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Sarita James

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Walden University
2017

Abstract

Exploring Leadership Pedagogy Among Louisiana Baccalaureate Nursing Programs

by

Sarita Vickers James

MSN, Loyola University-New Orleans, 2006

BSN, Northwestern State University, 1990

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing with Specialization in Education

Walden University

November 2017

Abstract

Nursing accreditation bodies have recommended that nursing education programs prepare graduates who display competence in leadership. However, the reality of how nursing leadership skillsets are acquired at the undergraduate level and transferred into practice remains debatable. The purpose of this qualitative study was to understand how nursing educators teach leadership in Louisiana baccalaureate programs contrasted with ideal policy expectations. The action learning and reflective practice theories provided the foundational theoretical influences for this study. Six face-to-face virtual interviews were conducted with nursing faculty who were currently teaching or had taught leadership in a baccalaureate nursing program for at least 1 year. Data collection and analysis using the constant comparative method of the Corbin and Strauss grounded theory approach was used. From the data analysis, 7 main themes were identified, including the purpose of the leadership course, the selected teaching strategies to meet the purpose of the course, teaching to support student learning styles and workplace expectations, the application of evidence-based practice principles for leadership, the measured effectiveness of selected teaching strategies, faculty perspectives of leadership efficacy at the undergraduate level, and faculty perspectives for future nursing leadership education. Research findings suggest that positive social change for undergraduate nursing education could be influenced by the employment of active learning and reflective practice allowing the student to experience leadership, reflect on leadership, and improve on developing leadership competence. The generalist would become receptive to leadership before entry into practice, impacting the changing healthcare environment.

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Dedication

I dedicate this study first and foremost to God for providing me with the opportunity to undertake a doctoral study for the benefit of nursing education. I also dedicate this study to my husband, Michael, my three children, Barry, Andrew, Maggie, and my new daughter-in-law, Chloe. Your compassion, dedication, and support for the greater good is immeasurable. I love you all.

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I am especially grateful to the research participants who displayed great commitment to nursing education by volunteering their time to assist me in the completion of this study. A special thank you to my employer and peers who assisted in the flexibility of my work schedule and helping in the peer review of this study.

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Chapter 1: Introduction to the Study

Introduction

Traditionally, nursing pedagogy in leadership courses includes primarily didactic lectures with a clinical component and occurs in most baccalaureate programs during the last semester before graduation. There is an assumed expectation that baccalaureate nursing programs should prepare nursing students for leadership practice (ANA, 2008; AACN, 2008; IOM, 2011, 2016, Louisiana Campaign for Action, 2017). However, this reality of how disciplinary leadership skillsets are acquired and transferred into practice is different from the literature that speaks to a progression from a novice after graduation to a practicing professional over time (Benner 1981; Forsythe & Snook, 2002; Ganz & Lin, 2012; Winkler & Marshall, 2017).

Healthcare organizations and accreditation bodies have recommended that nursing education programs prepare graduates with a leadership principles and skill-sets who demonstrate competence in leadership. This chapter includes a discussion supporting the need for current research relevant to nursing leadership pedagogy in undergraduate nursing programs. Background research revealed the significance, purpose, and theoretical influences of this study, demonstrating alignment with the research questions. Chapter 2 includes further information on previous research.

Background

Nursing leadership courses in baccalaureate curricula are usually offered during the last semester before graduation. I reviewed the primary research to identify literature that speaks to leadership education, the transfer and application of leadership knowledge, and leadership teaching strategies for effective leadership practice in baccalaureate nursing programs.

The traditional lecture/clinical structure of leadership pedagogy does not prepare the nursing graduate for leadership practice in the workplace, as the clinical component of leadership courses often involves the student observing a charge nurse or other leader instead of applying the knowledge learned through practice (Kling, 2009: Lekan, Corazzini, Gilliss, & Bailey, 2011; Shin, Sok, Huyn, & Kim, 2014). The American Association of Colleges in Nursing (The American Association of Colleges in Nursing [AACN], 2008), the Institute of Medicine (Institute of Medicine [IOM] 2011, 2016), the Louisiana Campaign for Action (2016; 2017), and the National League of Nursing (National League of Nursing [NLN], 2010) place expectations for the preparation of leadership practice on nurse educators at the baccalaureate level. A common theme identified within the primary research was that nursing faculty are the facilitators for the knowledge transfer and development of leadership skills within a variety of settings (Allen, Ploeg, Kaasalainen, 2012: Kirkman, 2013; Kram, 1983; Lekan, Corazzini, Gilliss, & Bailey, 2011). Leadership in terms of performance begins after acquiring a basic professional skill-set, reinforced with a mentored residency assisting the novice in the transition from new graduate into an expert practitioner over a period of time (Benner, 1981; Forsythe, Snook, Lewis, & Bartone, 2002; Winkler & Marshall, 2017). Conversely, after reading the IOM report and follow-up report, one may assume that the novice has developed the professional skill-set for leadership during the undergraduate nursing program and will enter a period of mentored practice through mentored residencies for leadership when nursing practice begins (IOM, 2011, 2016).

There is a lack of evidence concerning nursing faculty perspectives on how to maximize pedagogy in leadership at the baccalaureate level through the employment of teaching strategies that best prepare nursing students for future leadership practice. A more recent study within

business and management literature concluded that undergraduate faculty use lecture and discussion teaching strategies more than student-centered methods (Jenkins, 2015). Jenkins (2015) also concluded that teaching strategies using role play, simulation, and games, which assist in the development and practice of leadership, ranked number 20 out of the 24 methods included in the study. These teaching strategies were least used when surveyed among 303 leadership educators (Jenkins, 2013). Jenkins' research agreed with the nursing study by Haber-Curran and Tillapaugh (2015), which indicated few studies address how to approach leadership education effectively to prepare students in the area of leadership. Success in the development of leadership through coaching, role play, and simulation creates experiences necessary in the preparation of how to practice leadership (Ganz & Lin, 2012).

The development and application of leadership is evaluated by the demonstration of leadership competencies. Employers of new nursing graduates acknowledge that they lack leadership competencies that include delegation, supervision, and communication (Lekan, Corazzini, Gilliss, & Bailey, 2011: Theisen and Sandau, 2013). Nurse leaders; professional organizations, including the IOM, AACN, ANA, NLN; and others have their own lists of suggested competencies they consider essential to practice leadership. However, most of the listed competencies are actually skills related to performance that must be cultivated and developed over time for leadership practice (Broome & Marshall, 2017).

Alternative teaching practices utilizing mentorship, preceptorship, and reinforcement through simulation methods integrating the academic and clinical settings may have a positive influence on nursing curricula for leadership preparatory courses (Kirkman, 2013; Kram, 1983; Laurent, 2000; Lekan, Corazzini, Gilliss, & Bailey, 2011: Middleton, 2013;Orlando, 1961; Pollard, 2009; Shin, Sok, Hyun, & Kim, 2014; Smithburger, Knae-Gill, Ruby, & Seybert, 2012;

Thomas, Hodson-Carlton, Ryan, 2011). However, I found a deficit in the literature providing evidence providing evidence of the effect that alternative teaching strategies has on the success of leadership pedagogy thereby improving learning outcomes for practice (Schlairet & Pollock, 2010; Schlairet, 2011: Scott & Miles, 2013; Shin, Sok, Hyun, & Kim, 2014).

Kling (2009), Laschinger, Wong, and Grau (2012) suggested that leadership practice exhibiting the transfer of leadership knowledge is imperative for the new graduate to assist in coping with the stressors of the workplace. However, consistent evidence for an informed evaluation of measurable learning outcomes for leadership development is lacking (Haber-Curran & Tillapaugh, 2015; Shin, Sok, Hyun, & Kim, 2014). This study is relevant because there is a deficit in the literature on how to address the basic skill set consistent with a knowledge base about nursing leadership and professional identity. This deficit needs to be improved upon so that the novice nursing graduate will become better prepared to develop into a leader through mentored residencies and mentored practice once entering nursing practice (Benner, 1981; Forsythe, Snook, Lewis, & Bartone, 2002; Ganz & Lin, 2012; IOM 2016; Kets de Vries & Korotov, 2012).

Problem Statement

The expert committee issuing the IOM report, *The Future of Nursing: Leading Change, Advancing Health*, recommended that leadership development should be provided within nursing education curricula, preparing the undergraduate nurse for leadership roles (IOM, Recommendations 2 and 7, 2011). The AACN recommended in their document, *Essentials of Baccalaureate Education for Professional Nursing Practice (*AACN, 2008), that the profession of nursing can have the greatest impact on the safety and quality of the healthcare delivery system. Therefore, greater attention by professional nursing organizations and healthcare

governing bodies has been placed on the education of nurses and the use of alternative teaching strategies to provide student nurses with the knowledge, attitudes, and skills to practice effectively at the minimum level of the baccalaureate degree (AACN, 2008, IOM, 2011; 2016). According to the AACN (2008), the role of the baccalaureate nurse is to deliver quality care, understand how to evaluate healthcare outcomes, and develop the ability to provide leadership in the improvement of patient care in a variety of healthcare settings.

Leadership development is imperative for the nursing student to recognize the value in leading patient care teams while responding to a changing healthcare environment (Middleton, 2013). Healthcare organizations are not pleased with nursing graduates, stating that they are not prepared for the transition to the practice of leadership whether at the bedside or in leadership roles (Lekan, Corazzini, Gilliss, and Bailey, 2011). However, there appears to be a failure of healthcare organizations to embrace mentored residencies to continue leadership development instead of only orientations for clinical performance (Winkler & Marshall, 2017). Furthermore, the IOM follow-up report, *Assessing Progress on the Institute of Medicine Report The Future of Nursing* (IOM, 2016), maintained the recommendation that nursing curricula include courses in leadership skill and entrepreneurship and that healthcare organizations enlist some form of mentored nursing residencies to continue leadership development after new graduates are employed. However, while the original report recommended these changes be made at the baccalaureate level, the only programs listed within the IOM report at this time are master degree programs or dual degree programs (IOM, 2016). The report concluded that there is no clear indicator that provides accurate information on the progress of leadership education before entry into practice (IOM, 2016).

The Louisiana initiative, Future of Nursing Campaign for Action in Louisiana (2016) was the state's attempt to address the recommendations from the IOM (2011) report. The areas of focus within this document are relative to the IOM and AACN recommendations for nursing education to expand leadership opportunities within healthcare environments for the delivery of quality, safe, patient-centered care. This initiative also challenged nursing education to prepare the baccalaureate nursing graduate in the areas of leadership, enabling them to assume leadership roles (Louisiana Campaign for Action, Recommendations 2 and 7, 2016). While the IOM Report (2010) and the IOM follow-up report (2016) addressed the development and implementation of nurse residency programs to assist with the transition into professional practice after completion of a nursing program, there was no mention of mentored residency programs within the Louisiana Campaign for Action initiative (2016).

The majority of the members of the expert committee involved in crafting the IOM report did not hold a degree in nursing, and were not involved in nursing academia, practice, research, or nursing regulatory agencies. Embedded throughout the IOM report and the AACN position is the assumption that nurses should be ready to practice to the full extent of their education when they enter the work force. According to both the IOM and AACN, once a nurse has received a baccalaureate degree, they should be able to practice leadership and participate in the restructure of the healthcare system (IOM, 2011; AACN, 2008). However, as I previously stated, the IOM (2011; 2016) established the expectation the new graduate would be practicing with a mentor or in a mentored residency. Benner (1981) expressed a different position in her work, *From Novice to Expert,* stating that the nurse is unable to practice effectively until gaining the experience within the workplace after the educational and training process. Benner (1981) further explained that the nurse does not reach the level of

competence until after 2 years of practice and experience with the assistance of a preceptor or mentor. During this stage of nursing practice, the preceptor or mentor is assisting the new nurse to develop their professional identity while incorporating the basic professionally specific skills, concepts, knowledge and theory into what will later demonstrate expertly explicated practice (Benner, 1981; Dreyfus & Dreyfus, 2005). Furthermore, the IOM report recommended the need for healthcare organizations to implement mentored residencies to assist the novice in the successful transition into practice (IOM, 2010; 2016).

The nursing student may learn about professionalism and leadership while gaining some exposure from the clinical setting. However, within the documents from the IOM and AACN there appears to be an inherent assumption that nursing educational programs should prepare the student on how to be a nurse while at the same time how to demonstrate leadership practice before entry into the workplace. Conversely, Benner (1981) established that when a nurse completes the educational process no matter the degree, they are practicing at the *novice* level, learning what it means to practice nursing while following examples of other professionals. *Expert* ability develops over time once professional identity and maturity have been achieved. The expert or leader no longer needs to validate their level of knowledge or skill before making decisions that require actions to a situation (Benner, 1981: Brown, 2002; Dreyfus & Dreyfus, 2005; Forsythe, Snook, Lewis, & Bartone, 2002).

The United States Army, Navy, and Air Force support leadership development through experiential learning. New officers learn what their actual role will be while following another leader who serves as their mentor. They learn how to develop an understanding of themselves while developing the character and professional identity required of the role. The new officers learn how to conduct themselves within a leadership role, before assuming the role of a leader

(Brown, 2002; Lagace, 2003). The development of knowledge and skill is a small element in the educational process of becoming a competent leader. In *Making Sense of Officership: Developing a Professional Identity for 21st Century Officers*, Snook stated that individuals develop their professional identity over time through the experience they acquire from active participation and interactions with educators and other leaders through their progression from a beginner to the maturity of a competent leader (Forsythe, Snook, Lewis, & Bartone, 2002).

Traditional classroom instruction is no longer sufficient for preparing the undergraduate for the nursing practice of leadership (Lekan, Corazzini, Gilliss & Bailey, 2011; Shin, Sok, Hyun, & Kim, 2014). Through a review of the literature, I have determined that there is little current contemporary research related to effective teaching strategies used for leadership education that adequately prepares the undergraduate student for the continued development of leadership practice. The literature fails to reveal, from a nursing faculty perspective, how leadership pedagogy is conducted to prepare the nursing graduate to be receptive to leadership practice. Furthermore, there is a deficit in the literature regarding the effectiveness of current operationalized teaching methods or strategies used by faculty who teach leadership. Given this context, I focused on an exploration of deficits that exists in the contemporary understanding of how nursing educators in Louisiana teach leadership in baccalaureate programs contrasted with ideal policy expectations.

Purpose of the Study

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education (AACN, 2008) or other professional nursing organization's guidelines for leadership.

I used an exploratory approach, using a semistructured interview protocol to answer the research questions regarding how leadership education is conducted. Using the qualitative tradition, research questions are best answered through the interpretation of the research participants (Patton, 2002). Faculty who teach or have taught leadership for at least one year in Louisiana baccalaureate nursing programs provided the answers to the research questions.

Research Questions

The five primary research questions for this study were as follows:

Central Question: What teaching strategies are deployed for leadership education among Louisiana baccalaureate nursing programs?

Sub-Questions

1. Using the 17 content topics included within in the document, the *AACN Essentials of Baccalaureate Education* as a guide, or another professional nursing organization's content areas for leadership, what are the top 10 content topics of the leadership course? (The content topics were presented to the participants prior to the interview and follow in Appendix I).
2. How do nursing faculty select the teaching strategies deployed for leadership education?
3. How do nursing faculty evaluate the effectiveness of the deployed teaching strategies compared to the development of leadership knowledge and professional skill-set?
4. What is the nursing faculty's perception of the efficacy of leadership education and the student's preparation for leadership at the baccalaureate level before entry into practice?

Theoretical Foundation

I did not identify a specific theoretical foundation for leadership education that addresses the research questions for the purpose of this study. I conducted this qualitative inquiry through the lenses of action learning and reflective practice. According to Patton (2002), information revealed through qualitative study using action theory may influence the understanding and

explanation of what is happening in programs, in this case, possibly informing the needs for nursing program improvement. The theoretical influences of action learning (Argyris & Schon, 1974), and reflective practice (Schon, 1983, 1987) guide qualitative methods of inquiry in understanding how individuals learn, how they reflect on what is learned, and how to improve programs or practice using new methods from what was learned or revealed from the inquiry (Kets de Vries & Korotov, 2012; Patton, 2002).

Through a review of the literature, I found that action learning is more effective when the learner is allowed to participate in a safe environment, actively participating in the project or activity with the instructor or coach (Argyris and Schon, 1974; Kets de Vries & Korotov, 2012; Patton, 2002). Schon (1983, 1987) and Ganz and Lin (2012) discussed that the professional practitioner learns through active practice with mentorship from the instructor or coach. This interaction promotes the development of alternative methods of problem solving through reflection and debriefing on what was learned from the encounter or circumstance. These theoretical influences were the framework for this study, aligning the primary research questions, research methodology, and purpose of this study.

Middleton recommended the work of Dewing (2008) for the application of the active learning theory with learning examples from individuals with practice experience in the workplace. The instructor integrates these experiences into the educational process using alternative methods of teaching. However, after a review of the works cited by Middleton (2013) and Dewing (2008; 2009), I found that neither gave credit to the original writers of the theory of action learning. Dewing’s (2008) works that I read are syntheses of primary works with no theoretical foundation (Fink, 2013; Revans, 2011). I chose not to reference the works of the aforementioned authors without citations to original theoretical influences. The lack of original

context was problematic for my exploration of true action learning and reflective practice for leadership education. For the purpose of my research, these references are not included within the primary research influences. Chapter 2 will provide further discussion on the primary literature, theoretical foundations, and emerging theoretical concepts guiding this study.

Nature of the Study

Basic Qualitative Exploratory Design using Grounded Theory Analytical Approach

The basic exploratory qualitative research paradigm using the inductive approach for data collection and analysis was informed by the grounded theory design of Corbin and Strauss (2015). The grounded theory approach guided this qualitative inquiry through the perspective of interpretivism. However, the generation of theory was not my intent for the purpose of this study. My primary intent for this study was to learn from nursing faculty how leadership education is being taught to nursing students in baccalaureate programs. New information and understanding was gathered using practical questions in a realistic setting about what is happening in baccalaureate programs offering leadership education. Meanings, descriptions, concepts, explanations, and interpretations emerged from the application of the analytical procedures involved with coding and the characteristic constant comparative method of Corbin and Strauss's (Corbin & Strauss, 2015) grounded theory approach, which I tailored to the context of this study without the generation of new theory.

The qualitative paradigm is best suited for the development of understanding, explanation, or description of processes or programs (Grove, Burns, & Gray, 2013: Patton, 2002). I sought to obtain new information to understand, describe, and explain a collection of social and educational processes among the faculty of baccalaureate nursing programs who teach leadership education since little was revealed in the literature about pedagogy in leadership

among Louisiana nursing programs. Video conferenced interviews using a semistructured protocol were conducted among nursing faculty who taught leadership courses in Louisiana baccalaureate nursing programs.

The basic qualitative research design using the tenets of the Corbin and Strauss (2015) grounded theory approach was best suited to help me answer the research questions. I tailored the approach according to the context of this study using the classic constant comparative method for data collection and analysis. Because my intent was to seek new information instead of the generation of theory, I utilized data analysis that included open coding of emerging concepts and axial coding of emerging relationships among those concepts (Corbin & Strauss, 2015).The practical research questions related to the basic social and educational processes of how leadership is taught in nursing education programs. The practical research questions provided direction for the identification of concepts, variations, and how concepts or constructs related to each other (Corbin & Strauss, 2015).

Qualitative research is best conducted in comfortable surroundings through the interview process among individuals who have experienced the phenomenon under study, in this case the faculty who teach leadership in each nursing program (Patton, 2002). Even when leadership content topics are well delineated, the research I read failed to reveal a general understanding of the social and educational processes involved with teaching leadership. I was unable to identify educational processes such as the program design, teaching strategies, or the integration of active learning from a nursing faculty's perspective. It was unclear from my review of the literature, the nursing faculty's perception of the advancement of leadership at the baccalaureate level (Curran & Tillapaugh, 2015; Jenkins, 2015; Scott & Miles, 2013). The problem I identified was the deficit that exists within the literature of nursing faculty perspectives on how to maximize

pedagogy in leadership at the baccalaureate level, preparing the novice to be receptive to leadership practice after graduation from Louisiana baccalaureate nursing programs.

My study addressed the research problem, noting future research implications for mentored residencies and practice addressed by Benner (1981), Forsythe, Snook, Lewis, & Bartoe (2002), and Broome & Marshall (2017). The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. The qualitative approach revealed emerging similarities, differences, and uniqueness of how leadership is taught in Louisiana baccalaureate nursing programs. The constant comparative method of data collection and analysis assisted me in answering the research questions without the generation of theory. I sought to understand how leadership education was approached in nursing programs in Louisiana before addressing the generation of nursing leadership theory.

The data analysis method of thematic analysis was considered. However, the systematic process of data collection and analysis after each interview for the emergence of themes and categories has not been clearly defined for basic exploratory study using thematic analysis (Aronson, 1995; Fereday & Muir-Cochran, 2006). I considered using an open-ended survey approach. However, the ability to collect quality data is limited using the survey compared to the semistructured interview protocol (Grove, Burns, & Gray, 2013).

Therefore, to answer the research questions in a systematic and progressive manner, grounded in the data, the application of the basic elements of the constant comparative method of the Corbin and Strauss (2015) grounded theory approach was best suited for my research. I

tailored this approach to the context of a study without the generation of new theory. Benner (1981) also chose this approach without the generation of theory in her work, *From Novice to Expert*. My utilization of the analytical procedures of the Corbin and Strauss grounded theory approach without the generation of theory, allowed me to discover new information and understanding of how leadership is taught in each nursing program (Benner, 1981; Corbin & Strauss, 2015). The sampling strategy I chose to use was the combination of a purposive, maximum variability and chain sampling strategy. I discovered diverse perspectives among faculty who teach or have taught leadership in Louisiana baccalaureate nursing programs by using this method for sampling.

The interaction between the researcher and the participants who know the most about a phenomenon allows concepts, meanings, and feelings to emerge. Emerging patterns and themes are discovered best from comprehensive transcripts, tapes, memos and journals using a systematic, structured process for addressing the data (Corbin & Strauss, 2015). The shared feedback from participants helps to validate emerging content and themes identified by the researcher within the transcripts. This adds to the rigor of the inductive procedures of the Corbin and Strauss (2015) grounded theory approach using the qualitative paradigm. I have mentioned previously, I tailored the constant comparative data collection and analysis process for the context of this study without the generation of theory.

This study, informed by new information I gathered from the suggested approach for inductive data collection and analysis was framed by the principles of action learning, and reflective practice (Argyris & Schon, 1974; Dewey, 1986; Kolb, 1984; Lewin, 1939 as cited by Adelman, 1993; Lewin, 1946, 1999; Patton, 2002; Schon, 1983, 1987). The theories of active learning and reflective practice relate to learning and problem-solving using qualitative inquiry.

This enables the researcher to explore and understand the social interactive environment, reflecting and learning from those social interactions or processes for the purpose of improvement or the development of a new and different understanding of the social environment being researched (Patton, 2002). The selected research method I used to answer the research questions for the purpose of this research is discussed further in Chapters 2 and 3.

Possible Types and Sources of Data

1. Interviews with individual faculty who teach leadership courses in selected Louisiana baccalaureate nursing programs
2. Review of interview transcripts and findings with the participants for member checks to deepen and expand understandings and identify mistakes and misconceptions

Definitions

For the purpose of this study, the following terms are discussed according to these operational definitions:

A*ctive Learning Method:* An approach to learning through active participation, interaction, and reflection between the faculty and student through simulation, role play, games, scenarios, or other learning approaches that may be substitute or in addition to the traditional lecture and clinical (Lewin, 1939 as cited by Adelman, 1993; 1999: Argyris & Schon, 1974; Dewing, 2008; Schon, 1983, 1987; Middleton, 2013).

Traditional Learning Method: Delivery of nursing course content through lecture, the clinical hospital experience, and summative assessment.

