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# 15 | Dimensions of Clinical Leadership Behaviours among Pre-Registration Nursing Students in Two Countries

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## Abstract

# Methods





Two-part online survey Descriptive and correlational statistical analyses

#### Background:

Effective leadership is associated with high-quality and compassionate care provision in health and social care contexts. This has led to a common acceptance that the teaching of leadership in nursing education is essential if students are to develop competencies in this area. To date, there is limited research on nursing students' perceptions of clinical leadership behaviours and dimensions worldwide. (Brown et al., 2016, Linares et al., 2020, Jack et al., 2022).

#### **Objectives**:

To explore and compare pre-registration nursing students' self-perceptions of clinical leadership behaviours in two countries (Linares et al. 2020).

#### **Design and Methods:**

A cross-sectional survey design. Convenience samples of pre-registration nursing students were recruited from two universities, one in England, the other in Israel. The Qualtrics web-based survey tool was used to create and distribute English and Hebrew versions of an online, two-part questionnaire to participants during October 2021-April 2022. Part 1 gathered demographic characteristics, Part 2 was structured according to the validated Self-Assessment Leadership Instrument (SALI) (Smola, 2001, Linares et al. 2020), a 40-item survey used for measuring nursing student self-perceptions of leadership behaviours across four leadership dimensions.

#### **Ethics:**

Ethical approval was granted by both sites, England and Israel.

#### **Results:**

138 students completed the two-part questionnaires anonymously. Significant differences were found between the two sites in two of the four leadership dimensions "Emotional Intelligence" and "Impact and Influence" (p<.05), with nursing students in England scoring higher than Israeli students. Among the Israeli sample only, significant differences were found in leadership dimensions according to year of study, with the presence of higher scores in the 3rd year and 4th year students when compared with the 1st and 2nd Year students in the referred dimensions (p<.05).

# **Results (example)**

Conclusion

	England	Israel	<i>p</i> -value
Gend	ler [n (%)]		
Female	73 (92.4)	49 (83.1)	.0901
Male	6 (7.6)	10 (16.9)	
Other	0 (.0)	0 (.0)	
Age [n (%)]			
18-21	16 (20.3)	9 (15.0)	<.001 <sup>1</sup>
22-26	12 (15.2)	<mark>41 (68.3)</mark>	
27-31	11 (13.9)	6 (10.0)	
32-40	19 (24.1)	2 (3.3)	
over 40	21 (26.6)	2 (3.3)	
Ethnic group [n (%)]			
Asian or Asian British	1 (1.3)	0 (.0)	.003²
Black/African/Caribbean	9 (11.4)	1 (1.6)	
Mixed or Multiple ethnic	3 (3.8)	7 (11.5)	
groups	2 (2.5)	12 (19.7)	
Other ethnic groups	64 (81.0)	41 (67.2)	
White			

#### Part 2: Comparison of EL-SALI leadership dimension scores per site

#### (England & Israel)

Dimensions	English nursing students	Israeli nursing students	<i>p</i> -value
Strategic Thinking (ST)	3.17 (.50)	3.14 (.50)	.581
Emotional Intelligence			· .008 <sup>1</sup>
(EI)	3.22 (.54)	3.02 (.54)	
Impact and Influence (II)	3.13 (.58)	2.97 (.53)	.041 <sup>1</sup>
Teamwork Skills (TS)	3.15 (.55)	3.01 (.49)	.066 <sup>1</sup>

<sup>1</sup> Mann-Whitney U test; <sup>2</sup> Student's t-test (Levene p-value=.715)

#### **Conclusions:**

This study confirms differences in clinical leadership perceptions between participating nursing students from England and Israel, with statistical differences between study years identified among the Israeli cohort only. The need for enhanced leadership skills education and development to prepare future nurses to provide quality, safe and person-centred care and leadership upon registration is strengthened. More evidence is needed to understand antecedents in the development of clinical leadership behaviours. Nurse educators must continue to expand this international research base. This study found significant differences in two dimensions, *Emotional Intelligence* (EI) and *Impact and Influence* (II), with nursing students in England scoring higher in both dimensions compared to students in Israel. Data analyses suggests these differences can be partially attributed to students' sociodemographic and background characteristics, and differences in the curriculum of each country's degree nursing programme. Findings which have implications for nurse educators and nurse researchers alike.

For example, lower scores in the EI and II dimensions among Israeli nursing students in this study have been partially attributed to these students being mostly younger, 68% aged 22-26 years compared to 15% aged 22-26 years in England, with 24% of English students being aged 32-40 years compared to 3% of Israeli students, and a further 27% aged over 40 years in England compared to 3% in Israel. Prior work experience was also identified as a potential influencing factor, as only 44% of Israeli students reported this compared to 85% of English nursing students, as well as completion of leadership training prior to starting a nursing degree programme as reported by 20% of Israeli students compared to 34% of English nursing students. These findings are similar to those of earlier studies exploring emotional Intelligence (EI) in nursing students, where EI was also found to have a positive correlation with age and experience (Codier & MacNaughton, 2012; Fernandez et al., 2012; Marvos & Hale, 2015).

Significant differences were also found in Israeli nursing students only across all leadership dimensions according to year of study only as indicated by higher scores in 3<sup>rd</sup> and 4<sup>th</sup> year compared to 1st and 2<sup>nd</sup> year. A finding which might be explained, at least in part, by subtle differences in the degree nursing programmes in each country. Although guided by similar principles (Israeli Health Ministry, 2020; Nursing & Midwifery Council, 2018), the length of the nursing programme in Israel is 4-years compared to 3-years in England. Thus, the order in which theoretical and clinical studies are delivered, and the number of clinical placements completed per year, may also shape nursing students' perceptions of leadership behaviours according to their experiences and progress in the programme. These findings indicate the need for further research to explore and clarify the antecedents of clinical leadership, and determine if current nursing programmes are adequately preparing students to become nurse leaders from the point of registration.

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### **Contact & Acknowledgements**



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