

Are European Nursing Students Ready to Lead?

A Cross-National Study of 6 European Countries

Nurse Education Interest Group (NEIG)

8th Sigma European Regional Conference | Kuopio, Finland | 24–26 June 2026

Leadership is a competence for every nurse — not only future managers

Healthcare systems are growing more complex.

Every nurse must lead at the bedside, in teams, and in change.

Clinical complexity

Multimorbidity, technology, and shifting care models demand judgement and initiative.

Quality & safety

Leadership behaviours protect patients and shape professional standards.

Workforce sustainability

Engaged, capable nurses retain teams and drive system improvement.

Global frameworks promote leadership — but evidence on students is limited

WHAT WE KNOW

- Leadership is recognised as a core nursing competence by ICN, WHO, and EU directives.
- Leadership behaviours influence quality, safety, and retention.
- Curricular expectations include leadership at pre-registration level.

WHAT WE DO NOT YET KNOW

- How leadership behaviours actually develop during undergraduate education.
- How self-perceived leadership compares across European educational and cultural contexts.
- Which dimensions of leadership are stronger or weaker as students approach registration.

A cross-national lens is needed to understand variation — and to inform curricula.

Aim of the study

To examine and compare self-perceived leadership behaviours among undergraduate nursing students from six European countries, and to identify contextual factors that may influence leadership development.

GUIDING QUESTIONS

1. Do leadership behaviours differ across European nursing student populations?
2. Which dimensions of leadership vary the most — and which appear most stable?

Design: cross-sectional study across six European countries

DESIGN

Quantitative, cross-sectional

Online survey, country-level ethical approval

PARTICIPATING COUNTRIES

Context	Degree Duration	Leadership Integration
Ireland	4 Years	Longitudinal embedded practice
England	3 Years	Longitudinal NMC proficiencies
Portugal	4 Years	Introduced in later stages
Slovakia	3 Years	Management-oriented courses
Italy	3 Years	Predominantly delivered Years 2 & 3
Poland	3 Years	Largely theoretical education



Self-Assessment Leadership Instrument (SALI)

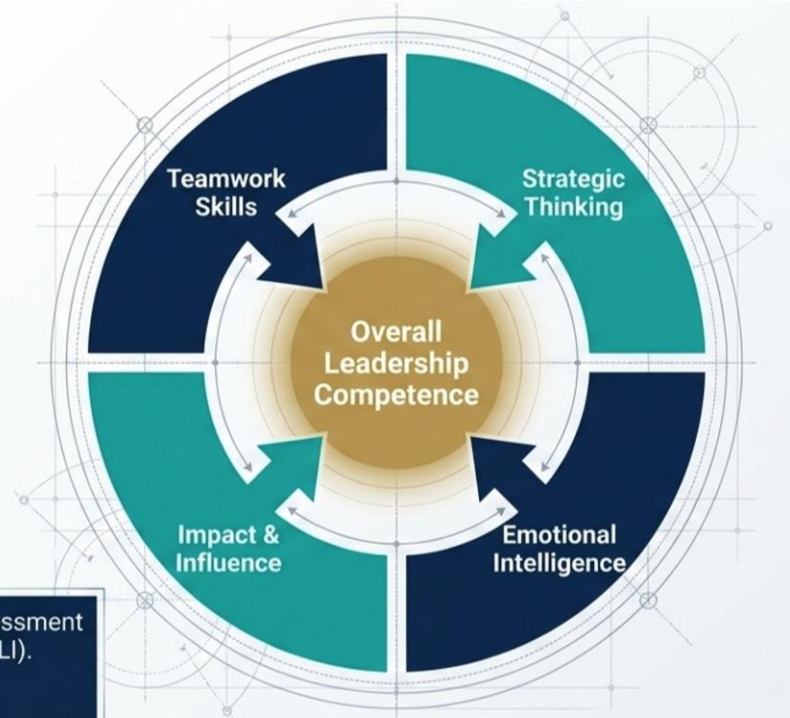
Validated in each country.

Four dimensions of leadership self-perception.

SALI Total integrates the four dimensions into an overall self-perception of leadership competence.

Measured via the Student Assessment of Leadership Inventory (EL-SALI).

40 items | 5-point Likert scale.



Sample and analytical approach

1,195

undergraduate nursing students
across six European countries

ANALYTICAL APPROACH

- **Descriptive statistics**

Distribution and central tendency on each SALI dimension.

- **One-way ANOVA**

Cross-country differences across the five SALI dimensions.

- **Effect sizes (η^2)**

Magnitude of variation, beyond statistical significance.

Leadership competence varies meaningfully across countries

Significant cross-country differences emerged across SALI dimensions, with patterns suggesting the influence of national educational and learning environments.