Experiential Learning: learning by doing, involving the reflection on previous learning (Dewey, 1938; Kolb, 1980; Lewin, 1951; Schon, 1983, 1987).

Reflective Practice: “Reflection in action” in the construction of a new problem-solving technique or reflecting on what he/she has been taught, integrating this “knowledge in practice” to “reflection in action.” (Schon, 1983).

Leadership: the process by which an individual engages another for the achievement of mutual objectives, goals, or achievements (Burns, 1978; Gardner, 1990).

Leadership Performance: The activity of conducting leadership strategy, decision making based upon data, communication, change management, change theory, and systems thinking practiced at the bedside in patient care delivery or serving in a role in healthcare systems and organizational relationships with training (Middleton, 2013, Lacasse, 2013, Ulrich, Lavandero, and Early, 2014).

Leadership Competence: The concept “competence” originates from the Latin language as “the ability of a person to do a particular thing” (Stan, 2014). Although there are variable definitions for competence across disciplines, based upon the review of the literature, competence involves behaviors and actions specific to one’s role (Stan, 2014). Therefore, for the purpose of this study, leadership competence is defined as “behaviors and actions” that are specific to nursing practice in the ability to lead patients toward improved health outcomes or the ability to lead individuals or teams toward meeting unit and organizational goals.

Nursing Leadership: The practice or performance of leadership activities as a student, faculty, or practitioner, within a nursing environment whether the activity is practiced within the educational institution or the clinical environment (Lacasse, 2013; Middleton, 2012; Ulrich, Lavandero, and Early, 2014).

Mentorship: Providing a facilitated relationship with role modeling, counseling, confirming to enhance a “sense of competence, clarity of identity, and effectiveness in one’s

role." The mentor provides psychological and sometimes professional support that leads to success during the nursing student's educational process (Kram, 1980, 1983, Levinson, et al., 1978).

Professional Identity: The emerging development of the individual "self" drawn from personal experience and practice through social contact with others, including faculty in school and leaders in the workplace. This is a development of concepts, values, morals, and personal worldview reflecting the individual's understanding of social interactions creating the need to demonstrate leadership (Perry, 2012; Snook, Nohria, Khurana, 2012; Waters, Altus, & Wilkinson, 2013).

The operational definitions discussed may be modified from the emerging data and concepts during the data collection and analysis process.

Assumptions

The assumptions for this study were that nursing faculty participants would provide honest responses to the interview questions. It was also assumed that the participants who agreed to participate in the sample were actual nursing faculty who had been involved in Louisiana nursing education programs for at least one year. It was assumed that the participants who agreed to participate currently taught or have taught leadership education, having the knowledge and preparation to conduct a leadership course within a Louisiana baccalaureate nursing program. Finally, it was assumed that the interview process may be conducted during a semester when leadership courses are being offered. These assumptions are necessary in the context of this study to best answer the research questions from the participants who have the experience, knowledge, and diverse interpretations of the social processes involved in leadership pedagogy (Glaser & Strauss, 1967, 1995, 1999, 2008; Corbin & Strauss, 2015, Patton, 2002).

Scope and Delimitations

The exploratory qualitative research design using the suggested systematic data collection and analysis procedures of Corbin and Strauss (2015) grounded theory without the generation of theory, validates a pragmatic epistemology because there was no clear understanding of how leadership education in Louisiana is being addressed to meet the recommendations of the IOM, *The Future of Nursing* (IOM, 2011; IOM, 2016), the AACN (2008) recommendations, and the Louisiana Campaign for Action (2016; 2017). Patton (2002) suggested that the pragmatic approach to qualitative inquiry using the interview process provides answers to questions that may add to the support, development, and improvement of programs. According to Patton (2002), this method of inquiry contributes to action science, which aligned with the theoretical foundation of this study through the perspective of interpretivsm.

The population for this study was selected from baccalaureate nursing programs that were supported by the state of Louisiana, accredited by the Louisiana State Board of Nursing (LSBN), with a status of *full approval.* Programs with a *probationary* status were the excluded populations from this study. The nursing faculty included in the study population were actively teaching or had taught leadership for at least one year in a Louisiana baccalaureate nursing program. Nursing faculty who do not meet the inclusion criteria were excluded.

The delimitations to this inductive qualitative inquiry were that had no preconceived knowledge of the participating institution’s curricular design or leadership course structure and I was not a faculty member of a Louisiana state-supported institutions included in the sample. Nursing faculty who do not teach leadership courses were excluded.

Limitations

A limitation is that I am a faculty member of a state-supported institution and a member of the Louisiana Campaign for Action, Region 6. However, I teach in an RN-BSN program which is excluded from this study. The Region 6 committee for the Louisiana Campaign for Action was collecting data from practicing nurses who are already leaders in healthcare facilities and organizations in Central Louisiana. I have a personal interest in this research topic. While I agree that leadership should be taught in baccalaureate curricula, I believe the teaching strategy should differ from traditional methods, providing students with realistic, safe, opportunities for learning about nursing leadership. I believe nursing students should have an understanding of the science, profession, and practice of nursing before attempting to lead patient care teams. There is uncertainty on how one may develop leadership knowledge and skill while learning what the profession and practice of nursing is about. However, despite my beliefs, a semistructured interview protocol was followed for each interview for consistency among participants (Patton, 2002). Findings from this study could be extrapolated for application into future research (Patton, 2002).

Significance of the Study

Significance to Nursing Education

According to Scott and Miles (2013), there is a gap in the literature addressing the development of leadership through education. Through my continued review of primary literature, a deficit was discovered. There was a lack of primary current contemporary research informing the development of leadership using best practices in nursing education. The literature suggested that while there was evidence related to simulation, role play, role modeling, and reflective activities for skill performance and competency development, there were few studies

on how these teaching strategies may be effective for leadership education and competency development. Throughout these studies, the effectiveness of the teaching strategies are evaluated through perceptive survey, questionnaires, and interviews among students participating in the courses (Haber-Curran & Tillapaugh, 2015; Katz, Piefer, & Armstrong, 2010; Shin, Sok, Hyun, & Kim, 2014). I was unable to locate studies that speak to how nursing faculty evaluate the effectiveness of teaching strategies used for leadership education. The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. This study may be influenced by existing theory that may support alternative teaching strategies using best practices for the application and assessment of leadership knowledge and competence through active participation and reflection in baccalaureate nursing programs (Horton-Deutsch, 2016; Middleton, 2013; Haber-Curran & Tillapaugh, 2015; Shin, Sok, Hyun, & Kim, 2014).

Significance to Nursing Policy

Nursing educators at the baccalaureate level require evidence-based methods that are considered best practices for the preparation of graduates to meet healthcare organization expectations as well as leadership development expectations (Haber-Curran & Tillapaugh, 2015). The adoption of alternative teaching strategies could make a positive contribution to nursing science and nursing policy prefacing the speculation of a faculty shortage in the midst of the expectation to increase the percentage of baccalaureate graduates in the workplace from 50-80% by the year2020 (IOM 2011; 2016, AACN, 2008). The application of alternative teaching strategies influenced by action science and the action learning theory could support student

engagement in the practice of leadership, providing a formative evaluation for leadership competence and program improvement meeting the expectations of the Louisiana Action Coalition (2016; 2017), the IOM (2011; 2016) and the AACN (2008) recommendations for leadership preparation of the baccalaureate student (Argyris & Schon, 1974; Dewey, 1986; Dewing, 2008; Dewing, 2009: Lewin, 1946, as cited by Adelman, 1993; Lewin, 1999; Patton, 2002; Shin, Sok, Hyun, & Kim, 2014; Schon, 1987).

Significance to Nursing Practice

Action learning may be demonstrated through simulation using collaborative activities, active participation, role modeling, reflection, role play, or peer mentorship (Argyris & Schon, 1974; Broome & Marshall, 2017; Dewey, 1986; Dewing, 2008; Dewing, 2009; Kolb, 1984; Lewin, 1946 as cited by Adelman, 1993; Lewin, 1999; Patton, 2002; Shin, Sok, Hyun, & Kim, 2014; Schon, 1984). Therefore, the theoretical influences of the processes of action science, action learning, and reflective practice could enhance nursing practice through nursing program improvement and alternative teaching strategies that engage learning with purpose through practice (Argyris & Schon, 1974; Dewey, 1986; Dewing, 2008, 2009; Horton-Deutsch, 2016; Kolb, 1984; Lewin, 1946 as cited by Adelman, Lewin, 1999; Patton, 2002; Schon, 1984).

Significance to Nursing Research and Social Change

Finally, this study may offer potential benefit to nursing research and theory, thus promoting social change for nursing academia by preparing the undergraduate nursing student for leadership challenges within healthcare environments promoting patient safety, quality patient care outcomes, patient satisfaction, and interprofessional satisfaction (Middleton, 2013; Esparza & Rubino, 2013). There is the potential for future research that reveals the effect of alternative teaching strategies, mentored residencies, and mentored practice for the development

of leadership practice over time after entering nursing practice. The commonalities and uniqueness among nursing programs gathered from this study may influence future research to maximize pedagogy for other undergraduate courses for the improvement of nursing program outcomes.

Chapter Summary

The IOM (2011, 2016), the AACN (2008), and the American Nurses Association (ANA, 2010) recommended that by the year 2020, the minimum educational preparation for at least 80% of employed nursing graduates should be at the baccalaureate level. Additionally, these organizations, along with the Louisiana Campaign for Action (2016; 2017) and the National League of Nursing (NLN, 2010) recommended that the undergraduate nurse be prepared to display competence in leadership upon entering the healthcare workforce (ANA, 2010; AACN, 2008; IOM, 2011, 2016). The research I have discussed and explained within this chapter has been an attempt to inform the purpose, significance, and relevance of this study with potential research implications using qualitative inquiry.

Chapter 2 details the extensive literature I reviewed of the primary research supporting the background, significance, selected methodology, and theoretical foundations of this research study. The detail from the review of the literature offers validation that a gap within current contemporary literature exists. The lack of current primary literature revealing a nursing faculty perspective on effective teaching strategies to maximize pedagogy in leadership for the baccalaureate nursing students contributed to the need for this study.

Chapter 2: Review of the Literature

Introduction

This chapter includes a description of my search of the primary literature for information regarding effective teaching strategies for leadership within baccalaureate nursing programs. The purpose of this search was to find evidence of various teaching strategies and their effectiveness for preparatory leadership education. My search focused on teaching strategies responsible for the transfer and application of leadership knowledge and leadership competence in the development of nursing leadership before entry into practice as recommended by the Institute of Medicine (IOM), the American Association of Colleges of Nursing (AACN), the National League of Nursing (NLN), and the American Nurses Association (ANA). My inability to find contemporary literature revealing effective teaching strategies for leadership pedagogy from a nursing faculty perspective established the need for this study.

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership in Louisiana baccalaureate nursing programs within the context of the content recommendations by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. I tailored this exploratory qualitative design with the application of the Corbin and Strauss (2015) grounded theory approach according to the context of this study. I chose the constant comparative method for data collection and analysis without the generation of theory. This systematic analytical procedures for a qualitative study are used when little is known about the phenomenon, allowing the research findings to emerge through the chosen data collection process (Corbin & Strauss, 2015). This chapter reflected my initial review of the literature without introducing information that could affect the understanding of new findings regarding the perspectives from nursing faculty

who teach leadership. Chapter 5 provides further detail of the research findings and supporting literature of findings that emerged from the data analysis I conducted for this study.

In the first section of this chapter, I discuss the strategy utilized to identify primary research related to teaching strategies and leadership education before entry into nursing practice. I will address within the second section the theoretical foundations that served as the conceptual and contextual lenses for this study. The third and final sections of this chapter offer a preliminary integrative review of the current literature related to the teaching strategies for leadership education and the selected methodology for the study.

Literature Search Strategy

I conducted an iterative search of the primary literature within the multiple databases available through Walden University library resources. My aim was to identify research germane to the discipline of nursing, education, business, management, and military. These databases included Business Source Complete, CINAHL, CINAHL Plus, CINAHL and MEDLINE Simultaneous Search, Education Research Complete, Google Scholar, MEDLINE, ProQuest, PsycINFO, and Thoreau Multi-Database Search. I used Google Scholar and retail bookstores to locate primary works and original materials related to theoretical influences, concepts, and contexts there were identified throughout my research.

To conduct the literature search, I searched multiple databases, search engines, and retail bookstores. Searches among other workforce populations besides nursing were conducted. The initial search terms include but are not limited to: *active learning, action science, nursing education, undergraduate nursing education, undergraduate nursing programs, undergraduate nursing leadership, leadership education, baccalaureate nursing education, leadership competency, leadership development, leadership teaching strategies, leadership theory,*

Louisiana nursing programs, reflective practice, and *simulation in nursing education.* More detailed search terms and search term combinations emerged from the initial literature search. I was unable to identify a theory or framework for leadership education. The common themes I identified from the literature review directed me to the primary works guiding the theoretical influences of my research.

Theoretical Foundations

My search for primary literature identified common themes providing the conceptual and contextual lenses, imparting theoretical guidance for the exploration of nursing leadership pedagogy. The theoretical foundations I discuss in this section were gathered from the following works which are discussed in detail:

1. Action science influences of Lewin (1939, 1946, 1999)
2. Action learning of Argyris and Schon (1974)
3. Reflective practice of Shon (1983, 1987)

Action Science and Action Learning: Kurt Lewin

The literature revealed that active learning methods were effective teaching strategies when students were participating and practicing within the learning environment. Action science originated from the works of Lewin (1939 as cited by Adelman, 1993). Adelman (1993) provided a meaningful synthesis of Lewin's work on action science. The influence of action science informed action research in Lewin's 1930s research. Lewin's research involved the combined, active participation of the researcher and others in the exploration of problems and tasks, collaborating to make group decisions for action, thereby learning from the consequences of those decisions. Continued reflection of those actions and new strategies were a result of this interaction. Action research was not relevant for this exploratory study since the intent of its use

is to learn new information and solve a problem in collaboration with others. However, Lewin's contribution to action science and its influence on action learning is important to mention for the context of this study (Lewin, 1939 as cited by Adelman, 1993; Lewin, 1946, 1999).

Action Science and Action Learning: Chris Argyris and Donald Schon

The theoretical influences that impact the social processes of action science, action learning, and reflective practice could enhance program improvement and teaching strategies that engage learning with purpose through practice (Argyris & Schon, 1974; Dewey, 1986; Dewing, 2008, 2009; Kolb, 1984; Lewin, 1946 as cited by Adelman, 1993; Lewin, 1999; Patton, 2002; Schon, 1984). The theoretical influences of the models developed by Argyris and Schon (1974) that are revealed through the conceptual lenses of *theory in use* help explain why and how individuals choose and implement actions for the situations they are presented with (Anderson, 1994). I identified throughout the literature review that active learning and reflective practice had a great impact on student success. This theoretical influence also had an impact on the student's personal identification with their chosen profession. The conceptual lenses of these theories assisted me in the alignment of the research questions to the emergence of new information of how to maximize leadership pedagogy among baccalaureate nursing programs. There are two forms of learning that were discussed by Argyris and Schon (1974). *Single loop learning* is revealed by the learner taking action in such a way as to appear competent according to others' beliefs. However, *double loop* learning is revealed by the learner actively participating with others, helping the individuals to determine the best action (Argyris, 1974; Anderson, 1994).

Argyris and Schon (1974) stated that their definition of a theory of action is the deliberate behavior of an individual. They believed that individuals take deliberate action and that action

can be explained through action learning theory. However, they also believed that individuals should develop an understanding of not only taking action but also reflecting on the positive or negative consequences of taking the action. The theories of action that Argyris and Schon are best known for are the *Model 1 and Model II* (Argyris & Schon, 1974). After review of the works developed by Argyris and Schon, Model I of the theories of action is less conducive and less effective to learning than Model II.

Argyris and Schon (1974) described the learning environment for each model. Model 1 was described as ineffective, no feedback from the instructor, performance conducted by others' expectations, intimidation, and deception. Model II, on the other hand, involves a partnership between the instructor and the student. The instructor provides feedback for positive and negative actions to assist the student in reflecting on the actions taken to improve on future actions. The student in Model II is engaged in the process of learning along with the instructor, thereby developing new behaviors. Conversely, when there is no positive relationship to promote learning, as in Model I, the student may develop a sense of failure and either stop learning, or become less engaged in the social process which may cause the student to be unsuccessful (Agyris & Schon, 1974).

Reflective Practice: Donald Schon

Reflection and reflective practice are theoretical influences referenced in much of the literature found on nursing education that incorporates active learning. Schon (1983, 1987), in his work on reflective practice, stated that the professional practitioner learns through active practice with the guidance, facilitation, or mentorship from the instructor. The learner practices learn through reflection, learning from the consequences of actions, thus developing alternative methods of solving problems when faced with them in the future. Benner, Sutphen, Leonard, and

Day (2010) referenced Schon in their work, *Educating Nurses: A Call for Radical Transformation,* and discussed using reflection. However, they failed to provide a full understanding of how the student learns by doing through reflection (Schon, 1983, 1987). They only referred to Schon's work by using reflection through journaling of the student's experiences (Benner, Sutphen, Leonard, & Day, 2010).

Schon described using reflection in action with education as a process to assist students to learn by doing. This process takes time, allowing the student to reflect on actions taken, with the help of the instructor on what was learned, what worked, and what did not work. The student gains experience over time, preventing the student from tackling problems without knowing the important aspects of designing a solution (Schon, 1987).

The creation of a practicum, conducive to learning in a safe environment was suggested for the instructor or learning coach to place the student in situations they will experience in their profession (Schon, 1983, 1987). Role play, simulation, or case studies where the student participates in the experience with no outside assistance has been recommended for nursing, business, or military education programs. When the learning experience is over, the student reflects through a debriefing exercise (Dyer & Taylor, 2012; Kirkman, 2013; Sax, 2006; Schlairet, 2011; Schon 1983, 1987; Snook, Nohira, & Khurana, 2012). The student who does not have a positive experience in learning by doing in the active partnership with the coach or instructor may become defensive when they are unable to design the appropriate action. These students may feel incompetent, lose confidence, and do not accept responsibility for their learning (Schon, 1987, pp. 166-167).

Literature Review

I conducted the literature review to locate useful evidence in multiple research methodologies to inform this qualitative study. Nursing is an evidence-based interdisciplinary practice (Winkler & Marshall, 2017; Horton-Deutsch, 2016). I approached this literature review from a diverse selection of research that addressed the purpose of this qualitative study. The purpose of this study was to explore the pedagogy employed by nursing faculty to maximize leadership in Louisiana baccalaureate nursing programs within the context of the content recommendations by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. Whittemore and Knafl (2005) suggested to conduct a complete review of research identified through the different research paradigms to help control the introduction of bias from primary sources and to ensure comparative accuracy of information. I found that a broad review of the literature added to the relevance of this study.

Garard (2014) suggested that the primary literature review should be cataloged using the literature matrix method. Whittemore and Knafl (2005) suggested the integrative approach to identify common categories and themes assisting in the synthesis of the literature. I identified primary sources using various research methods related to empirical evidence and theoretical influences guiding this study. The review for primary resources was limited, therefore some references to secondary literature were included to add support for the deficit of primary literature.

Active Learning in Education

The initial literature review and subsequent narrowly focused reviews that I conducted revealed common themes. The themes I identified were related to active learning methods and active learning teaching strategies for the improvement of nursing education and nurse

competency development for the potential benefit of nursing programs and organizations. These studies were descriptive qualitative, mixed methods, and quantitative by research designs. The integration of active learning strategies in the classroom is important to knowledge processing, problem-solving, and effective evaluation of the transfer of knowledge. The integration of active learning enables the student to process knowledge through active social interaction and reflection upon those knowledge processes, producing new knowledge. The social processes that impact educational processes include problem solving, shared reflection or debriefing, collaborative activities, and group decision making (Argyris & Shon, 1974; Middleton, 2013; Niemi, 2002; Shin, Sok, Hyuan, & Kim, 2014; Pfaff, Baxter, Ploeg, & Jack, 2014; Shon, 1983, 1987).

Common themes identified in the literature addressing active learning in education suggested the integration of simulation with role play, scenarios, collaborative activities, or case studies (Wu, Wang, Wu, & Guo, 2014; Jenkins, 2015). Experiential learning is a common theoretical influence discussed by the authors when using active learning and the engagement of students in competency practice (Dewey, 1986; Kolb, 1984). Active learning applied to nursing education, using these strategies engaged students in communication, collaboration, reflection, and other activities that encourage active participation (Argyris & Schon, 1974; Middleton, 2013; Dewing, 2008). While Jenkins (2015) stated that students learn best with innovation and nontraditional methods, there is a lack of evidence that the effectiveness of active learning has been evaluated except through instruments that measure student perceptions of learning (Curran-Haber & Tillapaugh, 2015; Shin, Sok, Hyuan, & Kim, 2014; Wu, Wang, Wu, & Guo, 2014; Middleton, 2013).

Active Learning and Competency

The literature consistently revealed that student leadership competency is enhanced by the application of active learning teaching strategies in the classroom. Throughout the literature a common theme was discussed by the researchers that traditional education is no longer efficient for knowledge transfer and competency development (Kum & Fletcher, 2012; Lekan, Corazzini, Gilliss, & Bailey, 2011; Shin, Sok, Hyuan, & Kim, 2014; Theisen & Sandau, 2013). Students are accustomed to learning in fragments, receiving only what the instructor provides. When an educator has taught in a fragmented way and does not understand how to apply an active learning strategy, the student receives a fragmented education (Niemi, 2002). The studies I have referenced here advocated for the integration of active learning for effective knowledge transfer and assessment. Furthermore, the authors suggested that competencies should be evaluated as often as clinical skill for the validation of knowledge transfer and teaching effectiveness to prepare the student for practice (Niemi, 2002; Russ, McKinney, & Patel, 2012; Shin, Sok, Hyun, & Kim, 2014).

The research I read related to competency development with the integration of active learning measured student perception instead of obtaining the faculty's perspective or interpretation of the teaching or learning effectiveness. The comparison of competency among the traditional methods compared to active learning methods revealed only measures of student's perception of competence and no faculty perspective of effective learning with measurable outcomes (Haber-Curran & Tillapaugh, 2015; Middleton, 2013;Shin, Sok, Hyuan, & Kim, 2014: Smithburger, Kane-Gill, Ruby, & Seyburt, 2012; Wu, Wang, Wu, & Guo, 2014).

Active Learning, Mentorship, and Identity Development

The positive relationship between the nursing faculty and the student in the form of facilitation or mentorship is important in an active learning environment. Throughout the literature review, including the original works, the researchers revealed that student success in learning, including leadership education, is dependent on the faculty, teacher, instructor, clinical preceptor, or learning coach. These individuals assume a key role as facilitator or mentor within the learning relationship. The interaction between the experienced faculty, instructor, or assigned mentor and the inexperienced student can have either a positive or negative impact on how the student learns and proceeds into a career path. This relationship and its impact on student success and professional identity was also evident in other workforce populations besides nursing, such as the United States Army, Navy, Air Force, business, and management (Bender, Yaffe, & Sechrest, 2012; Forsythe, Snook, Lewis & Bartone, 2002; Hallier & Summers, 2011; Palmer, Hunt, Neal, & Wuetherick, 2012).

The National League of Nursing (NLN, 2010) in its publication, *NLN Competencies for Nursing Graduates,* includes professional identity as a core competency for the undergraduate student. The student who receives guidance from an individual employing knowledge, skill, and support specific to the chosen career or profession, develops an identity influencing the social processes and professional aspects of their future (Bender, Yaffe, & Sechrest, 2012; Palmer, Hunt, Neal, & Wuetherick, 2012). Knowledge alone does not enable the student to identify with the profession. However, the student must develop an understanding of the professional characteristics, social processes, and the competencies that identify the individual as a professional (Benner, 1981; Dreyfus & Dreyfus, 2005; Forsythe, Snook, Lewis, & Bartone, 2002; Russ, McKenney, & Patel, 2013). This understanding of the profession, social processes,

and competencies develops over time, sometimes taking years of following other professionals before the individual has learned and developed an identity through experiences within the profession (Benner, 1981; Dreyfus & Dreyfus, 2005; Forsythe, Snook, Lewis, & Bartone, 2002).

