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ABSTRACT

BACCALAUREATE NURSING STUDENTS'  
LIVED EXPERIENCES OF A LEADERSHIP  
ROLE DURING CLINICAL PRACTICUM

by

Gisela E. Schmidt

Chair: Larry D. Burton

## ABSTRACT OF GRADUATE STUDENT RESEARCH

Dissertation

Andrews University

School of Education

Title: BACCALAUREATE NURSING STUDENTS' LIVED EXPERIENCES OF A LEADERSHIP ROLE DURING CLINICAL PRACTICUM

Name of researcher: Gisela E. Schmidt

Name and degree of faculty chair: Larry D. Burton, Ph.D.

Date completed: May 2021

### Problem

Leadership is an essential component of professional nursing practice used in many aspects of the Registered Nurse (RN) role. Baccalaureate nursing (BN) programs have the responsibility of preparing graduating nursing students with leadership orientation and practice. Excellent professional preparation of RNs starts with their education during nursing school. The fast-paced and high-demand healthcare environment needs RNs who can be accountable for patient care that enables excellent patient outcomes and sound patient-centered care. Taking this into consideration, nursing educators are in a special position to promote nursing education which prepares their students with leadership education and training. The purpose of this study was to describe BN students' lived experiences of a leadership role during clinical practicum.

## Method

For this study, the phenomenological approach was used to be able to understand the phenomenon of a leadership role during the Team Leaders' (TL) lived experiences during their clinical practicum of a Medical-Surgical course. Data came from journals written by 32 participants from two cohorts, and interview transcriptions from eight participants selected from the 32 journal writers. The data were organized and analyzed with the NVivo 12 Plus software program, based on close readings and analysis of the journals and interview transcripts. First and second coding cycles were used. During the first cycle of coding, I used two types of codes: Elemental method *in vivo* coding and the affective method of emotion coding. During the second coding cycle I used the pattern coding method.

## Results

Key findings revealed several themes. According to the participant descriptions these themes are The Team Leader Role, Introduction to Nursing Leadership, A Great Learning Experience, Learning Outcomes, Emotions, and Negative Perceptions and Unanticipated Findings. From the gathered experiences of the participants the essence of the findings emerged as Learning Through Experience. Learning Through Experience increased the participants' exposure to a variety of circumstances which enriched their knowledge about leadership and professional nursing. The results not only highlighted findings about what the participants had experienced related to leadership in nursing, they underlined specific learning outcomes related to professional nursing responsibilities.

## Conclusions

These descriptions of the lived experiences of BN students in a leadership role during a clinical practicum demonstrated that experience is critical in the learning process. This research offers potential benefits to nursing education, promoting an alternative practice to maximize introduction to and education about leadership in nursing. Nursing students need to develop leadership skills prior to entering the workforce to make certain they are able to meet the challenges associated with the highly demanding healthcare environment.

*Keywords:* Leadership. Learning. Experience. Professional Nursing.  
Baccalaureate Nursing Students.

Andrews University  
College of Education & International Services

BACCALAUREATE NURSING STUDENTS'  
LIVED EXPERIENCES OF A LEADERSHIP  
ROLE DURING CLINICAL PRACTICUM

A Dissertation  
Presented in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy

by  
Gisela E. Schmidt

May 2021

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APPROVAL BY THE COMMITTEE:

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Date approved



## DEDICATION

This work is dedicated to God, who gave the strength and perseverance, guided me through the process, and provided me with the focus to complete the doctoral journey. When I needed knowledge, God always directed me to the correct places and persons. My gratitude is forever to God who made this work possible. To my husband who supported me through many hours of work, for his patience, encouragement, and support in all matters throughout this process; I could not have done it without you. To my late father, who inspired and supported education, always having an extra book to read, thank you. To my mother, for her support early on and encouragement to always finish homework. To my grandparents, who advocated education over anything else. To my kids, Roger, Brian and Jacqueline and their respective spouses, for the support and discussions throughout the process of writing, and some important practical assistance. I could not have done and finished this journey without you. To God be the Glory.

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## LIST OF ABBREVIATIONS

AACN	American Association of Colleges of Nursing
ANA	American Nurses Association
AU	Andrews University
BN	Baccalaureate Nursing
Essentials	Essentials of Baccalaureate Education for Professional Nursing Practice
IOM	Institute of Medicine
IPE	Interprofessional Education
IPP	Interprofessional Practice
IRB	Institutional Review Board
RN	Registered Nurse
SBL	Simulation-Based Learning
TL	Team Leader



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## CHAPTER 1

### INTRODUCTION

#### **Background of the Problem**

The nursing profession faces constant changes, requiring nurses to have excellent theoretical knowledge combined with the ability to offer holistic nursing care, while ensuring improvement in patient health status. Nurses must be prepared to lead the changes necessary to provide outstanding patient care. Taking this into consideration, nursing educators have a special responsibility to stimulate nursing education which prepares their students for these important responsibilities. Reinforcing this, Grossman and Valiga (2005) asserted that nursing educators must review curricula to provide students with opportunities to practice leadership skills and clinical roles.

