

Insights on leadership from early career nurse academics: findings from a mixed methods study

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All authors were responsible for the study conception and design, EH, DJ, KP and YS organised the data collection. DJ performed the data analysis. EH, DJ, JD, JG, KP, SA and YS were responsible for drafting the manuscript and made critical revisions to the paper for important intellectual content.

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Conflict of interest

No conflict of interest has been declared by the authors.

Abstract:

Aim: To explore early career nursing academics perceptions on leadership in academia.

Background: There is growing emphasis on leadership capacity building across all domains of nursing. However, there is limited evidence on leadership capacity in early career academics. This study tested an intervention to develop leadership capacity amongst early career nursing academics in two Australian universities.

Methods: A sequential mixed methods design, using online surveys and semi-structured interviews, was used to collect data

Results: Twenty-three early career nursing academics participated. Most had experience of formal leadership roles and were aware of its importance to them as they developed their academic careers. Participants were able to discuss their own views of themselves as leaders; their perceptions of their own needs for leadership development, and ways they could seek to further develop as leaders.

Conclusion: There is a need to provide initial and ongoing opportunities for leadership development amongst nurse academics. These opportunities should be contextualised and recognise factors such as gender, and the effects of structural oppression.

Implications for Nursing Management: Nurse academics are involved in the preparation of the next generation of clinical leaders and it is imperative that they are able to articulate a clear view of leadership.

Keywords: leadership, early career academic, nurse academic, mixed methods

Introduction

There is currently extraordinary interest and investment in leadership capacity building in many settings across all areas of health (Leigh et al., 2014; McIntosh & Tolson, 2009; McNamara et al., 2014). It is widely accepted that effective leadership has a bearing on many organisations' capacity to meet their strategic objectives, and this is so across the clinical, academic and research spheres. Nursing, midwifery and health academics have unprecedented opportunities to help prepare the next generation of health care leaders and to ensure they meet the leadership competency required by various registering authorities. Thus, it seems imperative, that those in the academic setting receive leadership training to be effective teachers of leadership and to be strong role-models of effective leadership practices. To achieve this it is essential that faculty are able to understand and articulate a clear view of leadership.

Career assistance (Adcroft & Taylor, 2010), orientation programmes (Gilbert & Womack, 2012) and mentorship (Gerolamo & Roemer, 2011) are ways of successfully providing developmental support to early career nurse academics (ECNAs) and may develop enhanced insights into leadership as well as leadership capacity. In this paper we outline participants' perceptions of leadership from the development and evaluation of a leadership program we developed and tested to facilitate leadership development amongst ECNAs.

Literature review

Effective leadership is linked to better patient outcomes in the clinical setting (Wong, Cummings, & Ducharme, 2013) and learning and teaching excellence in the higher education setting (Henard, Roseveare, & Institutional Management in Higher Education, 2012; Sawatzky, Enns, Ashcroft, Davis, & Harder, 2009). While leadership in the clinical and academic setting may be viewed differently there is a common strand, 'influencing others', that underpins leadership in both settings (Hurley & Hutchinson, 2013). Leadership for clinical practice is focused on influencing others in a continuous improvement process (Cook, 2001, p. 44) with a clinical leader being "a nurse directly involved in providing clinical care that continuously improves care and influences others" (Cook, 1999, p. 306). Similarly, academic leadership is recognised as "the ability

to influence others. It is a process not a position” (Triolo, Pozehl, & Mahaffey, 1997, p. 149). These definitions underline the premise that leadership is not restricted to persons in positions of power, such as deans, heads of school or directors of nursing, but may equally relate to students or early career academics. Both the higher education and clinical setting have been criticised for overlooking early career staff in leadership preparation (Paterson, Henderson, & Trivella, 2010; Shieh, Mills, & Waltz, 2001). In addition, those in senior roles in both settings have indicated a lack of preparedness for their leadership roles (Mintz-Binder, 2013).