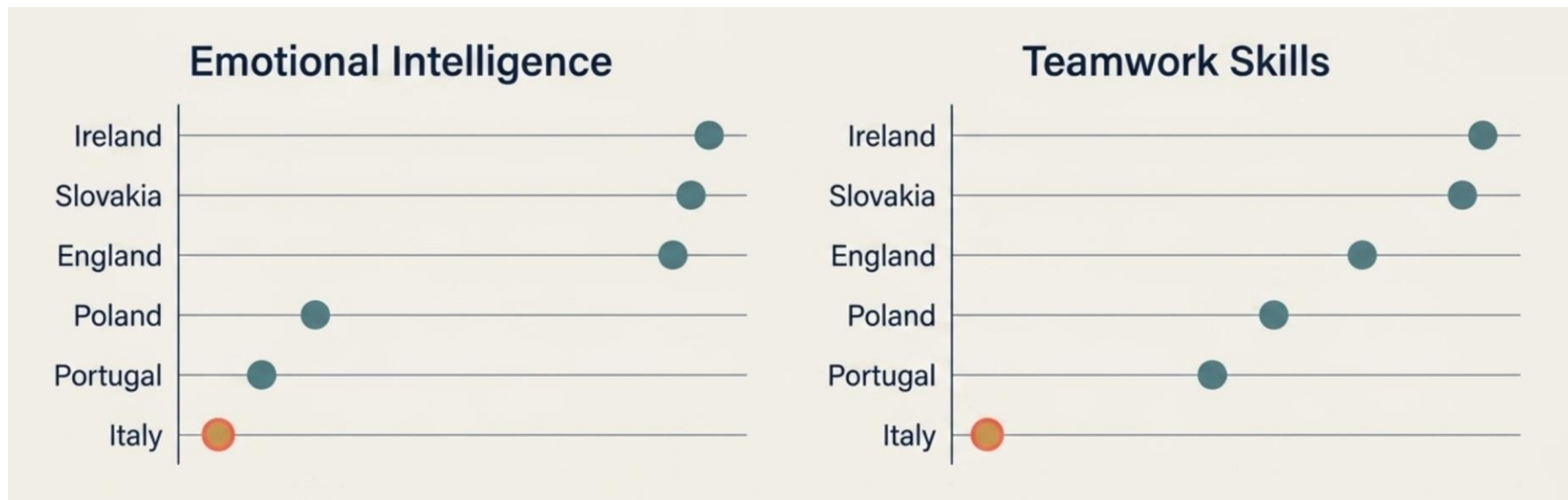
HIGHER SELF-PERCEPTION

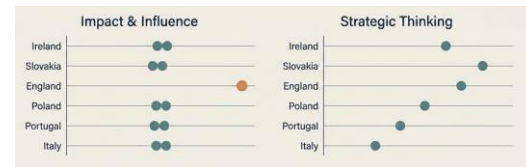
Ireland · Slovakia · England

COMPARATIVELY LOWER SCORES

Italy · Portugal · Poland

Largest variation: Emotional Intelligence and Teamwork Skills





Other dimensions: divergence and consistency

Strategic Thinking

MODERATE DIVERGENCE

Differences across countries, smaller in magnitude than EI or Teamwork.

Impact & Influence

CONSISTENT ACROSS COUNTRIES

Greatest similarity — students perceive themselves comparably across the six contexts.

SALI Total

MODERATE DIVERGENCE

Aggregate leadership self-perception varies, mirroring the dimensional patterns.

Age and year of study also varied significantly — confirming that leadership self-perception evolves over the programme.

What may explain these differences?

1

Educational structures

Programme length, integration of leadership content, and academic-clinical balance.

3

Clinical placement culture

Role modelling, autonomy, and exposure to leadership in the practice setting.

2

Learning environments

Active learning, simulation, reflective practice, and interprofessional experiences.

4

Sociocultural framing

How leadership is conceptualised within national professional and academic cultures.

Implications for undergraduate nursing curricula

Leadership development should be intentionally embedded, assessed, and supported throughout pre-registration education.

- ✓ **Make Emotional Intelligence explicit** Self-awareness, empathy, and regulation deserve dedicated curricular space and structured reflection.
- ✓ **Strengthen Teamwork learning** Interprofessional education, simulation, and team-based clinical learning build collaborative capability.
- ✓ **Mind the contextual variation** Strategies must respond to national, institutional, and cultural differences — not assume a single model fits all.

Recommendations for leadership development

Structured leadership learning

Threaded across the programme, with progression milestones.

Reflective practice

Guided reflection on leadership behaviours in real and simulated settings.

Simulation

Team scenarios that surface emotional intelligence and decision-making.

Interprofessional learning

Shared experiences with other health disciplines.

Clinical role modelling

Mentor leadership behaviours visibly in placement settings.

Formative assessment

Feedback that develops capability — not only end-of-programme judgement.

TAKE-HOME MESSAGE

Leadership self-perception varies across European nursing students.

- ✦ Variation is real — and it is contextual, not coincidental.
- ✦ Emotional Intelligence and Teamwork Skills are the most teachable and most variable.
- ✦ Culturally responsive curricula will develop leadership more reliably than universal templates.

Thank you · Questions welcome