Historically, nursing education began in the classroom with didactic lecture on the theoretical aspects of nursing. The technical training occurred in the clinical setting, enabling the student to experience the profession. The professional reference within the workplace assisted the student to begin the development of a professional identity, although this exposure was limited based on the constraints of the nursing course. The limited literature that I identified, primarily for nursing professional identify, revealed that students perceive theory and clinical placement as important aspects toward professional identity. However, the engaged clinical mentor within a successful clinical placement appeared to have the strongest influence for the student's future professional identify (Maranon & Pera, 2015).

Leadership Education in Baccalaureate Nursing Programs

I found little primary research on the structure and effectiveness of leadership education in undergraduate nursing programs. However, there were many studies that referenced active learning and leadership education. The research studies that I read for this review, related to student perceptions of the leadership education received. I was unable to locate references to any follow-up research conducted on the perceptive findings. No primary research was found on leadership education in nursing programs in Louisiana.

The teaching strategy for leadership courses in nursing education has traditionally been didactic lecture with a clinical component. Nursing leadership courses in baccalaureate programs are usually offered during the last semester before graduation and entry into a healthcare workplace (Middleton, 2013: Curtis, 2011: Gore, Johnson & Wang, 2015; Scott &

Miles, 2013). From the business and management discipline, a study by Jenkins (2013) discussed the lack of innovation used in leadership education using simulation, role play and games. Jenkins' (2013) research offered further evidence related to the deficit of available research on the faculty perspective of useful teaching strategies for leadership education. Most of the respondents agreed that the use of discussion as a teaching strategy was used more than any other teaching strategy. Simulation, skill building, role play, and games were used the least (Jenkins, 2013).

Leadership competencies including delegation, supervision, and communication are deficits acknowledged by employers of new nursing graduates (Lekan, Corazzini, Gilliss, & Bailey, 2011; Theisen & Sandau, 2013). Innovative strategies utilizing mentorship, preceptorship, and reinforcement through simulation methods integrating the academic and clinical settings should be put into nursing curricula for the practice and evaluation of leadership competency (Orlando, 1961; Laurent, 2000; Kirkman, 2013; Kram, 1983; Lekan, Corazzini, Gilliss, & Bailey, 2011: Pollard, 2009; Smithburger, Knae-Gill, Ruby, & Seybert, 2012; Middleton, 2013; Shin, Sok, Hyun, & Kim, 2014, Thomas, Hodson-Carlton, & Ryan, 2011). While these studies offered support of using alternative teaching strategies, there was little consistent research found that provided evidence of the effect of using alternative teaching strategies to enhance leadership education thereby improving learning outcomes for practice (Schlairet & Pollock, 2010; Schlairet, 2011: Scott & Miles, 2013; Shin Sok, Hyun, & Kim, 2014).

The only reference to a specific leadership education theory that I found within the review was by Laurent (2000). The *Dynamic Nurse-Patient Relationship* theory (Orlando, 1961) suggested the theoretical influence by Laurent (2000), the dynamic leader-follower relationship,

for a possible leadership education theory. This model supported leading by validation of the interaction between the nurse and those being led. This theory could be applied to the classroom experience where leading by validation of the interaction is between the faculty and the student (Laurent, 2000). I was unable to locate validation of this theory in the literature.

The search for leadership evidence and leadership education theory consistently revealed the application of Transformational Leadership Theory for the creation and adoption of alternative teaching strategies. Transformational Leadership Theory (Burns, 1978) provided theoretical guidance that could enhance the undergraduate student's development of leadership through alternative learning methods before entry into nursing practice. This was accomplished through the engagement of the student when faculty taught using alternative teaching strategies (Middleton, 2013; Thomas, Hodson-Carlton, & Ryan, 2011). However, the literature search failed to reveal current primary research on successful alternative teaching strategies that were validated as best practices to implement from a nursing faculty perspective in baccalaureate nursing programs.

The lack of current evidence of how leadership education is taught, preparing the new graduate to be receptive in the development of leadership practice, leaves one to question regarding how nursing organizations that either govern or impact nursing practice such as the IOM, AACN, ANA, and the NLN can assume the undergraduate is prepared to conduct themselves as a practicing professional. The deficit I identified in current, contemporary research of how to maximize leadership pedagogy preparing the novice for transition into practice in undergraduate leadership programs provides the relevance for conducting this study. The progressive development of the novice through mentored practice as recommended by

Benner (1981), Broome & Marshall (2017), and Ganz & Lin (2012), provides additional support for the relevance and the need for conducting this study.

Methodology

The deficit I discovered in the literature was a failure to reveal the nursing faculty's perspective on effective teaching strategies that maximize leadership pedagogy. This deficit supports the relevance for conducting this study. The purpose of this qualitative study is to explore the pedagogy employed by nursing faculty to maximize leadership in Louisiana baccalaureate nursing programs within the context of the content recommendations by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership.

The narrative, case study, and phenomenology qualitative designs were considered, however it was determined that an eclectic approach to this inquiry would best serve to answer the research questions. The narrative and case study designs reveal stories from a broad selection of notes, artifacts, conversations, and often used in more descriptive research from a specific time, experience, or location (Creswell, 2013; Patton, 2002). A phenomenology research design is both a philosophy and research design. This design is not a collective sense of social processes, but it is an individual's interpretation of their experience with a particular situation which is reflective to one's own perception of the experience (Creswell, 2013; Patton, 2002). Therefore, for the purposes of this study, to explore a collection of the teaching strategies employed by various nursing faculty who teach leadership in Louisiana, the basic qualitative exploratory study, using the structured Corbin and Strauss (2015) grounded theory approach was selected. I tailored the Corbin and Strauss (2015) grounded theory approach to the context of this

study to analyze the data collected with semistructured interviews for the discovery of new knowledge as interpreted by nursing faculty participants without the generation of theory.

A qualitative research design was best suited for the purpose of this qualitative study to explore the pedagogy employed by nursing faculty to maximize leadership in Louisiana baccalaureate nursing programs within the context of the content recommendations by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. The intent of this study was to learn new information without the generation of theory. Therefore, I tailored the Corbin and Strauss (2015) grounded theory approach for data collection and analysis, without the generation of new theory to answer the research questions. The practical research questions addressed the basic social and educational processes of nursing faculty who teach students in baccalaureate nursing programs. These questions, using a semistructured interview protocol allowed for the collection of new meanings, concepts, variations, and relationships enabling research findings to emerge (Corbin & Strauss, 2015).

These systematic analytical procedures first suggested by Glaser and Strauss (1967, 1995, 1999, 2008) and later by Corbin and Strauss (2015) for qualitative study are used when little is known about the phenomenon, allowing the data to emerge through the selected data collection processes (Corbin & Strauss, 2015). The research methodology for this exploratory qualitative design was the Corbin and Strauss (2015) grounded theory approach to coding and the constant comparative method for data analysis that I tailored to the context of this study. This approach was used to learn new information and meaning of teaching strategies used by nursing faculty without the generation of theory. The method of grounded theory is systematic, yet flexible

enough to allow the researcher to identify common categories, themes, and relationships between the categories and themes from the data collection process (Willig, 2008).

Benner (1981) chose to use the grounded theory approach in her work *From Novice to Expert* to identify the emerging progression in the development of a novice professional nurse to an expert professional nurse. Benner used the systematic coding approach with the constant comparative data collection and analysis method to explore how the novice nurse learns from others, progressing in competency and nursing identity. After consideration of other qualitative methods, I chose to employ the Corbin and Strauss (2015) systematic approach, without the generation of theory. I found it best suited the exploration of teaching strategies used to prepare student nurses in the development leadership since there is little known about this phenomenon. The process by Corbin and Strauss (2015) allowed me to explore new data as it emerged from the social interaction between me and the participants.

The primary aim of this study was to develop an understanding of how pedagogy in leadership is maximized in Louisiana baccalaureate nursing programs. The most appropriate approach in gathering data from actual experiences and social processes is from the individuals who are actually involved in the experience or social interaction (Creswell, 2014; Corbin & Strauss, 2015; Patton, 2002; Willig, 2008). Therefore, the interview process was suggested as the initial data collection method using a semistructured protocol to allow information to emerge that may lead to further investigation and research (Corbin & Strauss, 2015; Glaser & Strauss, 1988; Patton, 2002).

My research followed an interpretive paradigm supported by the philosophy of social interactionism. I used Corbin and Strauss’ (2015) suggested constant comparative data analysis method for the identification and interpretation of analytical categories as they were identified

from the interview notes, audio recordings, and interview transcripts that have been reviewed and authenticated through member checks (Corbin & Strauss, 2015; Patton, 2002; Willig, 2008). The Corbin and Strauss (2015) systematic coding approach provided a method for me to code each interview into meaningful units, reflecting a meaningful, interpretive analysis grounded in the data. Through the constant comparative method during the data collection and analysis process, the emerging themes and new data guided the study instead of strictly following a process or method (Corbin & Strauss, 2015; Willig, 2008). Corbin and Strauss (2015) suggested to apply the method according to the needs of the study guided by the data. I discuss in further detail, the selected research methodology in Chapter 3.

Chapter Summary

The existing literature revealed the recommendation that programs offering undergraduate nursing education at the baccalaureate level should incorporate alternative teaching strategies preparing the novice student for leadership readiness before entry into nursing practice. I identified the common themes the influences that active learning and reflective practice may have on nursing education. The theoretical influences of active learning and reflective practice have an impact on teaching strategies, allowing the student to display confidence, competence, and develop professional identity (Argyris & Schon, 1974; Schon, 1983, 1987; Walker, et al., 2014; Williams & Burke, 2015). I conducted this study because of the deficit in the current, contemporary literature related to the nursing faculty perspective on effective teaching strategies used for leadership education in baccalaureate programs. My review of the literature revealed that although the nursing student may learn about professionalism and leadership while gaining some exposure to professionals within the clinical setting, they are not ready for leadership practice as a novice (Benner, 1981; Forsythe, Snook,

Lewis, & Bartone, 2002; Willis & Marshall, 2017). However, the professional identity of the nurse is developed over time after more exposure to professionals in practice, mentored practice, or mentored residencies (Benner, 1981: Brown, 2002; Dreyfus & Dreyfus, 2005; Forsythe, Snook, Lewis, & Bartone, 2002; IOM, 2016; Schon, 1984, 1987).

This chapter, supports my exploratory qualitative study using the Corbin and Strauss (2015) grounded theory approach that I tailored to the context of this study. My intent for conducting this study was to learn new information about how leadership education is taught, maximizing leadership pedagogy in Louisiana undergraduate nursing programs without the generation of theory. Nursing faculty who teach or had taught leadership at the undergraduate level were the best research participants revealing information on teaching strategies used for leadership education. The Corbin and Strauss (2015) grounded theory approach that I tailored to the context of this qualitative study, connected the gap existing in the literature. I will explain my selection of the research method further in Chapter 3, according to the purpose of this qualitative study, to explore the pedagogy employed by nursing faculty to maximize leadership in Louisiana baccalaureate nursing programs within the context of the content recommendations by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership.

Chapter 3: Design, Method, and Analysis

Introduction

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership in Louisiana baccalaureate nursing programs within the context of the content recommendations by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. The effectiveness of an educational program cannot be evaluated until there is an understanding of the current operationalized teaching methods or strategies used by faculty who teach leadership. I used a semistructured interview design for data collection to explore how leadership education is conducted through the interpretation of the faculty who teach.

In this chapter, I address the selected research design and rationale, the role that I assumed as the researcher, and further detail on the selected methodology as it reflects the scope of this study. The chapter concludes with the ethical procedures and measures to that I used to ensure the trustworthiness of the research. These measures were taken to demonstrate data integrity and credibility. Supporting detail continues in Chapter 5.

Research Design, Rationale, Role of Researcher

This dissertation was a qualitative study to explore the teaching strategies used by nurse faculty to teach leadership in Louisiana baccalaureate nursing programs. I selected the structured grounded theory approach developed by Corbin and Strauss (2015) as a systematic process for the collection and analysis of data to best answer the research questions without the generation of theory. The research questions I discussed in Chapter 1 were:

Central Question: What teaching strategies are deployed for leadership education among Louisiana baccalaureate nursing programs?

Sub-Questions

1. Using the 17 content topics included within the document, the AACN Baccalaureate Essentials as a guide, or another professional nursing organization's content areas for leadership, what are the top 10 content topics of the leadership course? (The content topics were presented to the participants prior to the interview and follow in Appendix I)
2. How do nursing faculty select the teaching strategies deployed for leadership education?
3. How do nursing faculty evaluate the effectiveness of the deployed teaching strategies compared to the development of leadership knowledge and professional skill-set?
4. What is the nursing faculty's perception of the efficacy of leadership education and the student's preparation for leadership at the baccalaureate level before entry into practice?

The expectations for baccalaureate education, found in the documents by the IOM, AACN, ANA, Louisiana Campaign for Action, and the NLN, are that nursing educators should prepare the student nurse to develop a nursing identity that demonstrates competency to practice the tenets of leadership in the improvement of patient care (ANA, 2008; AACN, 2008; IOM, 2011, 2016; Louisiana Campaign for Action, 2016; NLN, 2010). The central concepts of this study reflect how leadership education is taught in Louisiana and address these expectations and core competencies.

I selected a qualitative design for this study. The qualitative design was selected over quantitative because there is no clear understanding of what teaching strategy is being used to teach leadership in baccalaureate nursing programs that meets the core competencies for baccalaureate graduates defined by the accrediting agencies of the AACN and the NLN (AACN, 2008; NLN, 2010; Patton, 2002). I did not identify a quantitative study that revealed nursing faculty perspectives comparing teaching strategies with learning outcomes. Additionally, I was unable to identify literature revealing teaching strategies used by faculty of baccalaureate nursing programs in Louisiana

Corbin and Strauss (2015) advocate for flexibility with the application of the constant comparative data collection and analysis method, allowing the research findings to guide the data collection. I tailored this approach according to the context of this study without the generation of theory. I collected data related to the social and educational processes from the nursing faculty who teach leadership in baccalaureate nursing programs in Louisiana. The original works of classic grounded theory by Glaser & Strauss (1967, 1995, 1999, 2008), recommended the quantitative design for data collection and interpretation. However, the interpretations from my data collection revealed new information related to teaching strategies which cannot be captured

through the quantitative design. The identification of categories and themes from the constant comparative method revealed what is happening in baccalaureate programs offering leadership education as it is interpreted by the faculty who teach (Corbin & Strauss, 2015, Patton, 2002).

Role of the Researcher

The advantage of conducting a qualitative research study is that the researcher has an active role as a participant. For this study, I participated as the interviewer, collecting data using a semistructured interview protocol that I developed. I assumed an active role in the transcription of the interviews. To ensure interview transcription, interpretations, and understandings were reflecting what the participants intended, I conducted member checks as suggested by Corbin and Strauss (2015), Lincoln and Guba (1985), Patton (2002), and Rudestam and Newton (2014).

I had no previous personal or professional relationship with the respondents prior to recruitment of the sample. I am a colleague of the deans, chairs, and directors of the departments of nursing within the universities I contacted for access to the sample. Therefore, I had no personal nor authoritative power over the participants in the study. Participation in this study was voluntary with the incentive of a book and gift card for participation. There were no participants in the study from my workplace nor from my former workplace. I have no knowledge of the curricula structure or how leadership is taught in the participating institutions.

Professionally, I continue to practice as an assistant professor of nursing with 30 years of experience as a registered nurse. My professional responsibilities include teaching Maternal Newborn Nursing for the Associate of Science in Nursing (ASN) degree program and Nursing Informatics for the RN-BSN degree program. While I had former experience in conducting a clinical experience for a leadership course, I had no experience with teaching the course content.

My experiences as a registered nurse span across 30 years, 12 of which involved multiple leadership roles at the regional and corporate levels. These experiences as a staff nurse, nurse manager, nurse leader, and educator provided me with the ability to understand the language used by the participants that relates to the field of nursing, nursing leadership, and nursing education.

When conducting a qualitative study, researchers must remain cognizant of the influence personal beliefs and opinions may have on the interpretations and conclusions of the study findings. Patton (2002) stated that researchers are unable to reveal a developing understanding of social interactions and processes without becoming directly involved with what the participants are saying, conveying meanings and interpretations while research findings emerge. Patton (2002) suggested that the research should maintain a position of neutrality during the data collection and analysis procedures by using member checks to allow for the discovery of meanings and interpretations with no preconceived ideas or personal thoughts to impact the validity, credibility and fairness of the study.

My philosophy of teaching is the belief that educators should refrain from using traditional methods, providing students with an experience that is learner-centered, including realistic and safe opportunities for practice. I believe the nursing student should have an understanding of the science, profession, and practice of nursing before attempting to lead patient care teams. The literature I searched does not clearly reveal how the undergraduate nursing student may develop leadership knowledge and skill while learning what the profession of nursing is about. To maintain my neutral role, despite my personal nursing education philosophy, I developed a semistructured interview protocol. Corbin and Strauss (2015), Creswell (2013), Galletta (2013), and Patton (2002) suggested a face-to-face interview. For my

research purposes, a virtual face-to-face interview was conducted by recording the audio of each interview.

Research Design Method

Participant Selection Logic

The research population included nursing programs in the state of Louisiana that offer a 4-year baccalaureate degree following a curricula that includes leadership education. These universities were state-supported schools, with full approval status of the Louisiana State Board of Nursing (LSBN). No schools on probationary status were included within this study. The nursing programs selected are representative of each geographical location of the state: north, central, and south Louisiana. No further identifying information was provided within the study to protect the confidentiality of the participants.

For the selection of participants, I used a combination of purposive, maximum variability, and chain sampling. Patton (2002) suggested to select participants who exhibit the best knowledge for your research. In this case, those who exhibited the best knowledge were the nursing faculty who taught leadership. The combination of mixed purposive sampling strategies provides for triangulation and diversity among individuals and processes (Creswell, 2013; Patton, 2002). The sample was drawn from a broad population of faculty who teach or have taught leadership courses for the participating institutions, identified by the deans, chairs, or directors from the partnering sites. The strength of a qualitative sample is in the purposeful selection of participants who can provide the best information about the teaching strategies used for leadership education. Thematic sampling, according to Corbin and Strauss (2015) and Patton (2002) is used when the research theme has been identified prior to the data collection. This

method of sampling was not appropriate for my study as the research themes were not identified prior to the initial data collection.

No recruitment or data collection was begun until all approvals were received from the Walden University and partnering site Institutional Review Boards (IRB). The deans, chairs, or directors from six universities in Louisiana are referred to as the nursing administrators of partnering sites within this study from this point forward. Using my Walden University email address, he nursing administrators of the partnering sites were contacted. The introductory email offered an introduction to the study, recruitment request for assistance to access faculty who meet inclusion criteria, and a cooperation agreement. A sample of the introductory email and cooperation agreement follows in Appendices D and E.

Once all IRB approvals had been obtained as stated within the letter of cooperation, the nursing administrators of the partnering sites were sent a recruitment email to forward to nursing faculty who met the inclusion criteria. The recruitment email included my explanation of the study and included a link to a survey request for expressed interest in participation and contact information. This link protected the confidentiality of the participant from the nursing administrators of the partnering sites. Through the survey, I requested contact information including personal phone number and personal email address so that the individual was not linked to his/her employer. The survey included my Walden email address and contact information. The survey collection notifications came to my Walden University email address. A sample of the recruitment email and survey content follows in Appendices F and G. Once participation interest was established, a formal invitation to participate email was sent to discuss the study, how consent would be obtained, and interview schedule availability was established. A sample of the formal invitation to participate follows in Appendix H. I followed the Walden

IRB guidelines to recruit other participants who met the criteria for the study should there be a lack of response.

According to Lincoln and Guba (1985) and Patton (2002), the sample size should remain open until data saturation is reached. The aforementioned researchers also suggested that a smaller sample may assist the researcher in the management of the data collection and analysis process. However, keeping the sampling process open, allows for maximum information, redundancy of themes, categories, and concepts (Lincoln & Guba, 1985; Patton, 2002). Corbin and Strauss (2015) stated that the constant comparative analytic strategy dictates how long the process would take depending on the emergence of new information. Newly discovered information and interpretations are validated through member checks, follow-up telephone calls or emails (Corbin & Strauss, 2015; Patton, 2002; Rudestam & Newton, 2014). For this study, I followed the suggestions of Corbin and Strauss (2015), Lincoln and Guba (1985) and Patton (2002). I did not meet data saturation until no new categories or themes were emerging, redundancy was revealed in the data, and all research questions were answered.

Procedures for Recruitment, Participation, and Data Collection

The nursing administrators at each partnering site received a letter of cooperation including a request for access to nursing faculty who meet the inclusion criteria for the study. The letter of cooperation included a request for access to nursing faculty. I requested the administrator’s agreement to send a recruitment email to the faculty who met inclusion criteria. If it was the administrator’s preference, they could send names to me with contact information based on public information of their experience. I also requested that the administrators send an email announcing to nursing faculty the opportunity to participate in my research study. As suggested previously, the selection criteria included the faculty who had taught in nursing

leadership education for at least 1 year, were either currently teaching, or had previously taught a leadership course, and had taught leadership at the baccalaureate level in Louisiana. The recruitment email included a survey link for the interested participant to complete. I collected these responses through my Walden email account. A sample of the recruitment interest to participate survey follows in Appendix H.

Once the nursing administrators shared the recruitment invitation, they had no knowledge of who answered the research invitation. I collected survey and/or email responses from faculty who met the criteria. I sent a formal invitation to participate email to the participants. Through the interest to participate survey, I requested contact information and a unique identifier in the form of a pseudonym that would be used throughout the data analysis process in place of the participant’s name. Both the pseudonym and contact information request was an effort to maintain participant confidentiality from their employer or colleagues.

The formal invitation to participate email followed once contact information was achieved. This email included an introduction to the purpose of the study, how confidentiality would be maintained, how the interviews would be conducted, the request of informed consent to participate, and to answer any questions about voluntary participation. Schedules for potential interview appointments were discussed and confirmed by email. The selected pseudonym was used throughout the study instead of their name. The pseudonym had no relationship to the individual’s last name, or any other identifiable information. The information included in the email invitation to participate follows in Appendix H.

The formal invitation to participate email sent to each individual included the informed consent. The freedom to exit the volunteer agreement to participate was discussed within the informed consent, repeating again what was discussed within the introductory email.

Instructions were included within the informed consent that an actual signature is not required if it is the preference of the participant. A link was included within the informed consent that could be clicked on, transferring the participant to an electronic, *I consent,* asking for the individual's unique identifier instead of a name. There was a two-week period allowed between the agreement to participate and the informed consent to provide time for all questions and concerns to be addressed. I collected the informed consent along with the agreement to participate with unique identifiers and placed in a locked file box for 5 years. No one except me knows the name of the individual for each unique pseudonym. This information will not be shared as official research records.

Data was collected from each semistructured interview that was video-conferenced and audio recorded using Zoom (2016). I conducted the data collection by a schedule plan of at least 2 interviews per week. These events lasted 45 minutes – 1 hour, however, the schedule allowed for flexibility when meaningful discussion occurred and the participant agreed to continue. I saved the audio recording saved directly to my personal computer as an mp4 file and to two separate external hard drives specifically identified for my study. The participant was informed when the recording began and when it ended. I did not record the video. There was no personal identifiable information included on the recording. There was no need to include demographic information within the recording. I ensured the individual met inclusion criteria for the study without recording information that would be identifiable.