A shortage of appropriately qualified nursing faculty exists internationally with reduced numbers of nurse graduates, possession of a doctoral qualifications a job requirement and the ageing workforce with pending retirements among the reasons contributing to the shortage (Jackson, Peters, Andrew, Salamonson, & Halcomb, 2011; McDermid, Peters, Jackson, & Daly, 2012). Sessional academic staff are increasingly recognised as an integral component of the nursing academic workforce (Andrew, Halcomb, Jackson, Peters, & Salamonson, 2010; Halcomb, Andrew, Peters, Salamonson, & Jackson, 2010). New academic staff and sessional academic staff are generally recruited from the clinical practice setting and highly valued for their clinically current knowledge and skills (Andrew et al., 2010; Halcomb et al., 2010). However, recognition must be given to the different nature of academia when compared to the clinical workplace (Cleary, Horsfall, & Jackson, 2011). In the transition from the clinical to educational setting these nurses find that they “...come to education as expert nurses and find themselves back in the role of novice, but now as an educator” (Gilbert & Womack, 2012, p. 100)

There is little information available about the knowledge and skills associated with leadership held by nurses transitioning into academic life (McDermid et al., 2012). This paper is drawn from a larger study that sought to develop, implement and evaluate an intervention to enhance the leadership capacity of early career nurse academics.

Methods

Design

This study was conducted between April 2011 and February 2013 within two of the largest metropolitan Schools of Nursing and Midwifery in New South Wales, Australia. The overall study involved the development and implementation of a leadership

program for early career nurse academics (Halcomb et al., 2013). This paper reports on a discrete element of the larger study, that is, the participants' perceptions of leadership in nursing. Other aspects of the larger study are reported elsewhere.

Sample

The convenience sample consisted of 23 early career nurse academics from across the two Institutions. Individuals were considered an early career nurse academic if they were employed on a permanent basis by either participating institution, were a registered nurse, and either had recently completed their PhD or were enrolled or were intending to enrol in their PhD. It should be noted that some participants were also midwives and regarded this as their dominant expertise.

Data collection

The study used a sequential mixed method design to explore perceptions of leadership amongst early career nurse academics. Quantitative data were collected via two separate online surveys (powered by Qualtrix software). A 360° survey was completed by participants prior to commencing the leadership program and a workplace perceptions survey was undertaken midway through the intervention. Before and after the completion of the leadership program, participants were involved in face-to-face semi-structured interviews. These interviews were conducted by Research Assistants external to the research team and were digitally audio-recorded and transcribed verbatim for analysis.

Instruments

360° feedback survey

The 360° feedback survey was based on Fareys' (1993) Leader/Manager Framework. This Framework groups twenty identified leadership and management activities into four quadrants, namely: a) Task Leadership; b) People Leadership; c) People Management; and d) Task Management. Individuals then rate their perceived performance in these areas on a five point Likert scale (Do a lot less (-2); Do a bit less (-1); As now (0); Do a bit more (1); and Do a lot more (2)).

Workplace survey

This survey was derived from a review of the literature and previous instruments. The survey included the 40-item leadership and management skills inventory (Farey, 1993), 10-items on work satisfaction, 11-items on perceived support, 21-items on work stresses (Bellini, Abbuhl, Grisso, Lavizzo-Mourey, & Shea, 2001), 57-items on Lecturer self-efficacy (Hemmings & Kay, 2009; Sharp, Hemmings, Kay, & Callinan, 2012) and 12 demographic items.

Data Analysis

Quantitative data were imported into SPSS statistical software package (IBM Corp., Released 2013). Data were analysed using descriptive statistics, mean and standard deviation for continuous data, and frequency and percentage for categorical data. Scores for each of the four quadrants of the 360° feedback survey were computed by calculating the mean aggregate scores of each of the four quadrants.

Interviews were transcribed verbatim by a professional transcription company and analysed using a process of thematic analysis (Borbasi & Jackson, 2011; Draper, Holloway, & Adamson, 2014). Initially, transcripts were read and re-read to ensure a comprehensive understanding of both content and context of participants' accounts. Transcripts were then individually explored for elements of interest, and common threads between transcripts were collated and coded into initial themes (Braun & Clarke, 2006). Themes were described, named and refined until agreement between the researchers was reached.

Ethics

The study was approved by the Human Research Ethics Committee of both participating institutions. All data were de-identified for analysis. Data have been aggregated within the report. Pseudonyms have been used to maintain confidentiality.

Findings

Twenty-three participants were recruited into the study. All were appointed at entry level academic appointments, and the majority were female, and aged over 40 years (see table 1). They had come to academic life following an established clinical career and were generally committed to forming solid academic careers.

