

Self-Assessed Clinical Leadership Competency of Student Nurses

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Abstract This article is a report on an endeavor conducted to assess the level of clinical leadership competency of level IV student nurses. Articles on nursing leadership are not new, although it is only until recently that clinical nurse leadership has been featured more prominently in health-related literature (Stanley, 2009). Across the globe, the role of clinicians as leaders of health care is viewed as increasingly important. However, only a short series of articles about clinical leadership are present (Swanwick and Mckimm, 2011). An appraisal on the level of clinical leadership competency can aid in recognizing one's strengths and weaknesses to develop a plan to compensate for one's limitation. With this study, direction and improvements for clinical leadership may be forwarded to student nurses while they are still in the academe. A self-reporting questionnaire was administered to 74 senior student nurses in the College of Nursing, Benguet State University. Questions were asked to quantify the level of clinical leadership competency of the respondents in the five (5) domains of leadership framework, namely: demonstrating personal qualities, working with others, managing services, improving services, and setting direction. The results revealed that, sex is not a factor in the establishment of clinical leadership competency differences. Also, clinical leadership among student nurses is high in all domains of: demonstrating personal qualities, working with others, managing services, improving services, and setting direction. Furthermore, student nurses are highly competent leaders in the clinical area. Finally, student nurses excel most in the 'improving services' domain among the five (5) identified clinical leadership competency subsets. In descending order, it is followed by 'managing services', 'working with others', 'setting direction', and 'demonstrating personal qualities'.

Keywords Self-Assessment, Clinical leadership, Competency, Leadership framework, Student nurse, Survey

1. Introduction

The provision of high quality nursing education that emphasizes the highest attainment of professional competencies is one of the goals of Benguet State University-College of Nursing. In order to prepare for the next level of their training, the senior students should possess an appropriate level of competence. Hence, to have a thorough understanding of one's estate it is essential to conduct a self-assessment so as to make room for improvement. Consistent with the words of Reif (1990) and Wolf [1] (1989), when students are collaborators in assessment, they grow the habit of self-reflection. They learn the features of good work, how to judge their work, how to work to gauge their own struggle and feelings of accomplishment, and how to set individual aspirations. Moreover according to McDonald (2004) [2], self assessment assists students to "learn how to learn". As humans develop, they rely less on the authority of grades and

adults' evaluations as sources of feedback on their performance. Rather, self assessment is foundational to the development of intrinsic motivation and autonomous learning.

An appropriate definition of clinical leadership competence and its components is important to serve as a criterion for assuring an appropriate level of understanding. Webster dictionary defines being competent as the quality of having sufficient knowledge, judgment, skill, or experience for some purpose. Regardless of the reason, "leadership is influence" as stated by Hersey & Campbell [3] (2004). While leadership is not only restricted to people who hold designated leadership roles, acts of leadership can come from anyone in the organization and as a model, it emphasizes the responsibility of all staff in demonstrating appropriate behaviors (NHS Academy, 2012) [4].

Articles on clinical leadership is not a new concept, although it is only until recently that clinical nurse leadership has been featured more prominently in health-related literature (Stanley, 2009) [5]. Across the globe, the role of clinicians as leaders of health care is viewed as increasingly important. However, only a short series of articles about clinical leadership are present (Swanwick and Mckimm, 2011) [6]. As stated by NHS Academy [4] (2012), clinical

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leadership in the health care services is about delivering high quality services to clients. Moreover, it is vital to be competent in the 5 core domains of leadership framework namely: (1) demonstrating personal qualities, (2) working with others, (3) managing services, (4) improving services and (5) setting direction (Figure 1).

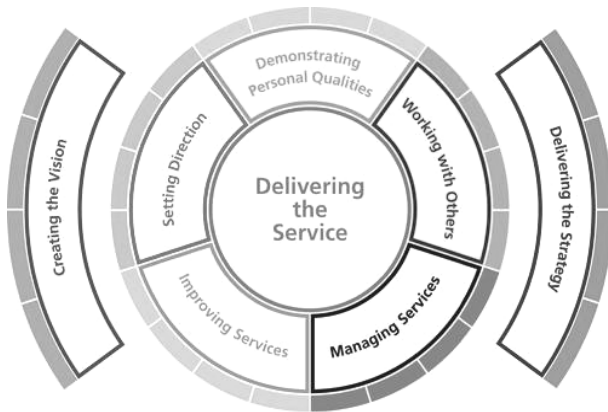


Figure 1. Leadership Framework

Demonstrating personal qualities, the first domain in this study, takes account of the set of behaviors and skills that enable workers to function appropriately in the clinical setting. According to NHS Academy (2012) [4], these includes developing self-awareness by being aware of their own values and principles, managing self by organizing and prioritizing, and continuing personal development through experience and feedback. Meanwhile, the second domain focused on working with others is the ability to lead, or collaborate with others on work activities (Wem, 2015) [7]. These include interpersonal relationships which develops linkages by working in partnership with the patient and other healthcare providers, maintaining relationships and encouraging contributions. Third, managing services comprising the planning or lay outting phases, managing resources by knowing what resources are present, managing people, and managing performance by holding themselves and others accountable for service outcomes (NHS Academy, 2012) [4]. Fourth, improving services domain consisting of ensuring patient safety, and encouraging improvement and innovation. Finally, setting direction brings in knowledge and evidence by gathering information, making decisions, and evaluating impact by evaluating outcomes.