I took notes and jotted memos down related to emerging thoughts or branching possibilities for further reference at the end of the interview. I planned to avoid any distraction from the richness of the interview process, allowing for the comfort of the participant. I addressed needs for clarity once I began the interview transcriptions and data emerged into

themes. I had established this expectation and confirmed the participant's agreement for follow-up contact before ending the interview. These follow-up communications were not be required as participation was voluntary. However, it was important that I involved the participants in this process to keep them interested in the study and the possibility of future communication for clarity of interpretations. I reminded the respondents that their participation remained voluntary should they wish to exit the study. My plan included a debriefing phone call to determine the participant's reasons for exiting the study. This debriefing call was voluntary and the conversation would remain confidential.

Instrumentation

The interview process in qualitative inquiry provides an environment for exploration when it is conducted in an *open-ended* format (Corbin & Strauss, 2015; Galletta, 2013; Glaser & Strauss, 1967, 1995, 1999, 2008; Patton, 2002). The interview questions should be framed to allow the participant to reflect on the social and educational processes to be explored, allowing meanings, themes, and concepts to be discussed (Corbin & Strauss, 2015; Patton, 2002). The unstructured interview design is not recommended for the novice researcher according to Corbin and Strauss (2015).

I developed a semistructured interview protocol to serve as the primary data collection instrument. The semistructured interview was sufficient for data collection to answer the primary research questions for this study to explore the teaching strategies used by faculty who teach leadership. The semistructured format, using open-ended questions, allowed me to maintain consistency among the topics to be covered with the study participants. I was able to maintain flexibility in how I asked the questions and when I asked them which is the interview method suggested by Corbin and Strauss (2015). According to Corbin and Strauss (2015) and

Patton (2002), the interview questions must be related to the participant's experiences and social interactions. For this study, the questions I asked were related to the nursing faculty's experience with teaching leadership to baccalaureate nursing students. Corbin and Strauss (2015) suggested that new information may emerge during interview that may warrant further investigation. Therefore, the semistructured format enabled me to ask more questions which added clarity to my study and additional data that could lead to future research. The participants were invited to add any additional information they felt was relevant to the discussion before ending the interview as suggested by Corbin and Strauss (2015) and Galletta (2013). A list of the primary research questions are included in this chapter and follow in Appendix A.

For this research topic, questionnaires nor instruments related to my study. A researcher-developed instrument is sufficient as a data collection tool for a qualitative study where little is found in the literature (Patton, 2002). Therefore, I created the interview protocol. The interview protocol can be found in Appendix B.I analyzed the answers from the open-ended questions at the end of each semistructured interview with selected nursing faculty. I separated the data into themes according to units of meaning following the constant comparative method of the Corbin and Strauss (2015) grounded theory approach. Emerging categories and themes are expected to follow after each interview is conducted, transcribed, and interpreted (Corbin & Strauss, 2015; Patton, 2002). I consistently followed the semistructured interview protocol for each interview so that the same primary interview questions were asked of each participant. A matrix revealing the relationship between the research questions and the interview questions follows in Appendix C.

I established content validity was established by following the procedures of Lincoln and Guba (1985) which are referenced in Corbin and Strauss (2015) and Patton (2002). I shared the transcriptions and interpretations from the interviews with each participant for member checks to

establish the content validity of the data analyses, interpretations, and my conclusions. Other measures I took to ensure content validity included providing rich, thick descriptions of the participants, the research settings, the interview experience, the prolonged engagement between me with the participants and the data, and the utilization of peer review with my research committee and two colleagues who were not directly related to the research topic or the participants. My colleagues were comfortable with asking me the hard questions related to my methods and choices. Finally, to ensure credibility as suggested by Lincoln and Guba (1985), I identified my personal teaching philosophy and interest in this study from the beginning, enabling the reader to understand any interpretation or conclusion that may be impacted or influenced by my nursing experience, nursing educator experience, or my research interests. (Lincoln & Guba, 1985).

The semistructured interviews were delivered over a face-to-face videoconference. The videoconference was selected to accommodate time schedules since the participants were actively teaching, my personal travel time to-and-from the institutions, and my ability to transcribe the interview immediately following the encounter. The videoconference interviews were audio-recorded. I did not archive archival of video recordings. I chose to avoid typing notes during the interview to prevent distraction and allow me the opportunity to keenly listen for emerging information. The face-to-face encounters added strength to the interview process as suggested by Corbin and Strauss (2015) and Patton (2002).

I selected Zoom (2016) virtual meeting software for the interview encounters. Zoom (2016) provided me with a secure audio conferencing method to save the audio immediately following each interview. I was able to save the audio recordings to my local computer drive and a back-up external hard drive as an Mp4 recording. I did not archive the video. I used a

digital audio recorder during the interview as a back-up should something happen to the Mp4 recording. My plan if there were technical difficulties with Zoom (2016), was to use a speakerphone with a digital audio recorder. I had my own personal account through Zoom (2016) that was not shared with any institution. This account was utilized for the purpose of this study, protecting the participant's confidentiality and authenticity.

The video conference allowed for the development of my relationship with the participant. However, I did not archive the video to maintain participant confidentiality. With Zoom (2016) I was able to have a separate file for audio only, allowing for the ability to delete the video file. I repeated the confidentiality measures included within the informed consent at the beginning of each interview. I sent a call-in number with a unique password to the participants in an invitation email once the interview schedule was established. I assigned each interview with a unique password for authentication purposes and for the prevention of other individuals accidentally dialing into the interview. I controlled the interview recording which was conducted on my personal computer. The participant was notified by me before the recording began and when it ended. The interviews were conducted in my private office, with the door closed to any outside distractions.

Data Analysis Plan

A qualitative research study enables the researcher to be an active participant, involved with the data collection and analysis. I selected the Corbin and Strauss (2015) grounded theory approach to perform coding and data analysis that I tailored to the context of this study without the generation of theory. I analyzed the collected data using the constant comparative method that included open coding of emerging concepts and axial coding for the emerging relationships. The constant comparative method is a structured process to progressively identify concepts from

each individual interview without preconception or planning ahead, comparing different data against each other to uncover similarities and differences (Corbin & Strauss, 2015; Glaser & Strauss, 1967, 1995, 1999, 2008).

According to Corbin and Strauss (2015), the coding process is a means to categorize the data into meaningful concepts. Open coding is a data analysis process to label the concepts identified from an interview transcript into defining and developing categories. The data I collected from the initial interview were broken apart into concepts to offer a summary and possible meaning that emerged from the raw data. The data I collected from each subsequent interview were broken apart into manageable datum and compared to the previous data collection. Should I recognize similarity, I coded the data using the same conceptual name. If the concepts were different, I coded them using different names as meaning continued to emerge Axial coding takes the process of open coding a step further, searching for emerging meaning and interpretation through the identification of relationships among the concepts and categories from the interviews into core themes. Corbin and Strauss (2015) suggested that this process requires the researcher to identify what more may be learned or what meaning emerges from the data elaborating on the properties, contexts, or dimensions of the coded concepts as well as the interpretations intended by the participants. (Corbin & Strauss, 2015).

I took notes and jotted memos during the interviews that related to emerging thoughts or branching possibilities to discuss at the end of the interview or during member checks. I planned to avoid any distraction from the richness of the interview process, allowing for the comfort of the participant and quality data collection. I transcribed the audio-interviews as the first level of data analysis, interpretation, and member checking. I chose to write memos with bolded labels within the body of the memo instead of labels in the margins to help me identify and explain all

of the possible meanings from the conversation with the participant. I manually wrote extra memos and thoughts within the margins of the transcriptions to assist in the constant comparative analysis of the data collection. This method was suggested by Corbin and Strauss (2015) and Saldaña (2016) to assist in the rigor and richness of a qualitative study. According to Saldaña (2016) no computer software will reflect the researcher's shared interpretation of the data with the participant. Therefore, the coding of the data should remain the responsibility of the researcher (Saldaña, 2016). For the purpose of this study, I used a manual method to conduct data organization, and management of the data using index cards and an excel spreadsheet.

I transcribed each interview and reviewed my memos. I then coded all data into meaningful themes into an excel spreadsheet, cataloged by the participant's unique identifier. Corbin and Strauss (2015) suggested that discrepant data may be constructed into divergent cases for further exploration or for future qualitative study. I determined that the divergent data of my study should be documented because they provided alternative explanations to the meanings and interpretations.

I planned to use pseudonyms that were selected by the participant as confidential identifiers. The pseudonyms had no relation to the participant's name or location. I maintained a demographic key for the purpose of follow-up for member checks. A corresponding number beside each participant's pseudonym signified if it was the first or subsequent communication. The identifying information file will remain confidential and stored on hard copy and two external hard drives for the duration of this study. These records will be maintained according to Walden University IRB guidelines for five years (Walden University IRB, 2016). After five years have passed, hard copy documents will be shredded, electronic files will be deleted from

the computer, and files from external hard drives will be deleted and disposed of according to safe disposal guidelines.

Trustworthiness and Ethical Procedures

The reader of a qualitative study must be able to understand what is being read and make sense of it. They must be able to trust that the researcher has applied the appropriate strategies to ensure that rigor and credibility are demonstrated from the research findings (Corbin & Strauss, 2015; Glaser & Strauss, 1967, 1995, 1999, 2008; Lincoln & Guba, 1985; Patton, 2002). The evaluation of qualitative research should reflect the selected method. The establishment of evaluation criteria for grounded theory that is supported by Corbin & Strauss (2015) was developed by Charmaz (2006). These criteria reveal how to establish thereby demonstrate the credibility, originality, resonance, and usefulness of the study. Adherence to these criteria, enhances the validity of the study, encouraging the reader to believe that what is written is true (Charmaz, 2006; Corbin & Strauss, 2015; Glaser & Strauss, 1967, 1995, 1999, 2008). However, peer review and member checking are necessary for the evaluation of trustworthiness since evaluation criteria often involve a self-reflection that is conducted by the researcher (Corbin & Strauss, 2015; Patton, 2002).

I conducted this study as an exploration of social and educational processes from an interpretivist perspective through the collection of data from actual nursing faculty who teach leadership education in nursing programs. I established credibility by using triangulation, my prolonged engagement with the data, member checks, reflexivity, peer review, and by ensuring data saturation had been met. Lincoln and Guba (1985) and Patton (2002) stated that trust from the reader is directly related to the ability to trust the researcher.

I compared what each participant said in each interview, checking for consistency on certain perspectives over time to establish data triangulation. I shared each transcript with the interviewed participant to further establish credibility and dependability of the data analysis and interpretation, ensuring that I conveyed what the participants intended and that I was truthful with that reflection. I asked the participants to review my interpretation of the common themes drawn from their interview to obtain their perceptions of the study's validity. Corbin & Strauss (2015), Lincoln & Guba (1985), and Patton (2002) recommended a peer review of the study findings to establish credibility of the data. Therefore, I asked fellow colleagues and my dissertation committee to provide a peer review to help ensure the data appeared to be truthful, reflecting the intentions of my research study.

The thick description of participant actions and interactions with me were described to define the transferability of research findings for future study in other nursing education courses or contexts. Transferability was achieved by my selection of participants from different schools with differing levels of teaching experience instead of conducting interviews with faculty from only one school with similar or the same teaching experience. The sampling strategy I chose, established a more detailed thick description that may enable future researchers to transfer the information learned into future replication of the study according to the recommendations by Lincoln and Guba (1985) and Patton (2002). To maintain data integrity and reflexivity, the researcher should maintain a neutral role, avoiding any personal influence that could impact the findings drawn from the study ((Corbin & Strauss, 2015; Lincoln & Guba, 1985; Glaser & Strauss, 1967, 1995, 1999, 2008; Patton, 2002; Willig, 2008). Therefore, I maintained a neutral role by using the semistructured interview. The integrity and reflexivity of the study was demonstrated by my neutral role which revealed that I had made a reasonably honest attempt to

remain cognizant of the influence and impact that my opinions, perspectives, personal experiences, and knowledge had on the research process

Ethical Procedures

Research studies involving human subjects must follow the ethical guidelines established by the Institutional Review Board (IRB) that is partnering with the researcher. For this study, I followed the IRB guidelines established by Walden University Center for Research Quality (2016). Before any recruitment for participation or data collection was conducted, IRB approval from Walden University was obtained. Ethical concerns were addressed before completing the IRB application to assist me in planning ahead for any concerns that could arise. The document *Walden University IRB Pre-Application for Ethical Concerns* (Walden University, 2016) is designed to assist in addressing ethical concerns the researcher may encounter before the actual IRB application is submitted (Walden University Center for Research Quality, 2016). This document was not included in the Appendices to maintain the confidentiality of the partnering institutions selected.

The Walden IRB requires that the researcher complete a training course in protecting human research participants. Recommendations for training modules are included in the IRB application. I completed this course within the requirements of Walden IRB. I followed the *Walden IRB Research Ethics Planning Worksheet* to ensure protection of the confidentiality of participants, (Walden University IRB, 2016). This document includes the ethical standards that were used to evaluate a proposal under review. The student researcher who builds a proposal using this document as designed, addressing ethical concerns before the approval process takes place, will be better prepared when approaching the IRB application for approval.

I did not conduct communication for recruitment until IRB approval from both Walden and the partnering institutions was obtained. Participation and recruitment agreements were conducted through email to the nursing administrators of each partnering site. A copy of the invitation email and cooperation agreement follows in Appendices D and E. The inclusion criteria to participate in the study was included in the email. Two IRBs of the partnering institutions, including my employer, stated that after IRB approval from Walden University was obtained, I must apply and follow the IRB approval process of the participating institutions. Two institutions stated that after IRB approval from Walden University was obtained, no further action by them was necessary. One institution stated that I must obtain IRB approval from Walden University and that I must obtain a *Site of Data Collection* letter from the Dean of Nursing. One institution required a separate review from their IRB despite any approval from Walden University IRB.

Once all IRB approvals were received, participation agreements were achieved from the nursing administrators of the partnering sites, and expressed interests with contact information was collected, I sent confidential individual invitations to participate using the individual's personal email address from my Walden University email address. The formal email included a formal invitation to participate and the Walden approved and numbered informed consent. The informed consent could be electronically signed using the link included within the informed consent. The electronic signature could be the individual's unique identifier which included the words, *I consent.* I maintained a copy of the date/time stamped email attached to the consent form. This process was approved by the Walden IRB application and included in the ethical worksheet (Walden University Center for Research Quality, 2016).

I will archive all documents, including IRB permissions and approvals as well as the audit trail of electronic and hard copy documentation or other relevant documents on my personal computer in a specific file, two specific hard drives for the sole purpose of this research project, and a hard copy binder, for 5 years as established by Walden University Center for Research Quality (2016). After 5 years, I will destroy all personal identifiable information related to this study by shredding hard copy documents, deleting all electronic files from my computer, deleting all files from external hard drives, and disposing of the hard drives in a safe manner that meets environmental guidelines.

Chapter Summary

This chapter has addressed the selected research design and rationale, my role as the researcher, and further detail on the selected methodology as it reveals the scope of this study. I have discussed the ethical procedures that I observed throughout the proposal approval process. The sample was drawn from six baccalaureate nursing programs in Louisiana who met the inclusion criterion for the combination purposive, maximum variability and chain sample. Recruitment and data collection was not conducted until all IRB procedures and criteria for approvals were met. Once I defended the research proposal, and received all formal approvals, I sent recruitment communications for voluntary participation in this qualitative study. The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. The effectiveness of an educational program cannot be evaluated without a clear understanding from the faculty who actually teach. I used a semistructured virtual video-conferenced interview for data collection.

This method was best suited for my exploration. The research findings, the data collection, and data analysis will follow in greater detail in Chapters 4 and 5.

Chapter 4: Data Collection and Analysis

Introduction

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. The effectiveness of an educational program cannot be evaluated without a clear understanding from the faculty who actually teach. My exploration was conducted using a virtual video-conferenced semistructured interview for data collection. The research questions discussed in Chapter 1 and answered from the data collection and analysis of this study were:

Central Question: What teaching strategies are deployed for leadership education among Louisiana baccalaureate nursing programs?

Sub-Questions

1. Using the 17 content topics included in the document, the AACN Baccalaureate Essentials as a guide, or another professional nursing organization's content areas for leadership, what are the top 10 content topics of the leadership course? (The content topics were presented to the participants prior to the interview and follow in Appendix I)
2. How do nursing faculty select the teaching strategies deployed for leadership education?
3. How do nursing faculty evaluate the effectiveness of the deployed teaching strategies compared to the development of leadership knowledge and professional skill-set?

4. What is the nursing faculty's perception of the efficacy of leadership education and the student's preparation for leadership at the baccalaureate level before entry into practice?

The primary themes that emerged from the data collection and analysis were:

- The purpose of the leadership course
- The selected teaching strategies to address the course purpose
- The support for student learning styles and needs of the workforce
- The application of evidence-based practice principles for leadership
- Measured effectiveness of selected teaching strategies for program purpose
- Nursing faculty perspectives of leadership efficacy at undergraduate level
- Nursing faculty perspectives on implications for future nursing leadership education

This chapter includes information regarding data collection and analysis to answer the primary research questions. It also includes my organization of the data into primary themes and subthemes for this study to explore how leadership pedagogy is maximized among baccalaureate nursing programs in Louisiana.

Study Setting and Participant Demographics

The participants responding to the recruitment invitation were representative of six different nursing institutions in the state of Louisiana. All nursing faculty respondents met the inclusion criteria of the study with experience in teaching leadership education in a Louisiana baccalaureate nursing program for at least the period of 1 year. The participants taught in state-supported institutions on full approval from the Louisiana State Board of Nursing (LSBN). These

individuals offered a diverse representation of nursing programs that could be impacted by size, student population, and demographic location.

I did not collect personal information from participants for the purposes of this study. To maintain a confidential record for contact information and follow-up, I archived a demographic matrix for the duration of the study. The individual characteristics relevant to the study were that the participant was a nursing faculty of a partnering institution, was currently teaching, or had taught nursing leadership in an undergraduate program for at least 1 year prior to the interview. There were no other specific inclusion criteria or demographic criteria to participate in the study. To protect the confidentiality of the participants, no demographic information regarding the locations of the institutions or size was collected for this study.

Data Collection

The data collection instrument I developed was a semistructured interview protocol using open-ended questions. New information emerged from the data I collected from the six participants. I used the same semistructured interview for each participant. I had the flexibility to ask the questions in any order to explore new information. Participants were given the opportunity to add additional information they found relevant to the topic and to the study.

The interviews were conducted virtually in the privacy of my office using face-to-face videoconference software through Zoom virtual meeting (Zoom, 2016). I created the interview schedule according to the participant's convenience. If the participant had to reschedule, I made my schedule flexible to accommodate the needs of the participant. The video allowed for personal, face-to-face interaction between myself and the participant. However, no video was recorded. Only the voice audio was recorded and archived for transcription. The participant was

reminded of this before the interview began. The interviews were between 45 minutes to 1 hour in duration.

I recorded data directly by audio in the mp4 format to the hard drive of my computer. In the case of technical difficulties, I used an external voice recorder as a back-up for an mp3 recording. I informed the individual participants when the recording would begin and when it would end. At the beginning of each interview, I reminded the participants that the video would not be recorded and no identifiable information would be included in the audio recording. I transferred the mp4 and mp3 recordings from my computer to two external hard drives once each interview was over. Three participants connected by phone through Zoom as two of them did not have access to a webcam at the time and one was in a location away from a computer. I had prepared for a back-up in case of technical issues, therefore, the interview process remained successful.

During the interview process, I only jotted memos down to remind me to go back to topics I wanted to explore or to capture a certain word or phrase used by the participant, enabling me to be engaged in the interview process. Once the interview was completed, I transcribed the audio into individual transcripts to share with the participants, ensuring the transcript of our conversation conveyed what the participant intended. I transcribed each interview. This data collection process allowed me to transcribe additional memos and notes assisting me with the interpretations of the data analysis.

I changed the data collection plan from the original plan in Chapter 3 because of the slow response in participant recruitment, resulting in a smaller sample size than originally planned. I selected to recruit from six individual institutions in Louisiana. Along with compliance with Walden University IRB, each IRB from the six institutions had their own set of guidelines. One

institution required a separate IRB review. This institution failed to respond timely after I complied with all IRB requests. Another institution required a review of my proposal by their governing body, although a separate review was not a requirement of the institution's IRB. I waited for 3 months before receiving approval from this institution. After complying with all IRB requirements, with the addition of my employer, there was a period of almost 2 months before the first respondent was received.

I found that communicating with the administrators of the nursing departments for recruitment was not the best choice. While these individuals were a great contact, requesting their partnership in recruitment added a burden to their already busy schedules. I had asked that the administrators sign a letter of cooperation and then forward the email for participation to participants who met inclusion criteria. I believe this request was often misinterpreted. Receipt of the letters of cooperation often required at least three reminders. The email requests to recruit participants often required at least three reminders. In some cases, these emails were not shared with participants. Therefore, in order to gain a larger sample, I completed the Walden University IRB process for change and received approval to change the recruitment strategy to include network sampling and updating the participant email to a simple flyer. The incentive of a book and the choice of a gift card were added to the flyer to assist in recruitment. This change in procedure had a positive impact on recruitment, resulting in 1 participant from six different nursing programs in the state of Louisiana.

I encountered some unusual circumstances that required flexibility because I was managing human subject requirements with so many different institutions. There was a perceived lack of knowledge regarding the IRB processes among five of the partnering sites. The cooperation process of one institution was brief because the administrator was knowledgeable of

the IRB procedures. This perceived lack of knowledge regarding the IRB process was often the cause of more delays in sending emails back and forth explaining IRB requirements from Walden and the partnering institution. The administrators of larger institutions preferred to provide direct contact to the directors of the undergraduate programs who in turn preferred to provide me with the contact information of participants meeting inclusion criteria. The responding participants were directed to select a unique identifier in the form of a pseudonym. Some of the participants selected an identifier that was too easy for readers within the participating institutions to recognize. Therefore, I submitted and received approval of another change in procedure to identify participants by using Interview #1, #2, etc. This naming convention had no relation to the demographics of the participant in reference to the data analysis and interpretations.

Data Analysis

I selected the Corbin and Strauss (2015) grounded theory approach to perform coding and data analysis that I tailored to the context of this study without the generation of theory. The data I collected were analyzed using the constant comparative method of data collection and analysis for the identification of emerging concepts and relationships. The constant comparative method is a structured process to progressively identify concepts from each individual interview without preconception or planning ahead, comparing different data against each other to uncover similarities and differences (Corbin & Strauss, 2015; Glaser & Strauss, 1967, 1995, 1999, 2008).

The coding process is a means to categorize the data into meaningful concepts. Open coding is a data analysis process to label the concepts identified from an interview transcript into defining and developing categories (Corbin and Strauss, 2015). The data I collected from the initial interviews were broken apart into concepts to offer a summary and possible meaning that

was emerging from the raw data. The data from each subsequent interview were broken apart into manageable datum and compared to the previous data collection. Similar concepts were coded using the same conceptual name. If the concepts were different, they were coded using different names as meanings continued to emerge (Corbin & Strauss, 2015).

My transcription of the audio interviews was the first level of data analysis and interpretation. I chose to write memos with color-coded, bolded underlined labels within the body of the memo instead of labels in the margins to help me identify and explain all of the possible meanings from the conversation with the participant. Although I was using Microsoft Word, I manually wrote extra memos and thoughts in the margins to assist in the constant comparative analysis of data and findings collected from the participants as suggested by Corbin and Strauss (2015) and Saldaña (2016). It was suggested by Corbin and Strauss (2015) and Saldaña (2016) that the manual coding of data influences the rigor and the richness of a qualitative study. No computer software will reflect the researcher's shared interpretation of the data with the participant and coding remains the responsibility of the researcher (Saldaña, 2016). I conducted the data collection and analysis manually using journaling, memos, index cards, color codes, and excel for the purpose of this research study.