***** Insert Table 1 here*****

Participants had chosen to enrol in the project because of their desire for support and guidance in key areas of academic performance (Figure 1). Leadership was identified by over half of the participants as one of the key issues that participants were interested in seeking guidance and support in developing.

*****Insert Figure 1 here*****

With a score of zero ('0') as the ideal level, the overall mean ratings of participants were to 'Do more' in all four quadrants of leadership/management activities (Figure 2). People Management was the quadrant with a lowest mean aggregate score (4.3) whereas Task Management and Task Leadership quadrants were rated by participants as requiring to 'Do more', with ratings of 7.0 and 8.2 respectively (Figure 2).

*****Insert Figure 2 here*****

Participants were able to articulate the qualities of effective leadership, and these included showing respect and being a respectful person (participant 8). Most participants had some previous experience of formal leadership roles and so had some clear ideas on leadership, and they were aware of its importance to them as they developed their academic careers. Participants were able to qualitatively discuss their own views of themselves as leaders; their perceptions of their own needs for leadership development, and ways they could seek to further develop as leaders. Detailed qualitative findings are presented below.

Views of themselves as leaders

Most of the participants had entered academic life following active and successful clinical careers that had afforded them opportunities to develop some very useful leadership skills.

I think I'm actually not too bad at conflict resolution having done it in the past because I've been the nursing unit manager ... with very strong personalities. So yeah, I prided myself on that ... (p: 8)

Similarly, participant 11 viewed herself as having some effective and valuable leadership skills that had been gained over many years in the health sector.

I think I'm a very good communicator, I have good communication skills. I'm very - I'm approachable; I've been told that I'm quite approachable. Very organised. And I think they're really important qualities to have as a leader. ... I'm focused, committed, and I suppose I have the passion (p: 11).

However, while many participants expressed that they had previously seen themselves as leaders in the clinical environment, they were very much the newcomers in the academic environment. Participant 7 had held some leadership positions prior to coming to academic life but now was now going through a process of redefinition in relation to leadership.

I think leadership is a funny term. For example, I could certainly see in other people how they're a leader and things like that but I guess if I look at my own self I think oh, am I a leader or how do I do that or I think that's a different (p: 7).

The demands associated with academic life were seen to create considerable new challenges. In reflecting on her transition to academic life, participant 12 commented,

There's an awful lot of pressure ... Just how do you handle some of those things that come off it? You're used to dealing with six patients. Now all of a sudden you've got 500 students you have to deal with (p: 12).

While most participants did not yet view themselves as leaders within the academic environment, they were aware they had some leadership skills. Notwithstanding the different contexts, participants were able to draw on many of their previously developed leadership skills to help them in their current roles.

I think in terms of supporting other people and I guess leading in a positive way, I think I do that very well. I've certainly had feedback on that throughout my career, that [supporting others] is something I do really well (p: 13).

The importance of being positive and supportive in the workplace was noted by some participants as being important leadership assets, as was the ability to display good insight and understanding into the needs of constituents.

Understand people who are involved in - you know, in a project. I mean, you're like leading the program, the project, and definitely you're actually looking to achieve some outcomes as a leader. So to me it's not all about like looking at the outcomes, you need to actually look at the staff, their needs as well. So make balance between you and your staff's needs (p: 14).

Participants also described the importance of being able to draw on strategies such as role modelling and risk taking (p: 5,9), being well organised and approachable (p: 10), passionate (p: 11), having good negotiation and motivational skills (p: 17), good teamwork, and being able to act as a guide to other people (p: 8). Participants generally aspired to taking on academic governance and leadership roles in the future and because of this, recognised the need for reflection and development in this area. In considering their capacity as leaders of the future, participants indicated the value of feedback from others in highlighting their leadership potential.

I think there's always room for improvement, absolutely always, and in a sense I don't know if I consider myself as a leader as such. I probably guess I'd like to work more on identifying, I guess, perceptions of others and how they perceive my strengths and my weaknesses and to have further clarity on that and how I could actually work on those a bit more. I think that would be really important for me (p: 7).

Perceptions of their leadership development needs

Participants expressed insight into their weaknesses as leaders, and were able to verbalise leadership attributes they aspired to and that needed to be further developed. Though some participants had come from quite senior positions within the health sector, their uncertainty in their new environment created a sense of tentativeness and apprehension. This, in turn, meant that some participants felt they were not as assertive as they needed to be.