The paradigm of the study includes the independent and dependent variables. Sex is the independent variable; conversely, the 5 core domains of leadership framework namely: demonstrating personal qualities, working with others, managing services, improving services and setting direction (assessed in the level of competence measured as very low, low, high, and very high) constitute the dependent variables.

The study aimed to determine if a significant difference exists on the level of clinical leadership competency of student nurses when grouped according to sex. Furthermore, the research intended to identify the level of clinical

leadership competency of student nurses along with the following domains: demonstrating personal qualities, working with others, managing services, improving services and setting direction. In addition, this endeavor yearns to know the clinical leadership competency of student nurses. Last, this study sought to identify which domain among the 5 identified subsets of clinical leadership competency does the student nurses excel in the most.

Assessment of clinical leadership competency plays a significant role in emphasizing the responsibility of nurses, in demonstrating appropriate behaviors, in contributing to the leadership process and in developing and empowering the leadership capacity of self and colleagues. In addition, completing the self-assessment can aid in recognizing one's strength and weaknesses and develop a plan to compensate for weaknesses. Thus, one can establish direction and produce real improvements in clinical practice as beginners.

2. Methods

2.1. Design

In order to ascertain the scheme on the level of clinical leadership of the student nurses, descriptive-quantitative research design was utilized. It allowed the researcher to amass significant information and data objectively through the use of the said design.

2.2. Sampling

The study was conducted within Benguet State University- College of Nursing and the respondents were selected through total enumeration. There were seventy-four (74) level IV student nurses, where sixty-six (66) were females and eight (8) were males.

2.3. Instrument

The Clinical Leadership Competency Tool used in this study is published on behalf of the NHS Leadership Academy by NHS Institute for Innovation and Improvement, Coventry House, University of Warwick Campus, Coventry. This survey instrument was used in relation to the content it embraced.

The self-reporting questionnaire encompassed two sections, wherein section 1 contained a brief demographic survey of the population to determine the sex of the subjects. Meanwhile section 2 comprised the thirty-five (35) questions, with seven (7) indicators in each domain. The respondents rated each item using a 4-point Likert scale ranging from 1 (very low) to 4 (very high).

2.4. Ethical Considerations

Participation in the study was voluntary with implied consent assumed with return of the completed survey; meanwhile, there were no risks identified for being included in the study. Advantages from the study include development of leadership, personal styles and abilities, and

understanding of how effective leadership impact and benefit patients as they move from being a student to a practitioner upon graduating.

2.5. Statistical Treatment

The data gathered were organized, tabulated, treated and analyzed using the Statistical Package for the Social Sciences version 20 (SPSS Inc., 2011) [8]. The mean and ranking were used in evaluating the level of clinical leadership competency of level IV student nurses along with the following domains: demonstrating personal qualities, working with others, managing services, improving services and setting direction. In addition, independent sample t-test was utilized to determine if a significant difference exists between the male and female’s level of clinical leadership competency.

3. Results and Discussion

3.1. Clinical Leadership Competency of Male and Female Student Nurses

Table 1 shows that there is no significant difference between the male and female student nurses’ clinical leadership competency.

Table 1. Clinical Leadership Competency of Male and Female Student Nurses

Domain	Sex	Mean	Sig. (2-tailed)	Descriptive Equivalent
Demonstrating Personal Qualities	Female	3.05	.193	NS
	Male	2.82	.376	NS
Working with others	Female	3.11	.067	NS
	Male	2.77	.196	NS
Managing Services	Female	3.14	.621	NS
	Male	3.05	.717	NS
Improving Services	Female	3.19	.478	NS
	Male	3.05	.568	NS
Setting Direction	Female	3.02	.866	NS
	Male	3.05	.820	NS

*Significant at 0.05 level of confidence. NS (Not significant)

This finding contradicts with Carli (2002) [9] who identified that females and males differ in the way they assert themselves, with females showing more positive assertion

than males, and that males have more negative assertion than females. In addition, Van Krayenoord and Paris [10] (1997) found that self assessment was correlated with gender differences.