Once I completed the transcriptions and reviewed the memos, the interview transcription of each participant was shared as the first level of member checking to ensure the transcription conveyed what the participant intended. After I received agreement for the first member check, the data were coded into meaningful categories and themes on index cards and then into a Microsoft Excel spreadsheet, cataloged by the participant's confidential identifier. I identified discrepant data and cataloged them into divergent cases for further exploration or for future qualitative study. However, I determined that this data provided alternative explanations to the

meanings and interpretations. I chose to document this data as suggested by Corbin & Strauss (2015). I used the demographic matrix that I archived for follow-up clarity and member checks as a means to document my communications with the participants.

Axial coding takes the process of open coding a step further, searching for emerging meaning and interpretation through the identification of relationships among the concepts and categories from the interviews into core themes. This process requires the researcher to identify what more may be learned or what meaning emerges from the data elaborating on the properties, contexts, or dimensions of the coded concepts as well as the interpretations intended by the participants (Corbin & Strauss, 2015). I shared my interpretations of the themes and relationships among the themes to the individual participants as the second level of member checking. I conducted the constant comparative method to identify meaningful themes and subthemes that answered the research questions. I shared each interpretation with the participants to ensure the interpretation of findings conveyed what the participant intended. Once I received agreement of each participant, the themes and subthemes were further coded using the same process previously explained, identifying relationships, redundancy in the data, and divergent data until no new concepts or themes were emerging from the data I collected.

Research Findings

Participant recordings were transcribed at the conclusion of each interview. I read each interview transcription at least three times to identify emerging codes and themes. I transcribed codes onto index cards. These codes were identified by specific colors to assist with coding of future transcriptions. I interpreted the findings from the common themes I identified from the data collection that the selection of specific teaching strategies were guided by evidence-based practice and AACN recommendations for undergraduate education. The teaching strategies were selected by the faculty to achieve the purpose and learning outcomes of the leadership course while supporting the student's learning styles and needs. The nursing faculty conveyed that they adjust teaching strategy and content to support area workforce expectations of a nursing graduate. The effectiveness of the selected strategies is supported by the measured feedback and evaluations gathered from nursing faculty, students, and area stakeholders. The research findings, organized into the following coded themes and subthemes, were the collective interpretations each participant agreed upon after the completion of the second round of member checking.

Leadership Course Purpose

The theme, leadership course purpose, was defined by subthemes. The following subthemes were then further defined by the common codes within the interview transcriptions:

Basic leadership. There appeared to be agreement among all participants that the undergraduate student required a leadership course that addressed the *basics* of leadership, delivering the basic definitions of what leadership means. According to the participants, although leadership is discussed throughout the curriculum, the student does not understand what leadership is until entering this course which in most cases is during their senior semester.

According to Interview #4, stated that, :The entry level leadership course for basic leadership is offered the junior semester followed by a second level, more advanced course during the senior semester." Interview #2 stated, "The baccalaureate student doesn't have leadership or work experience." Interview #3 stated, "Leadership content is integrated, but this is the first "leadership course." Before they get to me, they have heard content about communication, delegation, but much of the content they have never heard before until entering the leadership class."

Leadership style. For the same reasons as previously discussed, there was agreement among the participants that the undergraduate student develop an understanding of the various leadership styles such as authoritarian, democratic, and laissez-faire styles to begin to identify the leadership style they purposed to become through practice activities. This practice assisted the student to identify different leadership styles displayed among faculty, clinical partners, and themselves.

Interview #3 stated, "As part of the clinical evaluation, the students complete a graded in class, clinical summation. They discuss their different reflections of their management style, leadership style, communication, conflict management, and decision making styles. We have already discussed it all in class, so now they are bringing it to themselves and what we expect from them, and it's all in the assignment instructions: what is your style (management, leadership, communication, decision-making, and conflict management styles), what are some strengths and weaknesses of that style, what improvements could be made."

Leader role and role transition. The nursing faculty noted that most students did not know the difference between a leader and manager. Therefore, the leadership course was intended to prepare the undergraduate for the role transition from a student to a registered nurse

while at the same time, providing an introduction of the leadership role. According to Interview #4, the undergraduate lacks a "leadership compass." The development of this *leadership compass* enables the nurse to not only be a leader among unlicensed personnel and peers, but also at the patient's bedside. Becoming a leader is not only about the leader role. The transition to the role of the nurse also includes helping the students understand ethical dilemmas that could be encountered. The participants expressed the importance of helping the student to identify and reflect on how they might react to certain ethical decision whether a leader of a patient care team or in a leadership role.

Interview #4 stated, "Most of this content, this is the first time these students have ever heard this, they really don't have a leadership compass yet. They've been taught teamwork, communication skills, therapeutic communication, and basic terminology in healthcare. But they haven't really had in depth instruction in leadership content end and of itself. Interview #2 stated. They would have a practicum and a project with the theory course; they would have to identify a quality improvement initiative in the clinical site they were assigned, applying a rubric criteria, developing a paper and power point presentation. It helped them to focus on leadership theory, resource management, staffing, supplies, and other resources. Developing an understanding of the role of nurse leader/manager that it isn't just about patient care, but other things a leader or manager would have to be aware of."

Leader principles and performance. There was agreement among the participants that until entering the leadership course, the undergraduate has a lack of knowledge regarding actual leadership performance, practicing the principles of leadership. These principles were exampled by performing simple delegation, prioritization, and making safe patient assignments whether in

interactive activities or in clinical. Five of the six participants provided examples of charge nurse experiences among the students and attendance of leadership meetings

Interview #5 stated, “Even in our clinical component, if there are 8 students in the clinical setting, one student is assigned as a charge nurse. I am there, but the charge nurse comes in early, makes the assignments, and this charge nurse does not take patients. This occurs each week. The student gets this experience each week. If there is another student who is having time management issues, or a patient that is declining, the student charge nurse catches this and approaches the student about these issues.”

Employeeship. The six participants spoke of several important concepts that were interpreted as employeeship. Among these codes that could be collapsed into the subtheme were resume writing, how to obtain a nursing job, how to be a good employee, participating in a job interview, and participating in a performance evaluation.

Interview #1 stated, “One of the other things we would conduct mock peer interviews. I had a panel of interviewers set up and an interviewee. I would give them a script. The peer review panel nor the others would know the questions I would ask. The participants were evaluated based on their ability to identify the illegal questions I asked, the behavioral questions, or the other leadership aspects that were inserted. This way the participants were evaluated on real life situations within a real life scenario.”

Engaged and receptive. There was agreement among the six participants that the goal of a leadership course is to engage the student with *real world* application to see the value in nursing leadership, interpreted as becoming *leadership receptive.*

Interview #6 stated, "They have 180 clinical hours for this course. The lecture each week is actually the theory part, and the rest of the time they are in clinical; so it's really trying to apply situations in a baccalaureate program; probably within a year they might be a charge nurse. So they experience all the principals of management –real life situations with budgeting, staffing, leadership, conflict, change- so these we cover in the case studies." Interview #3 stated, ". This is why we've done away with a lot of lecture, bringing it back to more of a seminar style. The students have been more receptive and have been coming to class more. That thought drives our leadership strategies because we have to be more creative and bring to more real world application to make it more welcoming to the students if you will."

Evidence-based practice and historical context of leadership. Five of the six participants spoke of the importance of the historical context of nursing leadership with threads of evidence-based practice and recommendations from AACN and QSEN. These participants also referenced theoretical influences of Kolb (1984) for experiential learning and Benner (1981) for the progression of the preparation of a generalist. Interview # 3 spoke of the influence of Kramer (1974) to introduce the nursing student to realistic social experiences including conflict in nursing practice. Interview #1 noted that while the AACN Essentials were significant, for a basic leadership course, using those specific content areas were too high-level. Each participant spoke to the value of remaining current within the contemporary evidence for best practices in nursing and leadership pedagogy.

Interview #2 stated, "Looking at the historical context of leadership theory- it is an important starting point for students. The baccalaureate student doesn't have leadership or work experience. They need to develop an understanding of the autocratic, democratic, and laissez faire leadership styles and having examples of those gives them a context to think back and reflect on previous experiences in clinical, or with faculty in how the course was lead. Having a historical context helps the student to have a framework in order to understand what they are seeing or what they want to develop in as a nurse leader."

Value of team. The value of working together as a team was a subtheme of expressed importance among all participants. Threaded throughout the interview transcripts were teaching strategies employed to engage students to work together as a team followed by reflective journaling or peer review on how the group worked together and the importance of the team for safe patient care.

Interview #2 stated, "You know it's important to instill the value of the team, that we aren't doing this by ourselves, we function as a team in the care of the client whether it's with the health care provider, occupational therapist, the nutritionist, we aren't by ourselves. We all have to play nice together in the sandbox, we all share information as well as sharing our time with the patient especially if it's time for the patient to have a bath, but Oh no, physical therapy is here and they need to get the patient up. So, it's working as a team, and carving out those periods of time that we absolutely need to have time with that patient."

Selected Teaching Strategies for Leadership Course Purpose.

The theme, the selected teaching strategies for the leadership course purpose, was defined by subthemes. The following subthemes were then further defined by the common codes within the interview transcriptions:

Lecture with power point and supplemental material. Didactic lecture with the aid of power point continued to be a common teaching strategy used by the nursing faculty participants. Although all participants spoke to using more alternative methods with interaction, lecture with power point was still used as a means to introduce leadership content in support of the interactive component. Supplemental modules were used by institutions that used standardized methods of evaluation to aid the reinforcement of course content.

Interview # 5 stated, “Of course we use a lot of lecture and power points.” Interview #4 stated, “I teach an entry level, very basic leadership course. The way we have structured our curriculum is a two-part series. The students in the baccalaureate program receive the first leadership course, which is mine, then a year later, they receive a second leadership course taught by a different instructor-who has the same knowledge and skills, etc. In my course, they are introduced to the basic content areas that we just mentioned. The main teaching strategy I use is a lot lecture.”

Role play. A common teaching strategy utilized for the student to gain *real life* experiences in a *safe* environment was the application of role play. The students were presented with real life leadership experiences with the expectations of conducting themselves as a leader would, demonstrating real life leadership behaviors. A consistent description of using role play was a means for the students to have a *safe experience*. Other examples of how role play was used were in mock interview experiences, performance evaluations, assuming the role of charge

nurse in making patient assignments in class, addressing problematic staff behaviors, and crucial conversations using evidence-based communication methods such as "Team Strategies and Tools to Enhance Performance and Patient Safety (TEAMSTEPPS)" (AHRQ, 2017) or the "I am **C**oncerned, I am **U**ncomfortable, I believe **S**afety (CUS) tool" (AHRQ, 2017).

Interview #1 stated, "We did a lot of role playing, a lot of scenarios, involving each of the 3 levels I defined earlier. How they would handle a particular situation." Interview #3 stated, "**Problematic staff behaviors case studies**: like nurses who are chemically or psychologically impaired, marginal employees and how to deal with them from a charge nurse perspective; people who aren't getting their jobs done. We do case studies on those in class and we have them role play some of those crucial conversations."

Case Studies, scenarios, activities. The common description for the application of case studies, leadership situational scenarios, and interactive activities was to provide students with actual experiences to work through as a team with the application of course content. These strategies used by the study participants were focused on problem-solving, decision-making, prioritization, delegation, and ethical dilemmas. Interview #2 included the use of debates to engage interactive discussion regarding ethical decisions as a leader.

Interview #6 stated, "Lecture Case studies: Each group has a different case study and each reporter comes to the front of class to present the case study and that group's answers to the case student. This is the format we use for lecture. The lecture each week is actually the theory part, and the rest of the time they are in clinical; so it's really trying to apply situations in a baccalaureate program; probably within a year they might be a charge nurse. So they experience all the principals of management –real life situations with budgeting, staffing, leadership, conflict, change- so these we cover in the case studies." "The students still like to have some

power point lecture as a brief outline since that is what their exams come from. They love case studies the most. They can actively problem-solve an actual situation in the hospital and whatever the lecture is for the day, they can apply the leadership principle discussed in lecture to solving the questions and then they present to the class. They love working in groups and interacting with each other. We try not to have just straight lecture but interactive lecture."

Self-reflection. Self-reflection is described throughout the data collection as a method for students to reflect on what they learned, on their performance in a leadership role, on their performance as a team member, conflict management, and on their progression in leadership development from the beginning of the course to the end. Self-reflection is used to assist the student to identify for themselves what they have experienced and how they may improve in the future. These self-reflections are conducted in various ways from journaling in the clinical setting or throughout the course, as a method of debriefing after interactive activities, or in the form of a self-evaluation.

Interview #2 stated, "It is very important to self-reflect; we in practice conduct our self-evaluation. Students are also asked to self-reflect, they don't like it- I guess it's uncomfortable, but in order to improve yourself, self-reflection is an important quality to have." Interview #3 stated, "**Discussion Questions**: I mentioned the one about new graduates, with transition, and reality shock. We also use another one specific to conflict management and having the students conduct self-reflection on their own conflict management styles and their comfort with conflict. Then we discuss it openly in class. "Interview #1 stated, "We then used the strategy to determine and identify the leadership styles -laissez faire, authoritarian, or democratic and the responsibilities for each. We then took these descriptors to the next level by allowing students to

design situations they encountered the different leadership styles-which one they chose to work for and which style they would assume as a leader."

Simulation; Low-fidelity simulation. Simulation was described as simulation in an actual lab by three of the nursing faculty. The simulation activities were conducted for students to experience the role of a manager, practice in making staff assignments, delegation, prioritization, time management, and assertive communication. Interview # 3, #4, and #6 described other simulation activities designed to work as a team, apply different management styles, and work through a change process. Interview #4 noted that simulation is under-utilized and could be deployed more for leadership practice.

Interview #3 stated, "**Management simulation:** In-class sim based upon Friday night in the ER. We partnered with a local ER to get that. We are able to bring it to senior students. We were not able to do the full, but a small version of that. They each take on the role of a manager of a unit, whether step down, ER, or ICU or surgery. They have to learn hospital through-put, hospital communication among departments, and it is a very good learning strategy. We spend the whole day on that, for 2 hours, including debriefing." Interview #4 stated, "I use low fidelity simulations with them. I will put the students through different types of scenarios that require teamwork, leadership, different management styles, some type of change process and they have to work through that leadership scenario as a team. So, those are a couple of the major teaching strategies I use. I think there is still much opportunity out there that we haven't explored all of the realms of how simulation works, and how we can bring that to the table. We think of simulation in the clinical sense, but what we don't realize at the crux of it, we are trying to teach them how to interact with another human being and have that high level communication skill, which is found in leadership, it's the basis for it."

On-line discussion forum. According to Interview #3, #4, and #6, the online discussion forum was described by three of the nursing faculty as a means of collaboration among the students to discuss a leadership scenario presented, focusing on content discussed in class. The goal of this strategy was for the students to reflect and discuss on the leadership roles and decisions involved in the scenario presented.

Interview #4 stated, "One of the things we do now is weekly online blogs or discussions on whatever content has been covered that week, we go back and give them a scenario- so they are getting double the interaction-live with scenarios in class and they also have to do some research to come up with solutions to a minor dilemma I give them online."

Clinical with leadership faculty. The clinical experience was different among the participants. Interview #2 and #5 described the clinical component as part of the leadership course where the actual leadership faculty teaching the course were also the clinical faculty with the student for six weeks. During this time, each student had the opportunity to assume the role of charge nurse over their peers, reflecting on the experience at the end of the clinical day. This experience is facilitated by the nursing faculty, but the student is allowed to *act* as the charge nurse with little interference by the faculty. The student's resources were the team members on the unit. In this environment, the students learn to communicate with actual patient care teams and other disciplines. Students also gain leadership exposure by attending leadership meetings with the leaders and managers of the assigned areas. Interview #5 described activities that were included during these clinical experiences that related to resource management, budgeting, and staffing.

Interview #2 stated, "I really feel that for leadership education to be effective, there has to be an application component, a clinical/practicum project component to really cement what they are learning in theory. I believe also from the feedback that I have gotten over the years from the facilities and nurse managers, about when students are on the units doing their leadership clinical, they see a difference in these students, and having that theoretical background, prepares them for when they are out after graduation, and they tend to be a stronger student." Interview #5 stated, "Although I am there, the student charge assumes this role. This is part of our clinical. This has been helpful with our students based on the data we have obtained. Once these student graduate, they are comfortable because they have experienced this before they graduate.

Clinical with preceptor. Interview #3 and Interview # 6 described clinical experiences with a trained preceptor over a period of time**.** These nursing faculty trained the preceptors and provided them with the course expectations for the students. Instead of fragmented time from a faculty member who is stretched among 10 students, the student receives *one-on-one*time with the preceptor. According to Interview #6, the student is also given the opportunity to *act* as charge, in some cases over their peers in a junior clinical experience. The nursing faculty at both institutions maintain the responsibility to facilitate the experience to ensure outcomes are met.

Interview #6 stated, "As leaders, from the beginning of the semester to the end of the semester, we see the students grow. We visit them in clinical and talk with their preceptors. The students comment that they learned the most about being a nurse in this semester. I think it is from the one on one experience with a preceptor as opposed to being with one faculty who has 12 students. These students have the undivided attention of the preceptor, so they learn more from this than the other clinicals." "Well, another faculty member and I have found that many of the hospitals did not have a preceptor course for the staff nurses. We obtained a grant and

developed a 4 hour program for how staff nurses can become good preceptors. We went to all of the hospitals in the city and taught it. We had many nurses take the course." Interview#3 stated, "Yes, they have the 6-week preceptorship which is individually paired with a qualified preceptor in the acute care environment. They have assignments associated with that clinical as well. They have clinical reflections every day- they do their self-evaluation with their clinical objectives as well as the faculty and the preceptor."

Leadership performance with core clinical courses. It is important to note that although discrepant, this concept was found to be relevant to this study. Interview #4 described that leadership performance is expected within the clinical experiences of the required *core* courses once students have entered into the leveled leadership courses. This institution offers an entry level leadership course at the junior level followed by a more advanced course at the senior level. Students are expected to demonstrate leadership attributes learned within the course. However, these clinical experiences are not taught nor evaluated by the leadership faculty. These clinical experiences are evaluated by the core clinical faculty responsible for that particular course.

Interprofessional clinical. The interprofessional clinical experience was described as a component of the preceptorship that is part of the leadership course at one institution. Although this is also discrepant and not shared among the other participants, the interprofessional experience allows the student to value the other professions involved with caring for a patient in other settings that are not acute care. For this experience, students spend time at a dental or oncology clinic with a preceptor, completing the expectations for a nursing role.

Interview #6 stated, “All of them experience a 4 hour interprofessional clinical. They may go to a dental clinic or an oncology outpatient chemotherapy clinic. They are assigned to a nurse or nurse practitioner completing a checklist of the things they can do.”

Support for Student Learning Styles and Needs of Workforce

The theme, the support for student learning styles and needs of the workforce, was defined by subthemes. The following subthemes were further defined by the common codes included within the interview transcriptions:

Faculty feedback and faculty evaluation. Consistently, the participants referenced the necessity of faculty feedback regarding student learning styles and cognitive needs before entering the leadership course. This feedback was presented in faculty meetings and at the end of the semesters. This feedback assisted the faculty who taught leadership in determining the best structure for student engagement and support to achieve the leadership course purpose and learning outcomes. The faculty feedback confirmed that the students learned best through interaction, experiences, self-reflection, and support from lecture content.

Interview #6 stated, “Yes, we meet at the beginning of the semester. But due to the size of the class, we meet each week to discuss clinical and the class. And at the end of the course, we go over the evaluations and determine if any changes need to be made. With this large group and 7 clinical sections, it is important to meet each week.” Interview #3 stated, “. It’s myself and one other faculty who teach in the classroom and clinical as well as the preceptors in the clinical setting. We base upon what’s worked in the past, what feedback from the students, as well as our course objectives, map out what we are going to do.” Interview #5 stated, “Yes, we have met and looked as a faculty how we have assigned charge nurses. Other semesters we have thought about taking on that charge nurse role in those courses. These assignments have to be based on

acuity and skill of the nurse. We are teaching this now, but at senior level. We are discussing as a faculty to possibly implement this maybe in semester 3 in the first Med Surg."

Student feedback. Consistently, the participants spoke of the importance of student feedback regarding their perceptions of the course structure and how they learned best. According to the participants, student feedback was positive for the application of teaching strategies that require interaction, team work, and experiences. At one institution, the nursing faculty described that one student reflected they were finally able to experience what a *real nurse* is. The participants acknowledged that students continued to prefer at least some didactic lecture with power point support.

Interview #3 stated, "Course Evaluations: we do these on Moodle, our learning management platform. We ask about our teaching strategies in class and whether they felt it was helping them meet the course objectives. We ask about the class environment itself. We ask about whether they thought their evaluation was done based upon course objectives." Interview #2 stated, "Their responses were positive, and they felt that while it was a labor-intensive course, they truly learned and were glad for the experience." Interview #6 stated, "One thing we learned is that some of these meetings are the graduates are often reticent to delegate. So we try to focus on delegation in their interactions, and make sure in clinical, each week they look to see how they have delegated. As leaders, from the beginning of the semester to the end of the semester, we see the students grow. We visit them in clinical and talk with their preceptors. The students comment that they learned the most about being a nurse in this semester. I think it is from the one on one experience with a preceptor as opposed to being with one faculty who has 12 students."

Student self-evaluation. The student's self-evaluation was described as a reflective tool for the student to evaluate their progress usually within the clinical setting in the areas of leadership. The data collected from the student's self-evaluation assists the nursing faculty in choosing the appropriate teaching strategies that supports the student's learning, thus meeting course outcomes.

Interview #6 stated, "At the end of each semester, the students evaluate the course. Also through going to National Conferences, the new evidence is flipped lecture. Also, this last semester should be a bridge between school and real life as a nurse. You want it as interactive as it can be. The students still like to have some power point lecture as a brief outline since that is what their exams come from. They love case studies the most. They can actively problem-solve an actual situation in the hospital and whatever the lecture is for the day, they can apply the leadership principle discussed in lecture to solving the questions and then they present to the class. They love working in groups and interacting with each other. We try not to have just straight lecture but interactive lecture." Interview #4 stated, "On our student evaluation surveys, incessant comments from students how important the course was and when they first started they didn't see the importance of the course, but after completing it in their junior year, they are better prepared for the next, and they realize what they didn't know to begin with. They are better prepared for their senior year; I've had senior instructors comment the students are more prepared and better able to handle dilemmas and problems and ethical concerns; I would like to think it is attributed to the beginning leadership course and they've had some exposure."

Preceptor evaluation. The preceptor evaluation is conducted for those institutions that incorporate preceptors for leadership clinical. According to Interview #3 and #6, the feedback from the preceptor assisted the nursing faculty to determine if the student had deficiencies, the

student's level of leadership performance, and the student's growth from the beginning of the experience to the end.

Interview #3 stated, "**Clinical evaluations** are important: students conduct a self-evaluation, I complete one, and the preceptors complete one. It is important to note that the 4 main evaluation components (Overarching themes) are:

-professionalism

-nursing roles (all nursing roles, not just health care provider)

-communication

-clinical judgement."

Interview #6 stated. "Clinical is evaluated by a clinical evaluation tool, graded by the clinical preceptor and assigned clinical faculty."