I suppose being assertive... it's something I still need to work on ...on being more assertive with the organisation of things, putting forward an opinion on certain things, regarding whether things are running better or what could run better, making suggestions (p: 2).

The inability to be assertive was not only affecting their personal development as academics, but in some situations, negatively affected their teaching performance and student satisfaction with their teaching.

I think I need to give a bit more strength in assertiveness and I say that because on my students' feedback on teaching last semester, a couple of students wrote that I should have stopped the talkative students from talking all through the class. Even though I thought I tried, it was really hard to stop those people from chit chatting and I should be a little bit more assertive in controlling the classroom environment (p: 15).

Lack of confidence was also identified as an issue to be overcome and one that was perceived to negatively influence participants' career progression. When asked to identify a leadership characteristic that they lacked or which they could further develop, participant 11 commented:

I suppose it's having the confidence, I think that's probably the main thing with me, is being confident in my role, keeping up that confidence in my role and being competent in what I'm doing... personally with me I've always had issues with confidence (p: 11).

Participant 16 also felt that her lack of confidence in herself effectively blocked her from moving forward. While this participant expressed belief in her own knowledge and abilities, she felt unable to act confidently in many professional situations. This lack of confidence was reinforced to her in the perceptions that others had of her.

I think maybe confidence is maybe a big issue for me... because it came out in one of the surveys, the 360 survey...I thought okay I'll work on my confidence a bit because I know my work, I know my stuff but sometimes confidence due to - I don't know. I just sometimes just don't believe in myself either. I feel that could probably - I need to work on that and develop that further (p: 16).

Difficulties with being assertive and the lack of confidence extended meant that some participants felt tentative and unsure in relation to everyday academic activities such as the most effective ways of delivering negative feedback to colleagues and students. Participant 14 expressed such reticence; fearing the reaction such feedback might cause.

Like to be able to have a good like communication skills with your colleagues, with your students. Yeah, this is important. How you like use like strategies to improve your communication skills, how could you like give feedback to your students, to your colleagues, without like getting them annoyed? (p: 14).

Seeking to learn about leadership

Participants were keen to develop as leaders and all had either actively sought to learn about leadership, or intended to. They also disclosed some views on their preferred learning activities. While there was recognition of the importance of learning about theories of leadership, participants generally felt that applied knowledge would be more useful to them at their early stage of career.

I think that the wider theories on leadership are important. But when you're starting out its more of the what to do, not the why and theory behind it that I think is important (p: 13).

Participant 13 articulated the view that being seen to be willing to develop as a leader was important, and helped to generate opportunities to gain experiences. Indeed, participants greatly appreciated being provided with opportunities to actually show leadership, and to be provided with feedback on their performance. This was valued more than book learning about leadership.

I think, for me leadership is - you can do courses and there are the online modules and all those kind of things that talk about leadership - but for me leadership is actually doing and getting feedback on how you're doing that. So in my experience that's really where you learn leadership. Otherwise it becomes a kind of mechanical thing (p: 6).

Participants also indicated a need to be able to learn about leadership interactively, through interactions with people holding extensive experience in leadership and governance. Reflecting on how she learns from others, participant 8 commented that being exposed to different types of leaders would be helpful and present a range of options and responses for consideration.

Having contact with a whole range of different leaders and see how people actually work, and be able to draw from each of them, draw on what they do and incorporate it into your own as well (p: 8).

Educational interventions such as small group work with experienced leaders, and approaches using presentation of case scenarios and vignettes as a focus for considering leadership behaviours and strategies were seen as being highly desirable, particularly for dealing with difficult emotional responses.

Saying, well, what is it like to have to deal with the types of student issues that come up? The fact that - how are you going to handle students who are angry about particular things? What is it going to be like when you say one thing to students and all of a sudden it snow balls? Because you didn't mean it in the context which you did but they took it in that way? (p: 12).

Similarly, participant 6 likened the development of leadership skill and strategies as something that could be likened to clinical supervision.

... people presenting cases. Like you might do in other kinds of supervision. You bring along - this is a problem I have; I want to change an aspect of this unit that I'm coordinating but I'm getting a lot of resistance from the team I work with, how do I manage that? How do I - I've got a team that seem to be a little bit stuck at the moment and I've tried this and it's not working; how do I inspire them; how do I move things forward - and you bounce ideas off them? (p: 6).