Nursing students must be exposed to integrative learning experiences related to leadership while they are concluding the nursing school experience. Teaching strategies promoting active learning and student decision making are perceived to produce higher learning achievements (Svinicki & McKeachie, 2014). Teaching nursing is an endeavor which affirms an important mission. Students need to be taught how-to-learn because nursing is a profession that conveys new challenges every day. Students need to develop everlasting, self-directed learning practices.

While completing nursing education, students must learn and retain information for a lifetime. The skills and theoretical knowledge learned during nursing school remain critically important throughout the nursing program and after graduation, because

patients' lives depend on them. To provide practical expertise in nursing leadership, the Team Leader (TL) experience was incorporated into the clinical practicum rotation of the Medical-Surgical course in a baccalaureate nursing (BN) program.

The TL responsibilities typically included delegating patient assignments, monitoring, and assisting in the provision of patient care; if problems were encountered, they were to help find solutions, or as needed, help classmates with patient care. The TL assisted the Clinical instructor with prioritizing and organizing the responsibilities of the fellow nursing students. The TL role engaged nursing students in an endeavor which motivated application of a realistic approach to critical thinking to solve immediate leadership circumstances while the nursing students were embedded in the clinical practicum. If the teacher wanted the students to transfer what they learned to the real world, learning activities should be experienced under conditions like real world circumstances. (Svinicki & McKeachie, 2014).

Usually, nursing students in the clinical practicum rotation of the Medical-Surgical course were assigned to care for only one patient during the day, which is a reality far from the actual responsibilities once the students are working as Registered Nurses (RN). Typically, RNs are assigned more than one patient on any given work shift and have a working knowledge of all patients in their unit. The number of patients assigned to the RN will depend upon the type of unit and patient medical acuity. New nurses and nurse educators may believe that aptitudes and skills acquired in the skills laboratory are sufficient; however, experienced nurses understand proficiency gained from experiences with different and complex patient problems. (Benner, 1984).

Leadership skills are not learned and then put into practice between one day and the next. We cannot expect that students graduating from nursing programs with no hands-on exposure throughout nursing school will be able to undertake leadership positions when exposed to real world situations. Consequently, preparing nursing students during their school years with both leadership theory and practice will prepare them for the increasing demands of the healthcare system.

### **Statement of the Problem**

Leadership is an essential component of nursing practice used in many aspects of the nurse's role. Nurse educators need to value and understand the importance of leadership education and training, and to teach leadership with the objective of integration within the nursing program curriculum (Curtis et al., 2011b). Preparing nursing students in baccalaureate programs to function as leaders in their nursing profession upon graduation has become a necessity because the healthcare profession and patients depend on well-prepared nurses who can make decisions to protect and improve the health status of their patients.

BN programs have the responsibility of preparing nursing graduates with clear leadership orientation and practice. Typically, when students are in clinical practica for different nursing classes, they care of one patient, which does not give them the opportunity to engage in delegation or nursing care prioritization as they relate to several patients who need nursing care who may have varying levels of health complications.

The American Association of Colleges of Nursing (AACN, 2008) developed the Essentials of Baccalaureate Education for Professional Nursing Practice (Essentials) to

guide nursing education. Essential II describes the basic organization and system of leadership for quality care and patient safety. The rationale states that

*Organizational and systems leadership, quality improvement, and safety are critical to promoting high quality patient care. Leadership skills are needed that emphasize ethical and critical decision making, initiating, and maintaining effective working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies. Basic nursing leadership includes an awareness of complex systems, and the impact of power, politics, policy, and regulatory guidelines on these systems. To be effective, baccalaureate graduates must be able to practice at the microsystem level within an everchanging healthcare system. This practice requires creativity and effective leadership and communication skills to work productively within interprofessional teams in various healthcare settings. (p. 13)*

### **Purpose of the Study**

Excellent professional preparation of RNs starts with their education during nursing school. The fast-paced and demanding healthcare environment needs RNs who can be accountable for sound patient-centered care that enables better patient outcomes. Nursing education prepares the nursing student to engage in excellent patient care in a highly complex environment including patients with numerous health problems, needing high quality nursing care. The students in the Medical-Surgical class of their junior year had been exposed during their sophomore year in the Fundamentals in Nursing class to basic leadership skills during the clinical practicum experience. Incorporating an enhanced experience with leadership activities as TLs during the Medical-Surgical class was an effort to ensure that nursing students learned and were able to apply those skills once they graduated from nursing school.

The role of the TL was incorporated into the Medical-Surgical clinical practicum rotation to expose and prepare students to be able to develop leadership proficiencies while making decisions to improve the health status of their patients. The purpose of this

study is to describe the BN students' lived experiences of a leadership role during clinical practicum.

### **The Research Questions**

The following primary questions guided this study:

1. What were the nursing students' lived experiences as they participated in the TL role throughout the clinical practicum of the Medical-Surgical class?
2. How did the nursing students experience the TL role throughout the Medical-Surgical clinical practicum class?