Stakeholder and alumni feedback. The undergraduate nursing programs are charged with educating students to become a generalist for the healthcare workforce. Each participant spoke to the importance of having feedback from the external stakeholders. According to Interview #4 . . . "from those who actually experience what the nurse does." Interview #5 discussed what they learned from the feedback received from the stakeholders. The healthcare stakeholders want the student *ready to take* charge when they graduate because they no longer want to hire a novice until they have passed the NCLEX. Teaching strategies and content are often updated to reflect the needs of the stakeholders. Interview #6 discussed that the healthcare administrators commented at an advisory meeting that the new graduates were having problems with delegation. Therefore, more activities with delegation were added to the leadership course. Another example from Interview #3 was an observed knowledge deficit in how to be a good employee. Therefore, additional activities were added on the importance of knowing how to

nursing job and the character of a professional According to Interview #3, #5, and #6, the ability to obtain data from alumni has a great impact on how and what is taught to prepare the undergraduate for leadership. An example was that some graduates inform their previous instructors that often as soon as orientation is over, they are expected to be in charge. Thus, more experiences of assuming the role of charge nurse is often added to the curriculum, preparing the student for this role transition.

Interview #6 stated, “The end of each semester we meet as a school with the CNOs of the hospitals in the city and ask them how they feel our students are prepared to be leaders. One thing we learned is that some of these meetings are the graduates are often reticent to delegate. So we try to focus on delegation in their interactions, and make sure in clinical, each week they look to see how they have delegated.” Interview #3 stated, “The manager of that extern program came and talked to our administrator about this. At this point, however, these students haven’t taken the leadership course. They need to hear about how to be a good employee before they get to me. We had a meeting in our shared governance council and had this conversation-not that we need to police their jobs, but make the student aware of the ramifications, if you sign this contract, this is what it means. Each year, our dean and administrators meets with the administrators of area hospitals to discuss leadership issues they see and leadership concepts that are deficient- I would like to think it isn’t just us; they are seeing graduates performing at the bare minimum, not showing up to work on time; and we talk about these things, about being a good employee, having integrity, that is frustrating to hear. As far as leadership aspects, the role of charge nurses, and it’s so much more than making patient assignments, it’s customer service, etc. - I tell the students they will be charge nurses sooner than they think, and the students don’t believe it. But then I get emails 4 months after graduation, and they say, “Yes you were right.””

Student exit interview. The student exit interview was discrepant, however, it is relevant to the description of supporting selected teaching strategies for leadership. Interview #5 spoke to the positive impact the student exit interview has on improving the leadership course. At this institution, the students discussed the importance of the undergraduate program and their leadership course.

Interview #5 stated, “Yes, we have an end of course evaluation, but our Associate Dean conducts an exit interview with the students before they graduate. This exit interview covers the beginning to the end of the program. The students say some positive things about our program and what they have learned in leadership. They feel ready to be able to become leaders of a unit, and be charge nurses of a unit.”

Application of Evidence-Based Practice Principles for Leadership

The theme, the application of evidence-based practice principles for leadership, was defined by subthemes. The following subthemes were then further defined by the common codes within the interview transcriptions:

American Association of Colleges of Nursing (AACN). Each institution included within this study was accredited by the AACN. The participants stated they adhere to the AACN Essentials of Baccalaureate Education recommendations. The interviews with #2, #3, #4, #5, and #6 revealed a common thread of how the AACN guidelines and suggested content for leadership are referenced in their leadership courses. However, Interview #1 described the AACN Essentials as too high level for an entry level leadership student, thereby developing the leadership course content from student feedback and personal leadership experience. The participants were asked to rank in order of importance the 17 content areas within the AACN Essentials document. This ranking matrix follows in Appendix J.

Interview # 1 stated, "I'm not sure I can rank the top 10 most important. I think those points are at a higher level sometimes than what we need to start off in teaching leadership."

Quality and Safety Education for Nurses (QSEN). QSEN competencies were referenced by five of the six participants as important for nursing leadership including quality improvement, communication, collaboration, conflict management, and problem-solving.

Interview #2 stated, "What I used in the class were course quizzes and exams, a problem solving rubric applied to a case study. It wasn't just asking the questions at the bottom of the case study but required the student to:

Define a problem

Facts and assumptions drawn from the case study

What were some possible extraneous variables that were not listed

This causes them to creatively think what else could have been out there; was it the shift, time of day, was it the staffing that caused the situation. Then they have to apply two courses of action to fix or remedy the situation based on leadership theories and QSEN principles; they choose 2 of those. Then explain what were the risks and benefits of the chosen courses of action. It causes them to think and to think about what next; almost a root cause analysis of the case studies if you will."

Kolb. While all participants spoke to the importance of experiential learning and gaining *real life* experiences through clinical and interactive components of the classroom, only three referenced Kolb's influence for experiential learning.

Interview #4 stated, "Weekly role plays where we conduct in class, just an impromptu role play on how they would interact with a certain scenario; I have a rubric I follow, very simple-did they follow instructions, did they communicate well, how was their communication style, did they involve everyone in the team, things of that nature; did they address the leadership concern at the time in a full capacity based on the knowledge they had at the time. Later in the semester, they complete a presentation that involves a role play, taking a leadership dilemma of their choosing and they complete a role play. I have a rubric that is associated with that presentation; they complete a power point that gives education to the class, but they also develop a role play from that."

Kramer. All participants spoke of the importance of *real life* experiences and scenarios that involved conflict management. Interview #3 referenced Kramer's influence from her work, *Reality Shock* (1974). The nursing student is introduced to real social processes involved in conflict in nursing, allowing the student to determine the best social behavior to display while in school and after practice. According to Interview #3, allowing the student to experience conflict and reflect upon it prepares them for the different conflicts after practice.

Interview # 3 stated, "As part of that teaching strategy, we use a discussion question, where the student goes out and speaks to a new graduate of their choice and ask them about their transition process and experiences, including the reality shock we talk about in class, we talk about Kramer's and Benner's theory and those types of things to get them ready. And that is what they are introduced to right at the beginning."

Benner. The influence of Benner's theory**,** *From Novice to Expert (2008)* was described by Interview #2, #3, and #4. They described the progression of learning and leadership at the undergraduate level before the novice is entering into practice**.** The remaining three described the

continuum and progressiveness of learning after entry into practice, however, they did not reference the theoretical influence of Benner (2008).

Active learning. The theoretical influences of the models developed by Argyris and Schon (1974) that are revealed through the conceptual lenses of *theory in use* help explain why and how individuals choose and implement actions for the situations they are presented with (Anderson, 1994). However, six participants did not reference to the theoretical influences of active learning by Argyris and Schon (1974). The participants described interactive components of role play, simulation, group work with peers in case studies, and the clinical experiences. Nursing is an interdisciplinary science, impacted by multiple theoretical influences. Therefore, it is important to note that the description of teaching strategies by the nursing faculty was an explanation of how the various components of leadership were actually taught. There was no description by the participants of the actual strategy of active learning, influenced by the work of Argyris and Schon (1974). I would question if this failure to discuss the active learning theorist or theoretical influence might be related to the failure of Benner (2008) to acknowledge the works of Argyris and Schon (1974).

Reflective practice. Reflection and reflective practice are theoretical influences referenced in much of the literature found on nursing education that incorporates active learning. Schon (1983, 1987) in his work on reflective practice, discussed that the professional practitioner learns through active practice with the guidance, facilitation, or mentorship from the instructor, to learn through reflection on the consequences of actions, thus developing alternative methods of solving problems when faced with them in the future. While reflection in the form of self-reflection, debriefing, and weekly reflective journaling were referenced among the six participants, again there was no reference to the theoretical influence of Schon (1983, 1987).

The different methods to employ reflective practice were discussed and described within each interview. However, these descriptions of journaling and self-reflection left me to interpret the influence of reflective practice referenced in the works of Schon (1983, 1987).

Evidence. There were consistent descriptions of the application of the evidence in the review of peer reviewed journals, quality initiatives, and ethical dilemmas. The nursing faculty encouraged research on best practices to apply to quality initiative projects and presentations as well as ethical decision making case studies.

As Interview #6 stated, "At the end of each semester, the students evaluate the course. Also through going to National Conferences, the new evidence is flipped lecture."

Interview #2 also stated, "And then we did discussion forums among the groups. The responses had to be based upon the evidence; having them get into the research to support their response. "Probably because of the evidence. Students had to get into research, but I also got into the research to find what would cause the students to think more critically and creatively, and having them speak about it and articulate what they researched, helped them learn at another level."

Interview #4 stated, "One of the things we do now is weekly online blogs or discussions on whatever content has been covered that week, we go back and give them a scenario- so they are getting double the interaction-live with scenarios in class and they also have to do some research to come up with solutions to a minor dilemma I give them online."

Interview # 3 also stated, "What we did, instead of talking about it and testing on a test, we implemented a group project, the Quality Safety Group project. The students in groups of 4 or 5, we the faculty have created quality or safety case studies modified on QSEN or different available case studies. The student walks through the case study through the quality improvement process, they have to incorporate."

Measured Effectiveness of Selected Teaching Strategies for Program Purposes

The theme, the measured effectiveness of teaching strategies for the course purpose, was defined by subthemes. The following subthemes were then further defined by the common codes within the interview transcriptions:

Written exams. As a whole, summative written exams remained the main evaluation tool used to evaluate mastery of content covered in the leadership theory course.

Interview #4 stated, "Yes, I do. The first exam is a fair amount of comprehension and understanding because they are just getting started with the basics and concepts. Then as the semester progresses, the following exams become more analytical in nature and also include scenarios.

Interview #1 stated, "Unfortunately, all too often we have to rely on written exams or written work to evaluate. Most of my evaluations were on written exams."

Interview #3 stated, "We have 2 tests. One at mid-term and one final. They are very short. For several reasons; our course objectives are evaluated using the methods I've told you about. But we still wanted to have some NCLEX style testing in place. We do that as well. We only have 15 items on the mid-term and final. It's not a big portion of our class because students are taking major exams in the med surg class and we don't want to burn them out.

Clinical scenario-based exam. Interview #5 described a clinical scenario-based exam that included resource management, budgeting, and productivity to determine patient care hours and full-time equivalent hours. While the clinical experience is a pass/fail, the external stakeholders express that the graduate nurse should have some knowledge of resource management and productivity.

Interview #5 stated, “Yes and we also have a clinical exam that relates to resource management, budgets, and spending. We give them a scenario about nursing leadership to determine the total patient care hours and full-time equivalent hours. These skills are given in a scenario-based format.”

Evaluations. The utilization of evaluations for data collection was discussed among all participants. This form of data collection was used to determine the effectiveness of the teaching methods, student preparation, and areas of course improvement for the future. The codes that are subsumed under the subtheme of evaluations are:

- self-evaluation: a data collection tool for the student to self-reflect and provide their perception of their leadership knowledge development progression from course beginning to end
- end-of-course: completed by the student, serving as a data collection tool reflecting the student’s perception of the effectiveness of both the theory and clinical components of the course.
- faculty clinical evaluation: a clinical evaluation tool reflecting the student’s performance of leadership expectations in the clinical setting that was either facilitated by the actual leadership theory faculty or in addition to the preceptor evaluation

- preceptor evaluation: a clinical evaluation tool revealing data that reflects the student's performance of leadership expectations in the clinical setting. The data serves as a measure of the effectiveness of the clinical experience by a trained preceptor who had no relationship to the leadership theory content.
- stakeholder evaluation: a data collection tool reflecting the leadership preparedness of the graduate upon entry into practice. The data reveal a measure of the effectiveness of the teaching strategies used to prepare the undergraduate student before entry into practice

As Interview #1 stated, "I had them write out a performance evaluation based on a job description I gave them and a narrative example of the employee's job performance on timeliness, tardiness, attendance, medication errors, etc. I would sit down with the student and have them write a performance evaluation based on that information. Depending on how well they did with that, it was part of their course evaluation."

Interview #2 also stated, "Another thing was the end of course survey, this was usually on the learning platform so that we could measure student's perceptions of the course outcomes, and of course standardized evaluations. For the most part, students did well because this was the last course of the end semester."

Additionally, Interview #6 stated, "And at the end of the course, we go over the evaluations and determine if any changes need to be made. With this large group and 7 clinical sections, it is important to meet each week." "It has been difficult to obtain data because once they start working, they move around and it is difficult to track them. We have evaluations after one year working there, after two years; we would like to collect that data, but we find it difficult."

Finally, Interview #5 stated, "We meet with some of the health care facilities. They want to try to orient less and for us to have them more prepared."

Faculty meetings. The participants made references to pre-semester and end of course faculty to discuss learning styles, student needs, student progression, performance, and teaching strategies. The faculty would determine which strategies did or did not work well. The frequency of faculty meetings were determined by the size of the classes and the number of faculty or preceptor availability.

As Interview #6 stated, "Yes, we meet at the beginning of the semester. But due to the size of the class, we meet each week to discuss clinical and the class. And at the end of the course, we go over the evaluations and determine if any changes need to be made. With this large group and 7 clinical sections, it is important to meet each week."

Interview #5 also stated, "Yes, we have met and looked as a faculty how we have assigned charge nurses. Other semesters we have thought about taking on that charge nurse role in those courses. These assignments have to be based on acuity and skill of the nurse. We are teaching this now, but at senior level. We are discussing as a faculty to possibly implement this maybe in semester 3 in the first Med Surg."

Stakeholder meetings. As mentioned previously, each participant discussed the importance of meetings with the external stakeholders to gain understanding the preparation of the new graduate compared to the stakeholder's expectations. These meetings helped the faculty gain understanding of improvements that were necessary for the leadership course to better prepare the graduate to meet the healthcare workplace expectations.

As Interview #2 stated, "I believe also from the feedback that I have gotten over the years from the facilities and nurse managers, about when students are on the units doing their leadership

clinical, they see a difference in these students, and having that theoretical background, prepares them for when they are out after graduation, and they tend to be a stronger student.

Evaluation rubrics. The codes subsumed under the subtheme of evaluation rubrics, described as a tool to measure teaching strategy effectiveness, are references as marking rubrics used for role play, problem-solving activities, simulation, performance evaluation exercises, peer interview activity, quality improvement project with presentation, clinical summation, and case study interactions. These rubrics listed the expectations of the student to meet the learning outcomes of the assignment. The rubrics were a measurable tool illustrating whether or not the student met the desired goal of the assignment.

As Interview #2 stated, “They would have a practicum and a project with the theory course, they would have to identify a quality improvement initiative in the clinical site they were assigned, applying a rubric criteria, developing a paper and power point presentation. “

Interview #4 also stated, “From the role play standpoint, I use a rubric that I have developed over the years. Weekly role plays where we conduct in class, just an impromptu role play on how they would interact with a certain scenario; I have a rubric I follow, very simple-did they follow instructions, did they communicate well, how was their communication style, did they involve everyone in the team, things of that nature; did they address the leadership concern at the time in a full capacity based on the knowledge they had at the time.”

Exit interview. Interview #5 described the exit interview as a valuable tool used between the administrator of the nursing program and the graduating student. The tool offered data revealing the effectiveness of the nursing structure and teaching strategies employed for the leadership course. This data was discrepant, but maintains relevance to the study as a means of determining the effectiveness of the selected teaching strategies.

HESI, ATI standardized exam. Three participants referenced the data collection from leadership-specific standardized exams to identify strengths, deficiencies, and areas of needed improvement for the leadership course. These exams were not a part of high-stakes testing but a data collection tool for faculty and a performance feedback tool for the students

As Interview #5 stated, “Our primary method is exams. The students are also given a standardized test through HESI that we give them as well.

Interview #3 also stated, “We do 2 ATI test- The RN competence predictor is the big umbrella because we are at the end. Our classroom specific ATI, is the Leadership test with ATI. We administer it about 3 weeks before the end of the semester and have our students remediate on that. I track and trend that data to see where there may be some short-comings. We have noticed over the last 2 semesters, our quality improvement data was not doing so well. We made some changes this past semester. We are looking forward to seeing how that does.”

Leadership practicum. A leadership practicum was mentioned by Interview #2 as a valuable evaluation exercise to determine leadership proficiency and effectiveness of the leadership theory course and clinical experience. Although discrepant, this data is relevant to the study as a *real life* safe demonstration of the effectiveness of how the course was taught and/or need for improvement based upon student performance.

According to Interview #2, “I really feel that for leadership education to be effective, there has to be an application component, a clinical/practicum project component to really cement what they are learning in theory.”

Faculty Perspectives of Leadership Efficacy at the Undergraduate Level

The theme, faculty perspectives of leadership efficacy at the undergraduate level, was defined by subthemes. The following subthemes were then further defined by the common codes within the interview transcriptions:

Application component with theory. The six participants expressed equally the value of the application of leadership principles with the theory course. Interview #2 stated that the application component of leadership education is important to "cement" what they are learning. The other participants agreed that providing a safe experience whether in the clinical area or the classroom supports the theory course.

According to Interview #4, "without underlying theory and how leadership is developed, leadership style, you have no basis to go on."

Interview #6 also stated, "So they experience all the principals of management –real life situations with budgeting, staffing, leadership, conflict, change- so these we cover in the case studies."

Interview #3 stated, "As part of that teaching strategy, we use a discussion question, where the student goes out and speaks to a new graduate of their choice and ask them about their transition process and experiences, including the reality shock we talk about in class, we talk about Kramer's and Benner's theory and those types of things to get them ready. And that is what they are introduced to right at the beginning."

Experience in learning. The feedback the participants received from students who received experience in the classroom and clinical settings was positive, reflecting the importance of experiential learning. The impact of a positive leadership experience was described by the participants as revealed from the feedback received from the stakeholders. According to

Interview #4, the healthcare stakeholders are those who directly experience the student's competency not only in the clinical setting as a student, but when they enter the healthcare workforce as a novice.

Partnership with stakeholders. The six participants discussed how the healthcare organizations do a good job of preparing the clinician for a clinical role during orientation, but they are not focused on leadership development. The participants referenced that partnerships with stakeholders would help in the preparation of good nurses into good leaders. However, the profession of nursing and healthcare according to Interview #4 stated, have been in "silos". Interview #4 also stated, "A successful worker requires a successful student, therefore the student becomes more leader receptive."

Preceptorship/mentorship after graduation. Five participants discussed the value of a preceptorship or mentorship after graduation as valuable toward leadership development of the generalist after graduation. The design of this preceptorship or mentorship should establish further development as a leader instead of specific for the clinician.

According to Interview #6, "As leaders, from the beginning of the semester to the end of the semester, we see the students grow. We visit them in clinical and talk with their preceptors. The students comment that they learned the most about being a nurse in this semester. I think it is from the one on one experience with a preceptor as opposed to being with one faculty who has 12 students. These students have the undivided attention of the preceptor, so they learn more from this than the other clinicals. Our past grads go on to be charge nurses, unit directors, middle management. We feel as though they have received good preparation to be a generalist; certainly graduated as a generalist in nursing."

Additionally, Interview #5 stated, “We meet with some of the health care facilities. They want to try to orient less and for us to have them more prepared.”

Finally, Interview #2 stated, “The hospital does a good job helping them to orient them clinically, so we have very good clinicians. But there is a gap in helping develop good nurses become good leaders. If the mentorship was there, that would be terrific, but too often we promote good nurses to become leaders, and they are not prepared. And it can really sour a good nurse in that position.”

Academic clinician. Aside from preparing nursing generalists, nursing academia is focused on preparing good clinicians, not necessarily good leaders after completing a leadership theory course. Academia has an opportunity to introduce more contemporary practice and explore the utilization of simulation in the leadership areas, as stated by Interview #4, “for a “higher level of interaction with a human being.”

Preceptorship with theory. The application of a preceptorship with theory is valuable in providing more real life experiences in a safe setting. Interview # 3 and #6 stated that the students who experienced the preceptorships with theory expressed that they “have learned the most about being a nurse.”

Stakeholder expectations. According to Interview #1, “There is a misconception among the healthcare workforce that within 6 months of graduation, a good clinician will perform as a good leader.” This was a consistent discussion topic among all of the interview participants and I have summarized their discussion here. Most stakeholders are expecting the new graduate to perform in a leadership role, such as a charge nurse within 6 months. The healthcare organizations are expecting more from academia, so leadership education should begin sooner in the curriculum before the last semester. The stakeholders are expecting a *leader ready* novice

Perceived value in leadership. The leadership course is in competition with other core curriculum courses that are more valued by the student. According to Interview #3, "It is important to note that this is one of two courses the students take in their final semester. This leadership course and their final med surg, critical care based, highly acute course. Students tend to place more value on the med surg course because it is harder."

Safe nursing. According to Interview #3, "the undergraduate must understand what *safe nursing* is." Interview #3 explained, "I tell them on our first day of class, "This class is going to be different from any other class that you have taken. We're not necessarily teaching you anything new about hands-on patient care; you have already learned that. We're teaching you how to be a safe nurse, which you may not have learned how to do already." The students say, "Yea, we already know how to be a safe nurse." "Except there's a difference between safe bedside nursing and safe nursing overall."

Leadership across curriculum. Interview #4 expressed that their institution introduces leadership at the junior level and then a more advanced leadership course at the senior level. The remaining five participants consistently expressed that the last semester is too late to introduce leadership principles. Leadership development should be introduced earlier and reinforced throughout the curriculum and clinical practice.

As Interview #3 stated, "It is integrated, but this is the first leadership course. Before they get to me, they have heard content about communication, delegation, but a lot of the content they have never heard before until entering the leadership class."

According to Interview #1, "I think as we look more and more at the expectancy of the employers with our production of baccalaureate prepared nurses, I think the employers are looking to us to have done a better job in preparing nurses to assume leadership roles. One of the

short-comings that we have a profession, we do a good job in preparing students clinically, they graduate, they pass the NCLEX, then they start to work. After about 6 months-1 year, the workplace says "oh this person is an excellent clinician, they manage their time and patient care well, and they are organized." We need to make this person a charge nurse, a manager, or a house supervisor." But other than a 3 hour course in their baccalaureate program, we haven't done anything else to prepare them for a leadership role and I think that if we even correlate some type of clinical experience-internship, or a preceptor experience, not even for a semester long program, but something to help the baccalaureate student have some decision-making experience while still in the academic setting."

Systems thinking. One participant mentioned the deficiencies among students with systems thinking and the growing need to add this topic to the curriculum. Systems thinking refers to the healthcare infrastructure, linkages, and dependencies. According to Interview #3, this component should be introduced before the senior year, but currently this is not discussed until the last semester. While these were discrepant data, they added value to the relevance of this study, noting that leadership education for the undergraduate has implications for improvement.

Faculty Perspectives of Implications for Future Nursing Leadership Education

The theme, faculty perspectives of implications for future nursing leadership education, was defined by subthemes. The following subthemes were then further defined by the common codes within the interview transcriptions:

Preceptor training. Interview #3 and #6 discussed a preceptored clinical as a best practice for undergraduate students noting that the success was attributed to assigning students to trained preceptors. The trained preceptors were more effective in addressing the expectations of

the nursing programs to meet student learning outcomes. According to Interview #6, "Well, another faculty member and I have found that many of the hospitals did not have a preceptor course for the staff nurses. We obtained a grant and developed a 4 hour program for how staff nurses can become good preceptors. We went to all of the hospitals in the city and taught it. We had many nurses take the course."

Preceptored undergraduate practice. I have interpreted the description of this code from previous discussion as an undergraduate nursing program offering the student a preceptorship in the last semester supporting leadership development for the generalist entering practice.

Mentorship after graduation. This code is not the focus of this study, however, this code was interpreted from the data that a common faculty perspective is that that learning does not end at graduation from a nursing program. The nursing programs and the introduction to leadership should engage the student to become leader receptive. According to Interview #1 and #2, a program should be in place after graduation to not only foster a clinician, but also to enhance leadership development

Academic partnerships. Interview #6 stated, "A lot of the upper and middle management are our past graduates, so they are interested in further developing our graduates for leadership." According to Interview #4, "That's in the academic world and private sector-we haven't partnered enough to the detriment of the student. I think that on both sides of the fence, we've started to take a look and understand that we've got to have partnership for the success of the student. If you want a successful healthcare worker, you have to have a successful student. There's no way shape or form to do that without strong partnerships."