In addition to being able to share experiences with those holding a broad range of leadership experiences, participants were also quite clear that they wanted to be able to learn about leadership from nurse leaders. In reflecting on her participation in a leadership session with a generic leadership expert, participant 4 commented:

The person that came to talk to us was not a nurse and didn't understand the context of nursing, or leadership in the context of nursing... it's good to look at it from - in different contexts and from different perspectives, but I would have personally would have probably got a whole lot more out of hearing from somebody who was considered a nurse leader (p: 4).

While valuing interdisciplinary insights, participant 4 felt that nursing has unique issues and challenges, and that early career nurse academics would benefit from having the opportunity to engage with leaders in their own discipline.

I'd like to hear from nurse leaders. I'd like to hear their stories about how they got where they went - where they are. I think hearing from them about their journeys to leadership would be really good and there are some really amazing nurse leaders that would probably be quite inspiring (p: 4).

Discussion

As is the case with the nursing workforce, the participants in this study were predominately women, and the average age was quite high, with most participants aged over 40 years. This paper highlights some of the issues and challenges associated with the aging workforce in relation to transition into a new work context, and in developing leadership capacity. Gender is recognised as a key issue in the workforce, and even though nursing remains strongly gender-segregated there is evidence that women can experience gender-related disadvantage when seeking to advance their careers, with higher proportions of males in more senior positions (Daly, Speedy, & Jackson, 2014). A special effort is required to assist women in to leadership positions. There is evidence that women in higher education may face structural oppression. This oppression may be cultural and/or institutional, and it may be nuanced and very subtle. In the case of academic nurses, structural oppression may be exacerbated because nurse academics are predominately women and tend to come from the health sector.

There is considerable evidence suggesting nurses may be affected by oppression within the health sector (Rodwell & Demir, 2012), and we suggest that this could have an influence on nurses transitioning to academic life. Findings from our paper support this and suggest that the ECNA's in our study were lacking in confidence and autonomy. This lack of confidence affected their own ability to identify their leadership strengths, or to see themselves as leaders. Leadership programmes have been shown to have a positive impact on the development of nursing leadership (Curtis, Fintan, & de Vries, 2011; Wong et al., 2013) and clinical nursing leadership competencies (Patton et al., 2013). While leadership programmes targeted at developing and mentoring the upcoming early career nursing leaders in the clinical setting are funded by governmental or professional bodies, nurses within the academic setting fall outside these schemes. Yet, the transition to the 'proverbial trinity of faculty roles' – 'teaching research and service' (Reybold & Alamia, 2008, p. 108) can be challenging for those new

to the role, who may have a lack of understanding about teaching and learning practices; roles and expectations (Andrew et al., 2010; Halcomb et al., 2010; McDermid, Peters, Daly, & Jackson, 2013). This lack of understanding and awareness can undermine the confidence of individuals and raise fears when dealing with the new role (McDermid et al., 2013). Findings of this current study highlight the need to create a more enabling environment for women coming into academic life; particularly those coming from the health sector. Indeed, these findings also point to a need to provide initial and ongoing opportunities for leadership development. But to be optimally meaningful and useful, such opportunities should be contextualised and should recognise factors such as gender, and the effects of structural oppression.

Directions for further research

Findings of this study highlight a need for further research. Such research could focus on the identification of competencies needed for the new transitional nurse academic. This information could allow for the development and testing of interventions that can support the leadership development of ECNA's and these could be evaluated to track the impact on the participants and their career trajectory over time.

Implications for Nursing Management

Nurse academics play a key role in the preparation of the next generation nurses and, therefore, our future clinical leaders. Ensuring that nurse academics are able to articulate a clear view of leadership in nursing is an important strategy to strengthen the preparation of future nurses. Findings of this study demonstrate the need to actively promote leadership capacity building amongst nurse academics to optimise their leadership potential. Ensuring strong leadership within the nursing profession can only serve to build the profession and optimise the impact of nurses on the health outcomes of consumers.

Conclusion

This study demonstrated that many early career nurse academics had been placed in formal leadership roles and were aware of the importance of this experience to them as they developed their academic careers. However, most participants indicated that they felt the need for further support to develop leadership capacity in the academic setting.