### **Conceptual Framework**

According to Maxwell (2012) the conceptual framework is the portion of the design that includes the researcher's understanding of the "events, settings, individuals, and processes being investigated, their relationships, and the relevant contextual influences on these" (p. 85). The conceptual framework guides the process of the research and, as mentioned by Polit and Beck (2004), "good research assimilates findings in organized, coherent system, which involves linking new research with existing knowledge, and by identifying or developing and appropriate conceptual framework" (p. 114). As suggested by Maxwell (2012) the guideline to assess a conceptual framework is "how effectively it represents what really exists and is actually occurring" (p. 86).

The conceptual framework is the "researcher's map" of the investigated field (Miles et al., 2014, p. 20). Following these guidelines, the framework which led the present work was that learning is constructed during social interaction in collaboration with others, following Piaget's and Vygotsky's theories, and that learning leadership skills is founded in peer learning and collaborative interaction with others. In developing

the conceptual framework, I also used Essential II from the document developed by AACN (2008), which describes the basic organizational and systems leadership required for quality care and patient safety.

### Constructivism

In the constructivism learning theory, based on the work of Piaget and Vygotsky, the learner constructs new knowledge onto an existing structure of knowledge, through a personal understanding of the experience (Billings & Halstead, 2009). DeYoung (2009) wrote that constructivism proposes that the learner builds new knowledge upon prior knowledge following individual experiences and interactions with their environment. As a learning theory Constructivism maintained that knowledge is socially constructed, and that students' prior knowledge is foundational to the learning process because new knowledge builds and gains meaning within the pre-existing system of understanding (Young & Paterson, 2007). These authors affirmed that constructivist teaching places students in learning situations which challenge the understanding they have already.

Constructivism "Is a theoretical position that holds the view that knowledge is socially constructed" (Young & Paterson, 2007, p. 8). "Of course, the part played by environment is much larger, since the essential function of knowledge is to make contact with environment. To the effects of physical environment we must add those of social environment" (Piaget, 1971, p. 23). Vygotsky discovered that development was mainly social in origin. (Young & Paterson, 2007).

Piaget (1970) affirmed that "Human knowledge is essentially active" (p. 15). To gain knowledge reality must be integrated into systems of transformation; that is, an object is not copying the object, something is being done with it. Piaget (1971)

emphasized that knowing is reacting to reality and transforming it “In such a way as to include it functionally in the transformation systems with which these acts are linked” (p. 6). Vygotsky believed that every stage or step in the development of a child happens first within the path of social interactions (Young & Paterson, 2007).

### Peer Learning

Peer learning refers to the use of teaching and learning approaches in which students learn with and from each other without having the immediate involvement of a teacher. (Boud et al., 1999). Peer-assisted learning, according to Topping and Ehly (1998), is the achievement of knowledge and skill when colleagues or friends who are equal are helping and supporting each other. Peer-assisted learning includes individuals from comparable social groups who are not professional teachers, helping each other to learn, and because of that, they are learning themselves.

Boud et al. (2001) defined peer learning “as ‘students learning from and with each other in both formal and informal ways.’ The emphasis is on the learning process, including the emotional support that learners offer each other, as much as the learning task itself” (p. 4). Topping and Ehly (2001) (as cited in Topping, 2005) synthesized existing research about theoretical models of peer learning into a single theoretical model, grouping main sub-processes into five categories. The categories included (a) the organizational or structural features of the learning interaction; (b) a cognitive conflict and challenge, reflecting Piagetian schools of thought; involving support and scaffolding from a more competent other reflecting Vygotskian perspectives); (c) management and modulation of the information processing demands from the helper to the learner; (d) the communication skills of the helper and the helped; and (e) the powerful affective



component of the peer learning including a trusting relationship with a peer. The learning process is facilitated by a peer who holds no position of authority, thus reducing the likelihood of exposing inexperience or lack of knowledge, and so facilitating the learning process.

Peer learning helps students develop multiple aspects of their learning processes; these will be necessary in the future when they are inserted into a community or workforce. Topping (2005) said that peer learning “Builds on individuals’ strengths and mobilizes them as active participants in the learning process, . . . not only do helpers learn the subject better and deeper, but they also learn transferable skills in helping, cooperation, listening, and communication” (p. 643). Adding to that, Svinicki and McKeachie (2014) declared that many effective peer learning techniques include alternating between listening and summarizing or explaining.

### Cooperative Learning

Working together in groups supports the learning of all participants in the group. “Cooperation is working together to accomplish shared goals” (Johnson et al., 1991, p. 3); individuals involved in cooperative activities seek outcomes which help all group members, including themselves. Cooperative activities enhance feelings of being connected and available to interact with all group members, promoting opportunities to listen and learn from one another. Palmer (1998) wrote that our understanding about the world comes from collecting information in a cooperative community of truth; the community of truth and a sense of connectedness can be generated in small or large classes, “through lectures, lab exercises, fieldwork, service learning, electronic media, and many other pedagogies, traditional and experimental” (p. 115).