Curriculum development. According to Interview #4, "The involvement of those who experience what nursing does, could have a great impact on future curriculum development." The nursing curriculum could be impacted through the eyes of nursing education, the community, the student, private sector, and the healthcare organizations.

Interprofessionalism. Interview #4 and #6 discussed the incorporation of interprofessionalism to provide a collaborative experience for the leadership student as well as other professions to achieve the common goal of quality care.

Driving force of healthcare. According to Interview #5, the nursing profession is and will continue to have a strong impact on the healthcare industry.

Health reimbursement changes. The changes to healthcare, especially changes to reimbursement, will impact nursing. Interview #5 stated, "The development of nursing leadership is the key to success in managing resources and changes in a changing healthcare environment."

Nursing professionalism. Interview # 3 discussed that there is great value in the *practice world* sharing in the professional development of a student along with academia.

Experienced faculty. Interview #1 and Interview #2 expressed there is value added to a leadership education program when the nursing faculty who teach leadership have leadership experience, providing both the clinician and leader perspective.

Trustworthiness

This study was my exploration of social and educational processes from an interpretivist perspective through the collection of data from actual nursing faculty who teach leadership education in baccalaureate nursing programs. I achieved content validity by performing 2 formal rounds of member checks, the thick rich descriptions of participants, the face-to-face encounters,

and my prolonged engagement with the participants and the data. The peer review performed by my research committee as well as two colleagues who were not involved with my study further established content validity. Credibility was established by addressing my teaching philosophy and nursing education beliefs in the beginning of my study so that the reader may understand any personal influences my beliefs or opinions may have on the data interpretations or conclusions. Lincoln and Guba (1985) and Patton (2002) stated that trust from the reader is directly related to the ability to trust the researcher.

Triangulation and data dependability was achieved by including six different participant perspectives, comparing what each participant said in each interview, checking for consistency in what they said on certain perspectives over time. I asked the participants to review my interpretation of the common themes drawn from their interview to obtain their perceptions of the study's validity. Corbin & Strauss (2015), Lincoln & Guba (1985), and Patton (2002) recommended a peer review of the study findings to establish credibility of the data. I asked fellow colleagues and my dissertation committee to provide a peer review to help ensure the data appeared to be truthful, reflecting the intentions of my research study.

I shared each transcript with the interviewed participant to further establish credibility and dependability of the data analysis and interpretation, ensuring that I conveyed what the participants intended and that I was truthful with that reflection. This review and agreement of the data interpretation was the first round of member checks. After I completed open coding and interpretations of the data, I shared each interpretation with the interviewed participant to ensure the interpretation still conveyed what the participant intended and reflected a truthful interpretation. This review was the second formal round of member checking to establish credibility and dependability of the data.

The participants for this study were committed to the future of nursing education. Additionally, they were committed to the success of leadership preparation of the undergraduate. This commitment was reflected in their explanations of their courses and their descriptions of plans for improvement through frequent data collection at the end of each semester followed by meetings to ensure student success. The thick description of participant actions and interactions with me established the transferability of research findings for future study in other nursing education courses or contexts. Transferability was achieved by the selection of participants from different schools with differing levels of teaching experience instead of conducting interviews with faculty from only one school with similar or the same teaching experience. The sampling strategy established a more detailed thick description that may enable future researchers to transfer the information learned into future replication of the study according to the suggestions of Lincoln and Guba (1985) and Patton (2002). The integrity and reflexivity of the study should be demonstrated by the researcher's neutral role (Corbin & Strauss, 2015; Lincoln & Guba, 1985; Glaser & Strauss, 1967, 1995, 1999, 2008; Patton, 2002; Willig, 2008). My neutral role exhibited during the research process demonstrated that a reasonably honest attempt had been taken to remain cognizant of the influence and impact that my opinions, perspectives, personal experiences, and knowledge could have on the research process.

Chapter Summary

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. I discussed in this chapter, the research findings designated by specific themes and subthemes to maintain

alignment with the purpose of my study. The interpretations of the data were reviewed and agreed upon by 2 rounds of member checking among the six nursing faculty participants.

The research findings revealed that the selection of specific teaching strategies were guided by evidence-based practice and AACN recommendations for undergraduate education. The specific teaching strategies were selected to achieve the purpose and learning outcomes of the leadership course while supporting the student learning styles and needs. The selection of the leadership teaching strategies were impacted by the area workforce expectations of a nursing graduate. The effectiveness of the selected strategies was supported by the measured feedback and evaluations gathered from nursing faculty, students, and area stakeholders. I will discuss further in Chapter 5, the research interpretations that answer the research questions for my research study. I will discuss implications for future research and implications for positive social change that may advance nursing education, nursing policy, nursing science, and nursing research.

Chapter 5: Interpretation of Findings, Recommendations, and Implications

Introduction

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. When there is no clear understanding of what is being taught, the effectiveness of the educational program is difficult to evaluate. The problem I addressed in this study was the deficit that existed in the contemporary understanding of how nursing educators teach leadership in Louisiana baccalaureate programs contrasted with ideal policy expectations. I conducted this exploration using a semistructured virtual video-conferenced interview for data collection. The key findings that emerged from my data collection included teaching strategies that met the purpose of leadership education at the baccalaureate level. While achieving the course purpose, these strategies were also selected to meet requirements for accreditation, workforce expectations, student retention, student learning styles, and best practices for student learning outcomes. The selection of specific teaching strategies were guided by evidence based practice and AACN recommendations for undergraduate nursing leadership education among most of the participants. The effectiveness of the selected strategies was supported by the measured feedback and evaluations gathered from nursing faculty, students, and healthcare stakeholders.

Interpretation of Findings

The conclusions drawn from the research findings revealed that teaching strategies using role play, simulation, case studies, clinical experiences, and preceptored practice, influenced by the application of active learning (Argyris & Schon, 1974), reflective practice (Schon, 1983,

1987), and experiential learning (Dewey, 1986; Kolb, 1984), were more effective than traditional methods to prepare the undergraduate student to be *leader receptive,* establishing what Interview #4 described as, a *leadership compass*, before entering into professional nursing practice.

The nursing faculty's perspective revealed that leadership education in Louisiana at the baccalaureate level could have greater influence on future leadership development of the generalist when there is a partnership between the nursing education program and the nursing workforce. This partnership helps the nursing faculty to select teaching strategies that are learner-centered, focused on real life nursing experiences involving prioritization, delegation, conflict, and decision-making skill sets with the application of evidence based practice. These teaching strategies could assist in the cultivation of the professional identity of the developing generalist. Furthermore, the application of a progressive preceptorship over a period of time could further enhance leader receptive behaviors of the undergraduate student.

I applied the constant comparative data collection and analysis method of the Corbin and Strauss (2015) grounded theory approach. I tailored the method according to the context of my study, coding the data into themes and subthemes to answer the research questions, ensuring alignment with the purpose of this exploratory study. My synthesis of the research findings and interpretations according to each research question follow below.

Central Question: What teaching strategies are deployed for leadership education among Louisiana baccalaureate nursing programs?

The teaching strategies selected by the nursing programs focused on interactions with *real life* leadership situations in a safe environment within the classroom, or in a clinical setting facilitated by the leadership instructor or a trained preceptor. These activities were consistently described as the utilization of case studies, problem-solving activities, role play, decision-making

activities, online collaboration, conflict management, participation in a change management initiative, and participation in quality improvement initiatives within the clinical setting. Experiential learning methods requiring real life social behaviors enhanced the development of leadership knowledge and skill of the undergraduate student. Experiential learning was demonstrated through group or individual assignments or in the clinical environment. These activities, however, were often combined with lecture content supported with power point presentations. The opportunity for the nursing student to perform in different leadership situations enabled the students to learn about the profession of nursing and leadership. The role of acting charge nurse, performing the roles of delegation, prioritization, staffing, time management, and communication added value to the leadership course, helping the student to identify with the character of a leader.

As Interview #1 stated, "We did a lot of role playing, a lot of scenarios, involving each of the 3 levels I defined earlier. How they would handle a particular situation." According to Interview #3, "**Problematic staff behaviors case studies**: like nurses who are chemically or psychologically impaired, marginal employees and how to deal with them from a charge nurse perspective; people who aren't getting their jobs done. We do case studies on those in class and we have them role play some of those crucial conversations." Interview #6 stated, "Lecture Case studies: Each group has a different case study and each reporter comes to the front of class to present the case study and that group's answers to the case student. This is the format we use for lecture. The lecture each week is actually the theory part, and the rest of the time they are in clinical; so it's really trying to apply situations in a baccalaureate program; probably within a year they might be a charge nurse. So they experience all the principals of management –real life situations with budgeting, staffing, leadership, conflict, change- so these we cover in the case

studies." "The students still like to have some power point lecture as a brief outline since that is what their exams come from. They love case studies the most. They can actively problem-solve an actual situation in the hospital and whatever the lecture is for the day, they can apply the leadership principle discussed in lecture to solving the questions and then they present to the class. They love working in groups and interacting with each other. We try not to have just straight lecture but interactive lecture."

These findings were similar to those discussed in Chapter 2. The development and application of leadership is evaluated by the demonstration of leadership competencies. Leadership competencies that include delegation, supervision, and communication are deficits acknowledged by employers of new nursing graduates (Lekan, Corazzini, Gilliss, & Bailey, 2011: Theisen & Sandau, 2013). Nurse leaders, professional organizations, including the IOM, AACN, ANA, NLN, and others have their own lists of suggested competencies that are considered essential to practice leadership. However, most of the listed competencies are skills related to performance that must be cultivated and developed over time for leadership practice (Broome & Marshall, 2017).

The theoretical influence of active learning by Agyris and Schon (1974), although not addressed specifically by the participants, was interpreted from the descriptions of the various teaching strategies. The described teaching strategies utilized by the nursing faculty required actions and consequences for the student to experience and learn from those actions. The participants described interactive components of role play, simulation, group work with peers in case studies, and the clinical experiences. Nursing is an interdisciplinary science, impacted by multiple theoretical influences. Therefore, it is interesting and important to note that the nursing faculty provided actual descriptions of how components and/or tasks of the leadership role were

taught. However, there was no mention of the actual strategy of active learning as influenced by the work of Argyris and Schon (1974).

According to Interview #3, "**Management simulation:** In-class sim based upon Friday night in the ER. We partnered with a local ER to get that. We are able to bring it to senior students. We were not able to do the full, but a small version of that. They each take on the role of a manager of a unit, whether step down, ER, or ICU or surgery. They have to learn hospital through-put, hospital communication among departments, and it is a very good learning strategy. We spend the whole day on that, for 2 hours, including debriefing." Additionally, Interview #4 stated, "I use low fidelity simulations with them. I will put the students through different types of scenarios that require teamwork, leadership, different management styles, some type of change process and they have to work through that leadership scenario as a team. So, those are a couple of the major teaching strategies I use. I think there is still much opportunity out there that we haven't explored all of the realms of how simulation works, and how we can bring that to the table. We think of simulation in the clinical sense, but what we don't realize at the crux of it, we are trying to teach them how to interact with another human being and have that high level communication skill, which is found in leadership, it's the basis for it."

The findings from this research are similar to those discussed in Chapter 2. These findings, however, from a nursing faculty perspective, support that the employment of teaching strategies incorporating the active participation of the student add value to leadership pedagogy.

The safe nursing experiences in a safe classroom environment or the clinical environment facilitated by a nursing faculty or preceptor alone do not benefit the student without the application of reflection. Reflection and reflective practice are theoretical influences referenced in much of the literature found on nursing education that incorporates active learning. In his

work on reflective practice, Shon (1983, 1987) stated that the professional practitioner learns through active practice with the guidance, facilitation, or mentorship from the instructor, to learn through reflection on the consequences of actions, thus developing alternative methods of solving problems when faced with them in the future. While reflection in the form of self-reflection, debriefing, and weekly reflective journaling are referenced among the six participants, there was no mention of the theoretical influence of Schon (1983, 1987). Benner (1981) also failed to mention the work of Schon (1983, 1987) and the application of reflection for nursing knowledge and skill progression in her work, *From Novice to Expert.* These findings support the identified deficit in the literature of how leadership education is being taught to meet the expectations of the AACN or other professional nursing organizations.

Sub-Questions

1. Using the 17 content topics included in the document, the AACN Essentials of Baccalaureate Education as a guide, or another professional nursing organization's content areas for leadership, what are the top 10 content topics of the leadership course? (The content topics were presented to the participants prior to the interview and follow in Appendix I, the matrix of the ranking follows in Appendix J)

The interpretation of the ranked order matrix found in Appendix J is an interesting reflection that five of the six participants agreed that leadership theory and principles are the most significant of the 17 suggested content areas suggested by the AACN (2008). The other ranking had the most consistency among four of the six participants was leadership skills and strategies. This supports the interpretation of the purpose of the undergraduate leadership course to provide a basic entry level course delivered in the final semester of an undergraduate program.

There was one participant who taught in a leveled program where leadership was introduced at the junior level and then another leadership course was offered at the senior level with the application of higher ordered thinking. Interview #4 interpreted the AACN content rankings according to *levels of complexity.* According to Interview #4, "the undergraduate lacks a leadership compass. Therefore, the curriculum should incorporate a leadership course, one that gives them the perspective and the basic knowledge to be able to handle higher order of leadership thinking and problem solving."

Interview # 1 stated "I'm not sure I can rank the top 10 most important. I think those points are at a higher level sometimes than what we need to start off in teaching leadership." The absence of this ranking by Interview #1 could be further interpreted as a lack of direction in selecting the actual content for the leadership course. The selected teaching strategies used by Interview #1 were more focused on tasks of a leader or manager. The leadership course content selected by Interview #1 were based upon the participant's prior experience as a leader and deficits encountered within the healthcare environment. These findings as a whole confirm the deficit in the literature regarding leadership pedagogy discussed in Chapter 2. The interpretation of the ranked order content areas helped guide my interpretation of the research findings that illustrated how nursing faculty selected the teaching strategies employed for their leadership courses.

2. How do nursing faculty select the teaching strategies employed for leadership education?

Previous course performance and student progression had an impact on how the nursing faculty structured the leadership course. This fact also guided how teaching strategies were selected to engage the student in finding value in the leadership course. Faculty found it

challenging to stress the importance of nursing leadership since the course was offered during the same time as important core courses that could delay the student's successful completion of the nursing program. According to Interview #3, "they place more value on med surg than what some would say soft skills of leadership."

The end of course evaluations completed by the students, faculty, and preceptors offered valuable data on teaching strategies that were effective in meeting course outcomes. Feedback from stakeholders was important to update the course curriculum with necessary updates to nursing practice and healthcare changes, thereby meeting nursing leadership expectations through nursing education of the undergraduate. The clinical summation and graduate exit interview provided student perceptions of how they learned best. However, the most significant indicator of how best to approach leadership education is from the faculty who teach. Faculty data collection from evaluations and debriefing meetings of what worked best and what needed to be improved upon appeared to be the most prominent methods of determining the best teaching strategy to deploy for student success. This finding was an extension of the knowledge in the discipline of nursing education from a nursing faculty's perspective on how to maximize leadership pedagogy at the undergraduate level based on a deficit identified in the contemporary literature covered in Chapter 2. My interpretation of the research findings that revealed how faculty selected leadership education teaching strategies helped guide my exploration of how nursing faculty determine the effectiveness of the selected strategies.

3. How do nursing faculty evaluate the effectiveness of the deployed teaching strategies compared to the development of leadership knowledge and professional skill-set?

Evaluation methods to determine the effectiveness of selected teaching strategies were previously discussed. The written exam continues to be the prominent evaluation tool used to measure student mastery of leadership theory content. The Assessment Technologies Institute (ATI) and Health Education Systems Incorporated (HESI) specific standardized exams for leadership were another method to identify proficiency or deficiency in leadership knowledge. The data from these exams were significant in course content and teaching strategy improvement. However, the leadership course is not deemed effective without an application component of leadership practice. Leadership courses with positive feedback employed methods for the evaluation of teaching effectiveness using specific rubrics for each interaction or project with clear expectations for performance and the clinical evaluation tool completed by the nursing faculty or assigned preceptor. According to Interview #2, "What I used in the class were course quizzes and exams, a problem solving rubric applied to a case study. It wasn't just asking the questions at the bottom of the case study but required the student to:

Define a problem

Facts and assumptions drawn from the case study

What were some possible extraneous variables that were not listed

This causes them to creatively think what else could have been out there; was it the shift, time of day, was it the staffing that caused the situation. Then they have to apply two courses of action to fix or remedy the situation based on leadership theories and QSEN principles; they choose 2 of those. Then explain what were the risks and benefits of the chosen courses of action.

It causes them to think and to think about what next; almost a root cause analysis of the case studies if you will."

The contemporary literature outlined in Chapter 2 was deficient in the effectiveness of using different active learning teaching strategies for leadership education in Louisiana baccalaureate nursing programs from a nursing faculty perspective. It was important for my study, after I had explored how nursing faculty teach leadership, to explore their feelings and perceptions about leadership education at the baccalaureate level.

4. What is the nursing faculty's perception of the efficacy of leadership education and the student's preparation for leadership at the baccalaureate level before entry into practice?

Leadership development is progressive and begins as an undergraduate with a basic understanding of the differences between and leader and a manager. The undergraduate is prepared to be a nursing generalist with leadership knowledge. According to Interview #6, "Our past grads go on to be charge nurses, unit directors, middle management. We feel as though they have received good preparation to be a generalist; certainly graduated as a generalist in nursing." Additionally, Interview #2 stated, "The baccalaureate student doesn't have leadership or work experience." Interview #3 stated, "Leadership content is integrated, but this is the first "leadership course." Before they get to me, they have heard content about communication, delegation, but much of the content they have never heard before until entering the leadership class." Nursing educational programs prepare the undergraduate to be a good clinician with some leadership knowledge. The external stakeholders, the individuals who either directly or indirectly experience the nursing competency of a student or novice within the healthcare facilities, have high expectations of the undergraduate once they enter practice. However the

orientations and residencies for the novice have a focus on developing the clinician instead of developing the clinician with leadership attributes

Experiences gained as a student before entry into practice are significant in the development of the professional identity. However, one course with clinical in leadership is not supported by the literature. The novice should continue in a mentored or preceptored relationship over a period of time for expertly explicated practice (Benner, 1981; Forsythe, Snook, Lewis, & Bartone, 2002; Kolb, 1984; Winkler & Marshall, 2017). After reading the IOM report and follow-up report, one may assume that the novice has developed the professional skill-set for leadership during the undergraduate nursing program, entering a period of mentored practice for leadership development when nursing practice begins (IOM, 2011, 2016).

The best experiences gained by the undergraduate in leadership development appeared to be among the institutions that offered a preceptorship where the faculty was not responsible for the entire clinical group and the student was partnered with a trained preceptor. According to Interview #3 and #6, the longer the preceptorship, the more prepared the student felt after graduation. Interview #6 stated, "The students comment that they learned the most about being a nurse in this semester. I think it is from the one on one experience with a preceptor as opposed to being with one faculty who has 12 students. These students have the undivided attention of the preceptor, so they learn more from this than the other clinicals."

The experiences gained from a clinical with faculty facilitation were meaningful with each student assuming the role of charge nurse of their clinical group, but this was one experience over a 6-week timeframe. According to Interview #2, "I believe also from the feedback that I have gotten over the years from the facilities and nurse managers, about when students are on the units doing their leadership clinical, they see a difference in these students, and having that theoretical

background, prepares them for when they are out after graduation, and they tend to be a stronger student." I question the validity of a leadership evaluation from a clinical experience that is not conducted by the leadership preceptor or faculty. This was the case with the program discussed by Interview #4. The student is expected to utilize the leadership principles learned within a core clinical course conducted by faculty who did not teach the primary leadership course. The clinical evaluation tool encompasses those leadership expectations however, these are often subjective in nature. I question which outcome bears more weight; the core clinical course, or the leadership outcomes.

Annual meetings are conducted with the healthcare organizations to gain understanding of the needs of nursing graduates. The findings that emerged from the data revealed that some nursing curricula are adapting more to the needs of the workforce for the novice to be leadership ready once orientation or residencies are completed instead of fostering further leadership development, cultivating a professional identity and maturity through experience over time as recommended by the literature (Benner, 1981; Brown, 2002; Dreyfus & Dreyfus, 2005; Forsythe, Snook, Lewis, & Bartone, 2002; Schon, 1987).

In one area of the state, feedback received from the stakeholders was that the novice was resistant to delegate, therefore, more delegation activities were added to an already complex curriculum with a very large class. According to Interview #6, "One thing we learned is that some of these meetings are the graduates are often reticent to delegate. So we try to focus on delegation in their interactions, and make sure in clinical, each week they look to see how they have delegated. " All participants spoke of the expectations of the novice to assume the charge nurse role quickly after completion of an orientation or residency which was often only eight weeks in duration, focusing on further development of the clinician.

Healthcare stakeholders are beginning to avoid hiring the novice until after successful completion of the NCLEX exam. According to Interview # 5, "In healthcare, they are trying to wait until students have passed. Because they want to start hiring-these residency programs you can only do so much until you pass your boards. Our goal is that they pass on the first try so they can get employed." Students who experienced a preceptorship are more supportive of leadership development mentorships after graduation because they saw the value from their experience. According to Interview #6, "We now have a BSN-DNP program. Some of the BSN graduates within a couple of months go into the BSN-DNP. I have been teaching for a number of years. A lot of the upper and middle management are our past graduates, so they are interested in further developing our graduates for leadership."

There appeared to be consistent agreement among the six participants that leadership pedagogy is better employed across the curriculum instead of delaying until the junior or senior semester. The course loads for the undergraduate student and availability of faculty has an impact on the content and curricula placement. According to Interview #2, "The baccalaureate student doesn't have leadership or work experience." Interview #3 stated, "Leadership content is integrated, but this is the first leadership course. Before they get to me, they have heard content about communication, delegation, but much of the content they have never heard before until entering the leadership class." Additionally, Interview #4 stated, "Most of this content, this is the first time these students have ever heard this, they really don't have a leadership compass yet. They've been taught teamwork, communication skills, therapeutic communication, and basic terminology in healthcare. But they haven't really had in depth instruction in leadership content end and of itself."

The leadership courses were offered in competition with other high stakes courses, making it difficult to engage students to value the leadership concepts. Interview #3 expressed, that it is important to engage the student, challenging them to learn the difference between safe nursing and being a safe nurse. The faculty were committed to student success, however, there appeared to be high expectations from the nursing institutions and stakeholders placing responsibility on nursing educators for the preparation of a well-rounded academic clinician who is leader-ready upon entry into practice. From the data analysis, I interpreted there was little commitment from the stakeholders to assist in the continued development of the nurse except through the hospital orientation at hire or a residency that is focused on the clinical aspects of a novice. Interview #5 stated, “We meet with some of the health care facilities. They want to try to orient less and for us to have them more prepared.” Finally, Interview #2 stated, “The hospital does a good job helping them to orient them clinically, so we have very good clinicians. But there is a gap in helping develop good nurses become good leaders. If the mentorship was there, that would be terrific, but too often we promote good nurses to become leaders, and they are not prepared. And it can really sour a good nurse in that position.”

Study Limitations

I serve as a faculty member of a state-supported institution. This could be viewed as a study limitation. However, this program is an RN-BSN completer program and not included within this study. I served as a member of the Louisiana Campaign for Action, Region 6. The Region 6 committee, however, was collecting data from practicing nurses who were already leaders in healthcare. According to Corbin and Strauss (2015) and Patton (2002) to avoid the intrusion of personal beliefs, feelings, or opinions to impact the interpretation of study findings, the researcher must address the potential for research limitations early in the research process.

I have a personal interest in this research topic. While I agree that leadership should be taught in baccalaureate curricula, I believe the teaching strategy should differ from traditional methods, providing students with realistic, safe, opportunities for learning about nursing leadership. I believe nursing students should have an understanding of the science, profession, and practice of nursing before attempting to lead patient care teams. How a nursing student may develop leadership knowledge and skill while learning about the profession of nursing remains debatable. I addressed my personal philosophy of nursing education early in my research study. I employed the semistructured interview process to avoid any intrusion of my personal opinions, beliefs or feelings on the research findings or interpretations.