This study highlights the need to provide initial and ongoing opportunities for leadership development amongst nurse academics to optimise leadership capacity.

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Table 1 Participant Characteristics (Halcomb et al., 2013)

Characteristics	n (%)
Age	
Up to 39 years	8 (34.8)
40 years or more	15 (65.2)
Gender (Female)	20 (87)
Level of academic appointment	
Level A (Associate Lecturer)	4 (17.4)
Level B (Lecturer)	16 (69.6)
Other	3 (13.0)
Employment status	
Continuing staff	15 (65.3)
Fixed term contract	5 (21.7)
Casual / Sessional contract	3 (13.0)
Highest nursing qualification	
Up to Bachelor degree (including Honours)	4 (17.4)
Master's degree	11 (47.8)
Doctorate	8 (34.8)
Highest teaching qualification	
No formal qualifications	1 (4.3)
Certificate IV Workplace Training	3 (13)
UG degree in teaching	2 (8.7)
Master of Education/Higher Education	4 (17.4)
Doctorate/PhD	1 (4.3)
Not stated	12 (52.2)
Previous employment by another university	
Not previously employed by another university	14 (60.9)
Permanent staff	6 (22.2)
Sessional Teacher/Clinical Facilitator	2 (8.7)
Short term contract	1 (4.3)
Average duration since obtaining qualification as a nurse or midwife (SD), years	19.1 (7.7)

Figure 1 Areas of interests in seeking support and guidance (Halcomb et al., 2013)

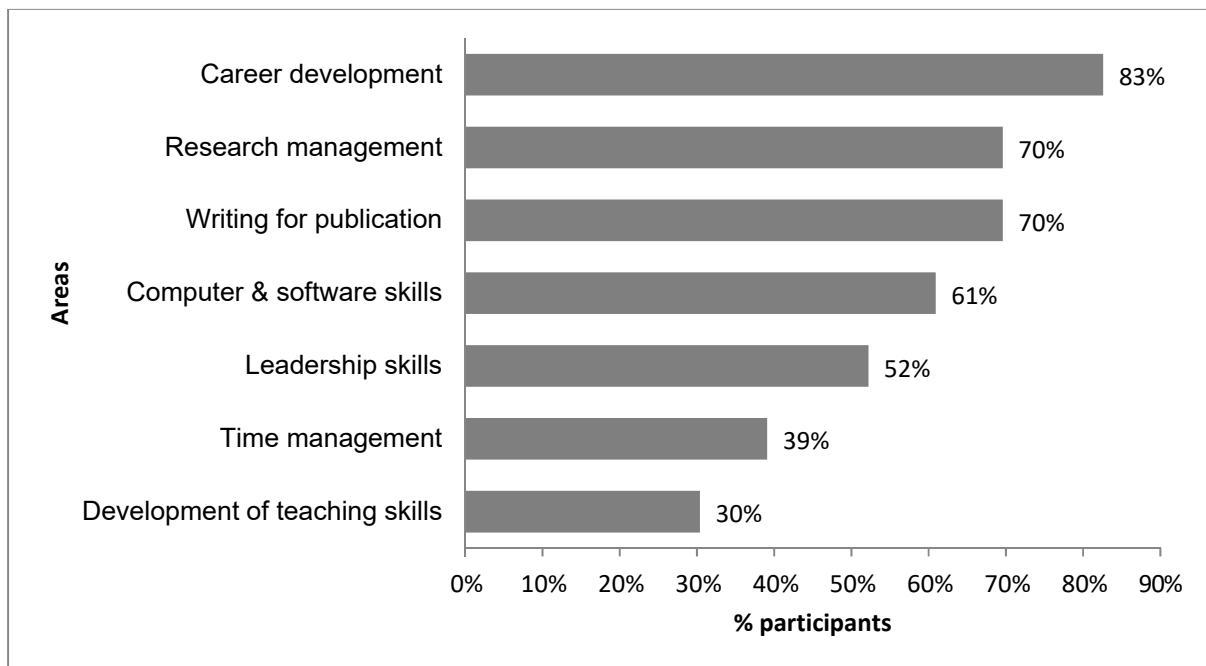


Figure 2 Findings from 360° feedback