The concept of cooperative learning emphasized utilization of small groups so students can work together to improve their own learning and the learning of others (Johnson et al., 1991). Learning together offers students opportunities to observe reality through the eyes of others, as an alternative to depending on their own limited ideas (Palmer, 1998). Accentuating this concept, Svinicki and McKeachie (2014) stated that “learning to think involves thinking and communicating what we think through talking, writing, or doing, so that others can react to those thoughts” (p. 193).

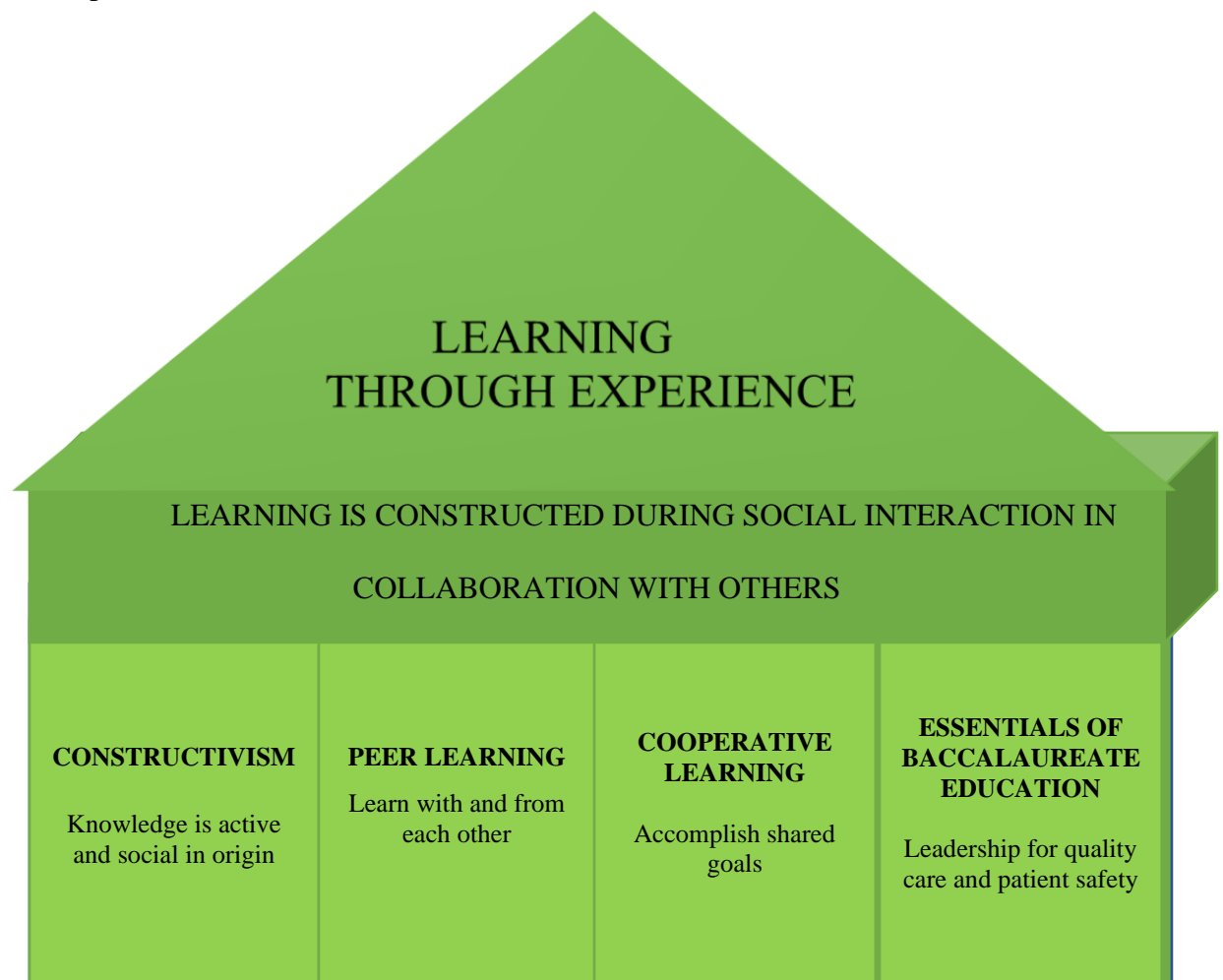
According to Palmer (1998) students learn best when information is presented in a pattern of meaningful connections, related to facts coming from stories, when students can learn together. The importance of cooperative learning is more than preparing students for achievement, critical thinking, or to enjoy a subject area; the cooperative skills are needed “to apply the knowledge and technical skills in cooperative relationships on the job” (Johnson et al., 1991, p. 11).