The initial slow response and inherent lack of interest to participate during the initial recruitment endeavors could be interpreted as a study limitation resulting in a smaller sample size than originally planned. The sample included six nursing faculty participants. I was able to obtain thick rich descriptions of how leadership education is deployed among six different nursing institutions of varying sizes, student demographics, and populations in the state of Louisiana. I was able to analyze the data into common themes that emerged into research findings that answered all research questions according to the purpose of the study. The smaller sample allowed for in depth member checking ensuring credibility and trustworthiness of the data. The sample remained open until data saturation was met, once nothing new was being learned through the constant comparison method using the Corbin and Strauss (2015) grounded theory approach. Therefore the smaller sample size added strength and rigor to this exploratory study.

Recommendations

The problems addressed in this study focused on an exploration of deficits that existed in the contemporary understanding of how nursing educators in Louisiana teach leadership in baccalaureate programs contrasted with ideal policy expectations. The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. Findings from my research study will be disseminated by providing an executive summary to the nursing administrators of the partnering institutions who agreed to participate. I also plan to participate in scholarly presentations and publish in peer reviewed journals.

A recommendation from this study, grounded in the strengths of the interpretations and perspectives from nursing faculty participants, is that there is potential for further study on the continued leadership development of a novice who experienced an undergraduate leadership preceptorship. According to the participants from this study, nursing education prepares a nursing generalist who is leader receptive. To continue the leadership development of a novice, there should be academic partnerships between nursing academia and healthcare organizations to develop trained preceptors or mentors who support the novice nurse after entry into practice over a period of time. This progression in the development of a professional identity to leadership readiness through mentored practice is supported by the literature discussed in Chapter 2 (Benner, 1981; Forsythe, Snook, Lewis, & Bartone, 2002; Winkler & Marshall, 2017) and further strengthened by the findings that emerged from this study. These partnerships could have a positive impact on curricula development of undergraduate nursing programs.

Implications and Positive Social Change

Significance to Nursing Education

According to Scott and Miles (2013), there is a gap in the literature addressing the development of leadership through education. Through continued review of primary literature, a deficit was discovered. There was a lack of primary current contemporary research informing the development of leadership using best practices in nursing education. The literature suggested that while there was evidence related to simulation, role play, role modeling, and reflective activities for skill performance and competency development, but there were few studies on how these teaching strategies may be effective for leadership education and competency development. Throughout these studies, the effectiveness of the teaching strategies were evaluated through perceptive survey, questionnaires, and interviews among students participating in the courses (Haber-Curran & Tillapaugh, 2015; Katz, Piefer, & Armstrong, 2010; Shin, Sok, Hyun, & Kim, 2014). I was unable to locate studies that spoke to how nursing faculty evaluated the effectiveness of teaching strategies used for leadership education.

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. This study was influenced by existing theory that supported alternative teaching strategies using best practices for the application and assessment of leadership knowledge and competence through experiential learning, active participation, and reflection in baccalaureate nursing programs (Horton-Deutsch, 2016; Middleton, 2013; Haber-Curran & Tillapaugh, 2015; Shin, Sok, Hyun, & Kim, 2014).

My interpretation from the research findings could lead to positive social change for the improvement of leadership education influenced by the employment of active learning and reflective teaching strategies from a nursing faculty perspective. The students of leadership faculty who employed preceptorships using trained preceptors experienced positive learning outcomes. Positive social change could be experienced among faculty who teach leadership, using self-reflective practice, for the advancement of nursing leadership pedagogy that would allow the student to experience leadership, reflect on leadership, and improve the development of leadership competence. The suggested teaching strategies and reflective practice could position undergraduate programs for a restructure of nursing curricula for the employment of professional identity and nursing socialization processes. This restructure would provide progressive leadership competency and skill development before the junior or senior semesters, establishing leadership readiness before entry into practice.

Significance to Nursing Policy

Nurse educators at the baccalaureate level require evidence-based methods that are considered best practices for the preparation of graduates to meet healthcare organization expectations as well as leadership development expectations (Haber-Curran & Tillapaugh, 2015). While facing speculation of a faculty shortage, recommendations to increase baccalaureate nursing graduates from 50% to 80% by 2020, the leadership recommendations from the AACN or other professional nursing organizations, and the IOM recommendations (AACN, 2014; IOM, 2011, 2016), the adoption of alternative teaching strategies could make a positive contribution to nursing science and nursing policy. From the data analysis and my interpretation of the research findings, the application of alternative teaching strategies influenced by experiential learning, action science, action learning theory, and reflective practice could support student engagement

in the practice of leadership, providing a formative evaluation for leadership competence and program improvement (Argyris & Schon, 1974; Dewey, 1986; Dewing, 2008; Dewing, 2009: Kolb, 1984; Lewin, 1946, as cited by Adelman, 1993; Lewin, 1999; Patton, 2002; Shin, Sok, Hyun, & Kim, 2014; Schon, 1987).

Significance to Nursing Practice

Action learning and experiential learning may be demonstrated through simulation using collaborative activities, active participation, role modeling, reflection, role play, or peer mentorship (Argyris & Schon, 1974; Broome & Marshall, 2017; Dewey, 1986; Dewing, 2008; Dewing, 2009; Kolb, 1984; Lewin, 1946 as cited by Adelman, 1993; Lewin, 1999; Patton, 2002; Shin, Sok, Hyun, & Kim, 2014; Schon, 1984). Therefore, the theoretical influences of the processes of action science, action learning, experiential learning, and reflective practice from my interpretation of the data, could enhance nursing practice through program improvement and alternative teaching strategies that engage learning with purpose through practice (Argyris & Schon, 1974; Dewey, 1986; Dewing, 2008, 2009; Horton-Deutsch, 2016; Kolb, 1984; Lewin, 1946 as cited by Adelman, Lewin, 1999; Patton, 2002; Schon, 1984).

Significance to Nursing Research and Positive Social Change

Finally, my research offers potential benefit to nursing research and theory, thus promoting positive social change for nursing academia by introducing best practices to maximize leadership pedagogy in the preparation of the undergraduate nursing student for leadership challenges and expectations from healthcare environments for the promotion of patient safety, quality patient care outcomes, patient satisfaction, and interprofessional satisfaction (Middleton, 2013; Esparza & Rubino, 2013). There is the potential for a future researcher to collect data for a study on the effect of alternative teaching strategies, mentored residencies, or mentored

practice for the development of leadership over time after entering nursing practice. The commonalities and uniqueness among nursing programs gathered from this study may influence future research to maximize pedagogy for other undergraduate courses for the improvement of nursing program outcomes.

Conclusion

Nursing accreditation bodies have recommended that nursing education programs prepare graduates who display competence in leadership. However, the reality of how disciplinary leadership skillsets are acquired and transferred into practice remains debatable. The purpose of this qualitative study was to understand how nursing educators teach leadership in Louisiana baccalaureate programs contrasted with ideal policy expectations before entry into practice. The action learning and reflective practice theories provided the foundational theoretical influences for this study. Six face-to-face interviews were conducted via Zoom with nursing faculty who were currently teaching or had taught nursing leadership in an undergraduate program for at least one year.

The American Association of Colleges in Nursing (AACN, 2008), the Institute of Medicine (IOM) (2011, 2016), the Louisiana Campaign for Action (2016, 2017), and the National League of Nursing (NLN, 2010) place expectations for the preparation of leadership practice on nursing educators at the baccalaureate level. However, there is a deficit within the contemporary literature on how leadership education is addressed to meet these expectations. The findings and my interpretations from the data revealed that healthcare stakeholders also place high expectations on nursing educators to prepare the novice to demonstrate leadership and professionalism. The problem addressed in this study focused on an exploration of deficits that exist in contemporary understanding of how nursing educators teach leadership in Louisiana

baccalaureate programs. Before leadership readiness of graduates from nursing baccalaureate programs can be evaluated, there must be an understanding of the current operationalized teaching methods or strategies used by the faculty who teach leadership.

To accomplish this qualitative exploration, I conducted data collection and analysis using the Corbin and Strauss (2015) constant comparative data analysis method to identify recurring themes. From the data analysis, I identified 7 main themes, including the purpose of the leadership course, the selected teaching strategies to meet the purpose of the course, teaching to support student learning styles and workplace expectations, the application of evidence-based practice principles for leadership, the measured effectiveness of selected teaching strategies, faculty perspectives of leadership efficacy at the undergraduate level, and faculty perspectives for future nursing leadership education.

The key findings that emerged from my research included teaching strategies that met the purpose of leadership education at the baccalaureate level. While achieving the course purpose, these strategies were also selected to meet requirements for accreditation, healthcare workforce expectations, student retention, student learning styles, and best practices for student learning outcomes. The selection of specific teaching strategies were guided by evidence-based practice and AACN recommendations for baccalaureate nursing education in Louisiana. The effectiveness of the selected strategies was supported by the measured feedback and evaluations gathered from nursing faculty, students, and area stakeholders.

The conclusions drawn from the study findings revealed that the selected teaching strategies using role play, simulation, case studies, and preceptored practice, theoretically influenced by the application of experiential learning (Dewey, 1986; Kolb, 1984), active learning (Argyris &Schon, 1974) and reflective practice (Schon, 1983, 1987), were more effective to

prepare the undergraduate student to be leader receptive before entering into professional nursing practice than traditional didactic lecture without real life experiences in the clinical setting.

The purpose of this qualitative study was to explore the pedagogy employed by nursing faculty to maximize leadership preparation in Louisiana baccalaureate nursing programs within the context of the content recommendations guided by the AACN Essentials of Baccalaureate Education or other professional nursing organization's guidelines for leadership. Therefore, from a nursing faculty's perspective, the research findings revealed that leadership education at the baccalaureate level has a stronger influence on future leadership development of the generalist when there is a partnership between the nursing education program and the nursing workforce. This partnership assists the nursing faculty to select teaching strategies that are learner-centered, focused on real life nursing experiences that involve prioritization, delegation, conflict, and decision-making skill sets with the application of evidence-based practices. These teaching strategies should assist the nursing faculty to cultivate the professional identity of the developing generalist. The application of progressive preceptorship over a period of time would further enhance leader receptive behaviors influenced by active learning and reflective practice.

"We do not learn from experience . . . we learn from reflecting on experience (Dewey, 1938 as cited by Dewey, J., 1986)." I believe this quote is reflective of my research findings and the nursing education experience as a whole. I believe it also reflects how we progress as nurses through the multiple phases of a nursing professional career. Experience and reflection could be how nursing faculty might approach the practice of nursing leadership pedagogy. Lifelong learning begins as a nursing student, continuing throughout our profession. It is experiential, it requires active participation, and finally reflection on the practice and what we learned from that

practice. Without the application of reflective practice and the progressive development of a nursing professional identity, we would never improve in practice nor profession.

Many of us can remember when the new novice was expected to be ready for practice soon after graduation, although prepared as a generalist. Unfortunately, the idealistic expectations of the novice from professional organizations and the healthcare organizations continue. The new graduate is expected to be able to manage themselves, their patients, and the support staff. These expectations remain of the new novice after completing a 4-year generalist nursing education program and a brief orientation or residency that is created for the clinician. As nursing faculty, seeking to maximize leadership pedagogy, it is necessary to continue to practice self-reflection on the practice of nursing education and ask ourselves…. What are we doing? And how do we do it for the success of our student and the safety of those to whom we have committed our compassion and care?

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Appendix A: Research Questions

Central Question: What teaching strategies are deployed for leadership education among Louisiana baccalaureate nursing programs?

Sub-Questions

1. Using the 17 content topics included in the document, the AACN Baccalaureate Essentials as a guide, or another professional nursing organization's content areas for leadership, what are the top 10 content topics of the leadership course? (The content topics will be presented to the participants prior to the interview and follow in Appendix I)
2. How do nursing faculty select the teaching strategies deployed for leadership education?
3. How do nursing faculty evaluate the effectiveness of the deployed teaching strategies compared to the development of leadership knowledge and professional skill-set?
4. What is the nursing faculty's perception of the efficacy of leadership education and the student's preparation for leadership at the baccalaureate level before entry into practice?

Appendix B: Research Interview Protocol

Date _________

Time_________

Interviewer ______________________________

Interview Participant/Pseudonym ____________________

Stated agreement of understanding of informed consent   Yes ____   No______

Stated agreement of understanding that participation is voluntary   Yes ____ No _____

Introduction of Interview

I would like to begin by thanking you for participating in this interview today by video conference. You have been selected to take part in this interview as you are currently a faculty who teaches or has taught leadership in a Baccalaureate nursing program for at least a year. As a researcher, I am interested in exploring the teaching strategies you use in teaching leadership to your students before they graduate.

All information that you provide will only be used for this specific study and your name will remain confidential when reporting the findings. Please be advised that since the interviews are being conducted via videoconference for this study, the interview will be recorded by audio only. You will be notified when the recording begins and when it ends. A copy of the recording will be securely maintained for 5 years as required by Walden University on an external drive that is specifically used for this study locked in a file box as well as hard copy transcriptions and memos. The hard copy documents will be shredded at the end of 5 years. The external hard drive files will be deleted and the hard drives disposed of in a safe manner. Please let me know if you have any concerns. It is your preference chose to answer or decline to answer the interview questions. I will not be requesting that you provide personal information. At the

conclusion, you may add any information that you feel is relevant to this research that I either failed to ask or that you would like to discuss further. This interview will not last longer than one hour. However, I will be more than willing to continue should you have additional information to discuss. I will be transcribing this interview. I will provide you with a copy via email for a full review of its accuracy and member checking to ensure my interpretations of our conversation are clear, truthful, and accurate.

Interview Questions

Central Question: What teaching strategies are deployed for leadership education among Louisiana baccalaureate nursing programs?

Sub-Questions

1. Using the 17 content topics included in the document, the AACN Baccalaureate Essentials as a guide, or another professional nursing organization's content areas for leadership, what are the top 10 content topics of the leadership course? (The content topics will be presented to the participants prior to the interview and follow in Appendix I)
2. How do nursing faculty select the teaching strategies deployed for leadership education?
3. How do nursing faculty evaluate the effectiveness of the deployed teaching strategies compared to the development of leadership knowledge and professional skill-set?
4. What is the nursing faculty's perception of the efficacy of leadership education and the student's preparation for leadership at the baccalaureate level before entry into practice?

Appendix C: Matrix of Relationship of Research Questions and Interview Questions

Research Questions	Central Question	Sub Question 1	Sub Question 2	Sub Question 3	Sub Question 4
Interview Question 1	X	X	X		
Interview Question 2	X	X			
Interview Question 3	X	X	X		
Interview Question 4	X	X		X	

Appendix D: Email Letter of Introduction to Study and Request for Participation

Subject: Research Request: Leadership Education in Louisiana Baccalaureate Nursing Programs

Hello Dr. ____________:
I am a PhD in Nursing student at Walden University with a specialization in education. This email serves as an invitation to your nursing program to participate in my study: Exploring Leadership Pedagogy among Louisiana Baccalaureate Nursing Programs.

The inclusion criteria are faculty who have been teaching leadership education at the Baccalaureate level for at least one year, and who are currently teaching or have taught leadership education in Louisiana. In this study I will qualitatively explore the teaching strategies used to prepare student nurses for leadership before entry into practice.

I would appreciate your participation in seeking access to the faculty at your institution who meet the inclusion criteria. This study has met preliminary IRB criteria at Walden University. With your consent, I will seek IRB approval as an exempt study at your institution as well. I will be using email communication, with video conferenced interviews as my data collection approach and will ensure confidentiality of the participants regarding the entire research process.

Attached is a Walden University Letter of Cooperation Agreement for your signature for permission to gain access and recruit participants. Please sign and return the Letter of Cooperation for remittance to Walden University as well as your institution's IRB. Upon receipt of the Letter of Cooperation and final IRB approval, letter of invitations will be forwarded to you for distribution to those faculty who meet the inclusion criteria. Participants as well as institution confidentiality will be strictly maintained. I remain available to answer questions regarding my research proposal.

Thank you very much for your consideration, time, and attention.

Sincerely,

Appendix E: Letter of Cooperation

Community Research Partner Name
Contact Information
Date

Dear…..,

Based on my review of your research proposal, I give permission for you to conduct the study entitled Exploring Leadership Pedagogy among Louisiana Baccalaureate Nursing Programs within the (School of Nursing). As part of this study, I authorize you to recruit participating faculty who meet your research inclusion criteria, conduct video-conferenced interviews for data collection, conduct member checking via email or telephone, and disseminate results to participants once your research is complete. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: access to participating faculty who meet the inclusion criteria or those who meet inclusion criteria based on public information about their experience by sending invitation email that includes a participation link, encouraging participation through email that includes a participation link, allowing faculty time to participate in video-conferenced interviews, and telephone or email for member checks of transcripts that may be conducted during or outside of normal office hours. We reserve the right to withdraw from the study at any time if our circumstances change.

The researcher will be responsible for complying with our site's research policies and requirements, including: Obtaining proposal approval by Walden University IRB, followed by our IRB approval of your proposal if it is required.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,
Authorization Official
Contact Information
Walden University policy on electronic signatures: An electronic signature is just as valid as a written signature as long as both parties have agreed to conduct the transaction electronically. Electronic signatures are regulated by the Uniform Electronic Transactions

Act. Electronic signatures are only valid when the signer is either (a) the sender of the email, or (b) copied on the email containing the signed document. Legally an "electronic signature" can be the person's typed name, their email address, or any other identifying marker. Walden University staff verify any electronic signatures that do not originate from a password-protected source (i.e., an email address officially on file with Walden).

Appendix F: Recruitment Email for Interest in Study

Invitation to Participate in a Louisiana Nursing Research Study

You are invited to take part in a research study about teaching strategies used for leadership education in Louisiana Baccalaureate nursing programs.

The researcher has received approval from the Dean or Chair of your nursing program to recruit you to participate. The inclusion criteria are nursing faculty who have at least one year experience in teaching leadership, nursing faculty who currently teach leadership courses, or nursing faculty who have previously taught leadership courses in Baccalaureate nursing programs in Louisiana.

The purpose of this study is to explore the teaching strategies used in Louisiana Baccalaureate programs to prepare student nurses for leadership before entry into practice.

If you are interested, please Click on this Link (Ctrl + Click to follow link).

or copy and paste the link into your browser. No one but the researcher will receive your contact information collected from this link which goes to.

Thank you,

Appendix G: Interest to Participate in Study Survey

Interest to Participate in Study
Research Study: Exploring Leadership Pedagogy among Louisiana Baccalaureate Nursing Programs

1. I am interested in participating in the study: Exploring Leadership Pedagogy among Louisiana Baccalaureate Nursing Programs

- Yes
- No
- Maybe Later

2. I understand my participation is voluntary and I may exit the study at any time.

- Yes
- No

3. By entering my contact information below, I understand I am not obligated to continue my participation. (Please enter your name, email address, and phone number you wish to use for communication in comment area. No one but the researcher will have access to this information). Please select a pseudonym as your identifier for the study to protect your confidentiality and include in the comment area with your contact information.

- Yes
- No

Contact Information

Done

Appendix H: Email Letter of Invitation for Participation

Subject: Research Request: Exploring Leadership Pedagogy in Louisiana Baccalaureate Nursing Programs

Hello ____________:

I am a PhD in Nursing student at Walden University with a specialization in education. I received your contact information from your response to a survey link sent to you by the Dean or Chair of your nursing program as a potential interest in my research study.

This email serves as an invitation to participate in my study: Exploring Leadership Pedagogy among Louisiana Baccalaureate Nursing Programs. The inclusion criteria are faculty who have at least one year teaching experience in leadership education, faculty who currently teach leadership education, or faculty who have taught leadership courses at the Baccalaureate level in Louisiana nursing programs. The study will explore the teaching strategies used to prepare student nurses for leadership before entry into practice.

This study has met IRB approval at Walden University as well as your institution. I would appreciate your voluntary participation for this study. I will be using email communication and video conferenced interviews to protect the confidentiality of participants.

Attached is a Walden University Informed Consent Form for your signature to participate. To protect your confidentiality, a link is included within the informed consent form allowing for your electronic signature. I will include your agreement email with the consent form. However, if you wish to sign the consent and mail it back to me, the instructions are included on the consent. Your name as well as the participating institution's name will remain confidential. I am open to any questions, concerns, or feedback you may want to address. I will expect that you take at least 2 weeks to review the consent, ask questions, and return the signed consent or electronic signature link back to me. Once I receive your consent, I will request your availability to schedule an interview at your best convenience.

Thank you for the opportunity to work with you in this research endeavor. I will be happy to share a summary of the results with you when completed.

Sincerely,

Appendix I: Content Topics for Interview

AACN: *The Essentials of Baccalaureate Education for Professional Nursing Practice*
Essential II: Basic Organizational and System Leadership for Quality Care and Patient Safety

Using the list below as a guide, please select the top 10 content categories that are important to address in your leadership course.

1. Leadership theory, behaviors, characteristics, contemporary approaches, leadership development, and styles of leadership
2. Leadership skills and strategies including negotiation, collaboration, coordination, and decision making for the promotion of quality care in various healthcare settings
3. Change theory
4. Community organizing models
5. Social change theory
6. Creative and imaginative strategies for problem solving
7. Communication, including elements, channels, levels, barriers, models, organizational communication, skill development, workplace communication, conflict resolution, optimizing patient care outcomes, and chain-of-command
8. Principles of interpersonal interactions/communication
9. Healthcare systems structure and finance structure, organizational structures and relationships (relationships between finance, organizational structure, and delivery of care, particularly at the microsystem level, including the mission/vision/philosophy, and values)

10. Reliability and reliability sciences in health care
11. Operations research, queuing theory, and system designs in health care
12. Teamwork skills, including effective teams/characteristics, application to patient care teams, team process, conflict resolution, delegation, supervision, and collaboration
13. Microsystems and their relationship to complex systems, quality care, and patient safety
14. Patient safety principles, including safety standards, organizational safety processes, reporting processes, departmental responsibilities, ownership, national initiatives, and financial implications
15. Quality improvement, including history, elements, Continuous Quality Improvement models, concepts, principles, benchmarking, processes, tools, departmental ownership, roles/responsibility, methodologies, regulatory requirements, organizational structures for QI, outcomes, monitoring, Quality Assurance vs. QI, beginning resource need assessment, and resource identification, acquisition, and evaluation
16. Overview of QI process techniques, including benchmarks, basic statistics, root cause analyses, and Failure Mode Effects Analysis (FMEA) in the quality improvement process
17. Principles of nursing care delivery management and evaluation

(AACN, 2008, pp. 14-15).

Appendix J: Content Topics Ranking Matrix

	Interview #1	Interview #2	Interview #3	Interview #4	Interview #5	Interview #6
1	No ranking	✓ (1)	✓ (1)	✓ (1)	✓ (1)	✓ (1)
2		✓ (2)	✓ (2)	✓ (2)		✓ (2)
3		✓ (3)	✓ (3)	✓ (10)		✓ (3)
4						
5						
6		✓ (4)		✓ (3)	✓ (7)	✓ (4)
7		✓ (5)	✓ (4)	✓ (4)		✓ (5)
8		✓ (6)	✓ (5)	✓ (5)		✓ (6)
9			✓ (6)			✓ (7)
10						
11					✓ (6)	
12		✓ (7)	✓ (7)	✓ (6)	✓ (2)	✓ (8)
13						
14		✓ (8)	✓ (8)	✓ (7)	✓ (3)	✓ (9)
15		✓ (9)	✓ (9)	✓ (8)		
16		✓ (10)			✓ (4)	
17			✓ (10)	✓ (9)	✓ (5)	✓ (10)