3.2. Level of Clinical Leadership Competency of Student Nurses in the 5 Domains

Figure 2 presents that the student nurses weigh up themselves as highly competent clinical leaders in the 5 identified subsets of clinical leadership competency.

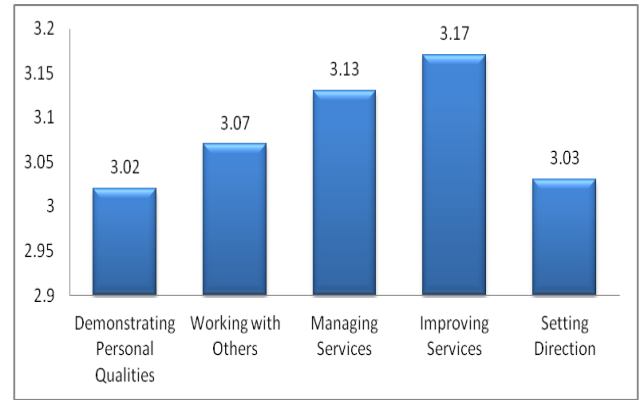


Figure 2. Level of Clinical Leadership Competency of Student Nurses in the 5 Domains

This result concurred with Bennis and Nanus [11] (1985), who suggested that effective leaders must have high regard for themselves, not self-aggrandizement. Furthermore, their study pointed out that transformational leaders have high self- esteem and confidence in their role.

3.3. Level of Clinical Leadership Competency of Student Nurses

Table 2 reveals that the overall clinical leadership competency of the subjects gained a mean of 3.081 which is neither less than 2.5 nor greater than 3.25 suggesting that student nurses regard themselves as highly competent clinical leaders.

The results coincided with the study of Curtis *et. al* [12] (2011), who identified that leadership is not only a function of management but is something that should pervade professional nursing practice. Therefore, the development of assessed excellence in nursing leadership should begin at the stages of basic nursing education and training.

Table 2. Level of Clinical Leadership Competency of Student Nurses

Participants	Demonstrating Personal Qualities	Working with Others	Managing Services	Improving Services	Setting Direction	Mean
	3.021236	3.065637	3.131274	3.166023	3.025097	3.08181853

Legend:
 3.25-4.0 -Very High
 2.50-3.24 -High
 1.75-2.49 -Low
 1.0-1.74 -Very Low

On the other hand, the finding contradicts Heller et. al [13] (2004) who suggest that on the whole, nurses are not adequately prepared for the role of leader during their nursing education programmes. This gap between adequate educational preparation and the demands of the clinical setting can result in ineffective leadership in nursing.

3.4. Comparison of the 5 Domains of Clinical Leadership Competency

Table 3 presents which domain among the 5 identified subsets of clinical leadership competency does the student nurses excel in the most, denoting that the domain the student nurses perceive themselves to excel the most is 'improving services'. This is in agreement with Sullivan (2009) [14] who stated that clinical leaders are the translators of organizational approaches to quality and plays a major role in identifying priorities for improvement, establishing and maintaining quality standards, and assuring that improvements are evaluated for safety, efficacy, and effectiveness.

Table 3. Comparison of the 5 Domains of Clinical Leadership

Domain	Mean	Rank
Improving Services	3.17	1
Managing Services	3.13	2
Working with others	3.07	3
Setting Direction	3.03	4
Demonstrating Personal Qualities	3.02	5

Overall, the lowest rank in the five (5) identified subsets is the 'demonstrating personal qualities' category. NHS Academy [4] (2012) stated that one must start exhibiting leadership through developing self awareness first and foremost. Through self awareness, one could articulate their own values and principles, and identify strengths and limitations.

4. Conclusions and Recommendations

Anchored on the findings of the study, the following conclusions were drawn:

Sex is not a factor in the establishment of clinical leadership competency differences.

Also, clinical leadership among student nurses is high in all domains of: demonstrating personal qualities, working with others, managing services, improving services, and setting direction.

Furthermore, student nurses are highly competent leaders in the clinical area.

Finally, student nurses excel most in the 'improving services' domain among the five (5) identified clinical leadership competency subsets. In descending order, it is followed by 'managing services', 'working with others', 'setting direction', and 'demonstrating personal qualities'.

Based on the conclusions of the study, the following

recommendations were derived:

The inclusion of clinical leadership in the early stages of basic nursing education and training.

Assimilate findings on NCM 106: Leadership and Management, for a better and broader understanding on the importance of clinical leadership as future practitioners.

The findings may be utilized by the faculty in improving the clinical leadership competence of student nurses.

The following are recommended for future study: (1) a study be conducted on the same line by increasing the target number and population, (2) a self-assessed clinical leadership competency for the faculty members, (3) an instructor-assessed clinical leadership competency among the student nurses, (4) a comparison on the leadership competencies of the students, considering the 4 year level differences.

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