DeYoung (2009) affirmed that cooperative learning has several advantages: group members learn to work as part of a team; e.g., nurses need to collaborate to meet patient needs. Working in a group can teach social and communication skills. According to Huff (1997, cited in DeYoung, 2009) another advantage is that individual learning needs and styles can be identified. Lastly, Zafuto (1997, cited in DeYoung, 2009) specified that in cooperative learning, critical thinking is promoted. The team leader role in the Medical-Surgical class was designed to expose students to real-world nursing responsibilities; Billings and Halstead (2009) wrote that learning activities should not only enhance knowledge and interest, they prepare the graduate for real world experiences.

The conceptual framework for this study is depicted in Figure 1, showing that leadership is learned through experience and constructed during social interaction in collaboration with others. Constructivism, peer learning, cooperative learning and the Essentials of Baccalaureate Education for Professional Nursing Practice (described below) are shown supporting the learning acquired through experience, social interaction, and collaboration.

**Figure 1.**

Conceptual Framework



## Essentials of Baccalaureate Education for Professional Nursing Practice

The Essentials (AACN, 2008) were designed to transform BN education by providing the curricular elements and framework for building the BN curriculum for the 21<sup>st</sup> century. The Essentials addressed key stakeholders' recommendations and referenced landmark documents such as the Institute of Medicine's (IOM) recommendations for the core knowledge required of all healthcare professionals. The Essentials emphasize concepts such as patient-centered care, interprofessional teams, evidence-based practice, quality improvement, patient safety, informatics, clinical reasoning/critical thinking, genetics and genomics, cultural sensitivity, professionalism, and practice across the lifespan as carried out in an everchanging and complex healthcare environment.

The AACN (2008) Essentials were developed by national leaders and stakeholders in nursing practice and education to provide a framework for developing and evaluating baccalaureate education programs. They included nine broad areas delineating the outcomes expected of graduates from a BN program. The nine Essentials are:

- Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice
- Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety
- Essential III: Scholarship for Evidence Based Practice
- Essential IV: Information Management and Application of Patient Care Technology
- Essential V: Healthcare Policy, Finance, and Regulatory Environments
- Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- Essential VII: Clinical Prevention and Population Health
- Essential VIII: Professionalism and Professional Values
- Essential IX: Baccalaureate Generalist Nursing Practice

The AACN is the national voice for academic nursing education; they establish quality standards for nursing education, support schools in applying the standards, influence the nursing profession to improve healthcare, and promote public support for professional nursing education, research, and practice (AACN, n.d.a).

AACN supports multiple programs: Curriculum Standards with the development of a series of Essentials documents; Health Policy Advocacy which works to advance public policy on nursing education, research, and practice; Research and Data Services, as part of the work to maintain the Institutional Data System; Conferences and Webinars, geared toward dean, faculty, and staff development in nursing schools; Special Projects implements grant-funding to launch initiatives of special interest to nurse educators at member schools; Accreditation Services through the Commission on Collegiate Nursing Education; and Clinical Nurse Leader Certification (AACN, n.d.a).

The publication of the Essentials defined the essential elements of baccalaureate education for professional nursing practice. They provide the framework for design and assessment of baccalaureate education programs for professional nursing practice (AACN, AACN Essentials, n.d.a). Davis and Kimble (2011) described the Essentials as serving as a critical guideline to inform and shape BN curricula.

The Essentials, along with the general education curriculum, provide learning opportunities to develop leadership skills in nursing students which are needed to serve in hospitals and healthcare boards, (Thomas et al., 2017). Students in BN programs are

introduced to the Essentials. A study by Price et al. (2015) concluded that students who completed the traditional senior clinical course and the students who completed a preceptorship senior course had similar perceptions and high levels of confidence that they met the majority of the AACN Essentials. Likewise, Flinders (2013) wrote about junior-level nursing students who participated in a required service-learning program during a period of eight weeks in a clinical course; the goals of the activity were (a) Introduce the students to the Baccalaureate Essentials, (b) Assist students in framing a service-learning project in the context of the Baccalaureate Essentials, (c) Assist students in making connections between theory and clinical practice, and (d) Give the students an opportunity to have small group discussions where they could compare and contrast their observations. This innovative method of introducing the Essentials was successful in meeting the four original goals.

As is common with such documents, periodic revision is routine. As this study is being completed, AACN has begun the process of “re-envisioning” the Essentials document (AACN, n.d.b). The draft document was published for review online in November, 2020. The document includes an Introduction, Domains, Descriptors, Contextual Statements, Competencies and Sub-competencies. (AACN, 2020).

### **Significance of the Study**

The healthcare system with its complex environment and fast-paced change requires well-prepared professional nurses with outstanding leadership skills to address the demanding healthcare challenges. Nursing schools need to prepare students for those roles; nursing students should be exposed to leadership practices with hands-on experiences during clinical practicum experiences.

To fulfill this commitment, a Medical-Surgical class from a BN program incorporated a student TL role into the clinical experience. This study adds to the nursing literature in the area of developing beginning leadership skills in nursing students. The information collected also contributes information about the importance of integrating leadership experiences throughout all levels of the BN program curriculum; in addition, clinical instructors may become informed about student perceptions of the leadership experience.

