead individually, without hierarchical positioning. Currently, nursing education provides students with freedom and opportunity to experience and learn about leadership via a series of varying opportunities, sometimes disparate and disconnected. While nurse educators and academics require freedom in approaches to ensure innovation and quality, and it is not proposed here that approaches be standardised or prescriptive, rather that approaches be considered for the longer development term, and evaluation and evidence generated, so that effective methods can be shared and developed. Aligning leadership learning opportunities in both contexts, encouraging students to identify their values and self-image as a leader early within the learning experience and encouraging the deeper thinking of leadership, its effects and importance for patient care and the profession is needed. Exploring the many theorical approaches early within nursing education and encouraging a personal reflexive approach to leadership development throughout the career may encourage this area to be influential for individuals and the profession and supports the argument of why the profession needs leadership within its expertise.

5. Conclusion

This discursive paper aims to provide an overview of the impact of emotions on learning and specifically within how leadership is experienced and developed within nursing education. It is hoped that by considering emotional experiences and opportunities for critical thinking and reflection, the impact is given further contemplation by academics and researchers. Further debate and discussion from all aspects and stages of educational leadership development is needed and it is hoped this paper prompts further direction in this area. Nurse educators may wish to explore experiential learning and how this can narrow the theory-practice gap, in particular, Dewey's philosophies of reflective learning. Further research is needed on the effectiveness of educational design within leadership and how undergraduate experience

influences later leadership approaches and how this impacts the wider organisations and indeed the nursing profession.

Acknowledging the impact of emotional experiences of leadership and encouraging deeper critical thinking on how this impacts students and future leaders offers an approach to mitigating negative leadership behaviours. In this paper, negative and positive leadership impact has been considered, how philosophies on emotions and learning can support future educational design and how this could be implemented into a nurse's learning journey from undergraduate and onwards.

Conflict of interest

None

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