The expectation of the author was that the present study would contribute to the understanding of the students' lived experiences in a leadership role. These described experiences may encourage the inclusion of leadership experience in the nursing curriculum.

### **Definition of Terms**

These definitions were provided for the general and operational terminology used in this study.

**Team Leader:** One student during each clinical rotation was assigned to be the team leader during the clinical practicum and assist the Clinical instructor with prioritizing and organizing responsibilities of the fellow nursing students.

**Clinical Practicum:** As part of a Medical-Surgical II nursing class the nursing student needed to participate in 120 clock hours during the spring semester in an acute healthcare facility, providing direct and indirect patient care.

**Medical-Surgical class:** Description of the class: Integrates and applies the nursing process to restore health, manage disease, and/or provide end-of-life care for adult clients and their families with acute medical-surgical conditions, in acute and critical-care

settings. Includes 4 credits theory and 2 credits practicum. The class was completed by students during the second semester of the junior year in the BN program.

**Baccalaureate nursing students:** Students in programs meeting the standards of AACN. Baccalaureate-prepared nurses provide patient-centered care that identifies, respects, and addresses patients' differences, values, preferences, and expressed needs. (IOM, 2003, cited in AACN, 2008).

**Leadership skills:** Leadership skills are needed which emphasize ethical and critical decision making, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies. (AACN, 2008).



## CHAPTER 2

### LITERATURE REVIEW

#### **Delimitation of the Literature Review**

The literature review was conducted using the online reference system EBSCOhost offered at James White Library at Andrews University (AU). CINAHL, offering peer-reviewed journal articles and/or books of the last fifteen years was also used. Some material may be older than these criteria, were used because they were related to the investigation. MEDLINE, ERIC, and other online sources offered by James White Library were included in the literature search. Key words used were leadership skills in nursing, leadership in baccalaureate nursing education, developing leadership skills in baccalaureate nursing students, teaching leadership skills to nursing students, leadership skills in baccalaureate nursing clinical experience. ProQuest Dissertations and Theses Full Text at the James White Library was searched utilizing the previous search criteria.

Included in the literature review were books related directly or indirectly to the research topic, scholarly and peer-reviewed journals, current literature reviews, and documents that guide nursing leadership and BN education.

#### **Criteria for Selection of Literature**

The initial literature review did not present enough relevant material related to leadership skills in nursing, leadership in baccalaureate nursing education, developing leadership skills in baccalaureate nursing students, and

leadership skills in baccalaureate nursing clinical experience. These initial results did not seem adequate for a sound research project; on the other hand they were not related specifically to the teaching of nursing leadership in BN programs.

This initial literature review revealed common search words and terms connected to nursing leadership and teaching leadership in BN programs. These words and search terms included leadership and nursing, nursing students and leadership, critical thinking, leadership and interpersonal skills, communication, time management in the clinical setting, peer teaching, peer assisted learning, peer learning, peer teaching, active learning, teaching leadership, peer leadership increase in technical skills, nurses and leadership skills, nursing leadership skills experience or educational activities, need for nursing leadership and leadership education, peer mentoring in baccalaureate nursing programs and leadership, beginning leadership competencies, collaborative learning, interprofessional collaboration and communication, integrating leadership education in nursing education, active learning as an effective means of learning about leadership in undergraduate nursing students.

These findings led to an advanced search of the literature. The key words and term combinations that emerged from the initial literature search guided the final literature review. Based on the above criteria, ProQuest, EBSCOhost, and all previously mentioned sources were utilized for the final literature review. According to the final literature review, the terms that emerged and the criteria for their inclusion were leadership skills in nursing, teaching leadership skills in baccalaureate nursing programs, developing critical thinking in baccalaureate nursing students, interprofessional and intra-professional communication skills in nursing, peer leadership, and the peer learning

experience. The literature review below presents the results of the advanced literature review; furthermore, as the results of the study are presented and discussed, additional literature relevant to the descriptions and the findings of the study will be used to corroborate the findings.

### **Organization of the Literature Review**

The healthcare environment faces constant changes, rapidly developing complicated medical treatments, and an increased number of patients with multiple and complex health problems. Therefore RNs are confronted with further responsibilities, required to take leadership positions, and must make endless decisions in support of their patients. These challenging changes mean the graduating nursing student needs to be prepared to assume leadership responsibilities and/or positions with the relevant competences as soon as they start their duties as RNs. Thus, to prepare nursing students well for these responsibilities, nursing education must embed leadership content throughout the nursing curriculum.

Leadership, according to Carroll (2006), is defined as a “process of influence” (p. 3) which is not limited to people in traditional positions of authority. The leader influences others towards achieving group goals. Successful leadership should include positive interactions among leaders and followers, promoting a reciprocal relationship demonstrating communication, ideas, and respect.

Effective communication, decision making, time management, critical thinking, first-line patient-care management, and delegation of tasks are advanced skills that nursing leaders must possess (Carroll, 2006). “Leadership skills are needed that emphasize ethical and critical decision-making, initiating and maintaining effective

working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies” (AACN, 2008, p. 13).

Morrow (2015) conducted a literature review about the inclusion of leadership curricula in nursing education; one conclusion was that multiple studies incorporated peer groups as a teaching strategy to provide opportunities to practice and improve leadership skills. Nursing education programs should provide and encourage the study and development of creative, innovative teaching strategies to introduce leadership ability in Bachelor of Science in Nursing students. One such teaching strategy is peer learning, defined by Stone et al. (2013) as when “peers learn from one another, involving active student participation and where the student takes responsibility for their learning” (n/p).

### **Leadership Skills in Nursing**

Leadership in nursing is an essential skill needing to be applied in the ever-changing healthcare system which includes increasingly complex nursing care. In today’s healthcare environments, baccalaureate-prepared nurses must be equipped to use leadership skills to manage and coordinate patient care. (O’Neal, 2004). Each person possesses leadership potential; it is set of skills which can be learned, developed, and cultivated (Grossman & Valiga, 2005). Leadership skills in nursing are a necessary resource in all areas involving patient care. Leadership skills are required for nurses at every level, creating a need for nurses to develop leadership skills to equip them to engage in healthcare system interventions (Waite & Brooks, 2014).

The IOM (2011) released an important report about the key role of nurses in a rapidly evolving healthcare environment. Key message three mentioned that “strong

leadership is critical if the vision of a transformed healthcare system is to be realized” (p. 221), continuing to assert that nursing practice at all levels needs leadership skills to contribute to patient safety and quality of care. Nurses have a direct influence on patient health outcomes. The ability of RNs to organize, plan, and deliver competent and safe patient care is related to appropriate and competent leadership (Supamanee et al., 2011).

The challenge for nursing schools as they endeavor to prepare students for this responsibility is that once a BN student is inserted into the healthcare system, they are expected to function as leaders. Therefore, it is vital that new nursing graduates enter the clinical practice with leadership capabilities (Chandler, 2005). The current high-paced healthcare environment requires nurses who are prepared to undertake this challenge, possessing leadership skills which lead the way to excellent patient care, including families and communities. According to Curtis et al. (2011b) those who are responsible for curricular development must explore the correct places where leadership training and education can be developed and integrate this in a meaningful methods.

Curtis et al. (2011a) briefly examined evidence of leadership content in nursing curricula of three important universities in the UK and USA; they found that leadership is addressed in the fourth year of the nursing program. They suggest that it may be more appropriate to teach leadership longitudinally through the continuum; such an approach may prepare nurses to see practice as a part of leadership, instead the current situation where leadership is presented as part of practice.

According to Schoenfelder and Valde (2009) students in BN programs must be prepared for leadership roles; these authors describe the development, implementation, and evaluation of a rural clinical leadership practicum, demonstrating the benefits of

applying leadership skills. Rose (2015) suggested strongly that leadership education in nursing is essential, in the conclusions of a study which gathered the thoughts, opinions, and suggestions of faculty and students in a BN program investigating preparation of baccalaureate graduates to meet leadership expectations. The following themes were identified (a) leadership education needs to begin in year one of a BN program, (b) complexity science, leadership, and nursing have overlapping similarities validating complexity leadership in nursing as a leadership model, (c) additional leadership education is needed, and (d) leadership is needed in nursing.

Being part of a supportive team in an environment which decreases levels of anxiety helps students learn and solidify nursing knowledge, which will help nursing students prepare for practice in the real world upon graduation. Reider and Riley-Giomariso (1993) did a phenomenological study with BN students on their perspectives of a clinical nursing leadership experience which provided the opportunity to practice leadership and management skills. The findings revealed that while the students felt anxious before the experience, they also held positive expectations and anticipated acquiring skills for the leadership role. during experience the students experienced development of the leadership/management role. As a result of the clinical leadership activity, students experienced a growing sense of confidence about their management and leadership ability and developed a value system appreciating the professional nursing leadership role needed for patient care.

### **Teaching Leadership Skills in Baccalaureate Nursing Programs**

Benner et al. (2010) delineated what many nursing students describe when they first perceive the profound responsibility of being a nurse during a crucial learning

experience; which affects their ability to intervene effectively in these situations. It is imperative that nursing education programs incorporate clinical practice endeavors into their courses to guide and emphasize leadership skills in the healthcare environment. Nursing education programs and healthcare organizations need to be proactive in preparing nurses to be effective leaders (Huston, 2008).

In nursing education practice, skills are learned on a hands-on basis, first at the skills laboratory, and then in clinical experiences in healthcare facilities. Nursing student leadership skill development may be acquired in part by observing head nurses at healthcare facilities. Nonetheless, students need to learn skills of involvement while they are working with patients, families, and other professionals in clinical circumstances as they learn to develop familiar perceptions and apply sound clinical assessments (Benner et al., 2010).

Nursing students need to be exposed to realistic practical experiences to learn and master leadership skills. Despite that need for exposure, Kling (2010) mentioned that clinical resources do not provide enough opportunity for students in leadership classes to learn about decision making and the specific skills needed to be comfortable with assigning, leading, managing, and providing patient care. Some challenges confronted by nursing schools include larger class sizes, growing competency requirements, a decreasing number of faculty, and fewer clinical placement sites, which all contribute to stress on the educational program (Dennison, 2010). Nursing educators seek innovative strategies to take full advantage of student learning in the classroom and clinical settings (Kling, 2010). Middleton (2013) wrote that applying active learning in a classroom context can be an effective learning strategy for students as they develop leadership

skills, mentioning that Dewing, 2010 (cited in Middleton, 2013) stated that active learning seeks to achieve two key elements in students. First, it creates critical thinking and encourages life-long learning to maintain retention of knowledge and skills, and second, active learning supports skills to share learning in and with others. James (2017) explored the pedagogy used by nursing faculty to maximize leadership preparation in Louisiana BN programs, using the context of the content references guided by the AACN's Essentials and other professional nursing organization's guidelines for leadership. The findings showed that positive social change in undergraduate nursing education could be influenced by the employment of active learning and reflective practice, which allowed the student to experience leadership, reflect on leadership, and improve in developing leadership competence.

### **Developing Critical Thinking Among Baccalaureate Nursing Students**

Critical thinking is considered fundamental in preparing students for their work as successful nurses once they enter the workforce. The AACN (2008) described critical thinking as one of the essential skills expected of all graduate BNs as "All or part of the process of questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity" (p. 36). Similarly, "Critical thinking in nursing practice is a discipline specific, reflective reasoning process that guides a nurse in generating, implementing, and evaluating approaches for dealing with client care and professional concerns" (National League for Nursing, 2001, as cited in DeYoung, 2009, p. 221).

Hobus (2008) designed a study to identify and investigate the perspectives of nursing educators, nursing students, and RNs how critical thinking was demonstrated



during learning experiences in a BN program. The study explored the degree of nursing student perceptions of critical thinking demonstrated in their nursing practice in the clinical learning settings. Instructional methods and strategies utilized by the nursing educator and RNs to facilitate and promote critical thinking were identified. The author concluded that nursing educators and RNs need to support nursing students in learning how to think critically when providing patient care, and revealed the complexities and challenges of educating nursing students in the classroom and the clinical learning setting as they develop critical thinking; nursing students need to learn how to care for complex and critically ill patients.

Goyne (2001), in a study related to the perceptions of nursing educators about critical thinking in nursing, mentioned that the results revealed the diversity expected in the educators' understanding of critical thinking; but there were also similarities found. Nursing faculty observed that cognitive skills (thinking process) and dispositions (attitudes) are important elements of critical thinking.

Including critical thinking learning activities in the nursing program curriculum is important to develop critical thinking in students. A study by Burgess (2003) showed there was an improvement in the critical thinking abilities of junior nursing students after one semester of exposure to a nursing curriculum including critical thinking.

Ambrose et al. (2010) wrote that “students must develop not only the component skill and knowledge necessary to perform complex tasks, they must also practice combining and integrating them to develop greater fluency and automaticity” (p. 5). That is, students need to learn when and how to apply the skills and knowledge they learn, and instructors should develop a conscious awareness of these elements so they can help the

students to learn more effectively. Adams (2008), in her study of baccalaureate senior students after a 15-week capstone clinical experience course, concurred, finding a statistical difference in senior nursing students' critical thinking skills, with an improvement in the critical thinking skills of inference and deduction. But there was no improvement in recognition of assumptions, interpretation, and evaluation of arguments. The students perceived that their clinical experience with their preceptor and the case studies relating to their clinical experiences were major factors contributing to their perceived development of critical thinking.

Gonzalez (2017) investigated the effects of an innovative skill fair intervention on senior BN students' achievement and their perceptions of critical thinking skill development. The study was grounded in the Constructivist learning theory; the results in the quantitative data showed no significant difference in achievement of critical thinking between the participant and non-participant groups; on the other hand, during the interviews the participants identified the skills fair intervention as a critical thinking skills developmental strategy, helping them develop alternative thinking and thinking before doing.

O'Connor (2006) study described baccalaureate novice nurse (10-14 months post-BSN graduation) perceptions of their preparedness to practice; the author used the AACN (2008) Essentials and Benner's (1984) research about the stages of nursing practice for the study. The four conclusions derived from O'Connor's study are (a) an expressed need for more clinical exposure to select skills, (b) an identified, structured orientation period in their first nursing job, composed of didactic classes and clinical experience designated to further refine skills, including mentoring by a preceptor, (c) an understanding that

critical thinking permeates all dimensions of nursing practice; and (d) an identified contribution from both nursing school and their first nursing job towards competency development.

### **Interprofessional and Intra-professional Communication in Nursing**

Ellison (2015) stated that understanding the options front-line nurses have and need to implement to apply effective communication helps new graduates to pave their way in the future. Effective communication among healthcare professionals is an important asset for improving patient outcomes, according to Ellison (2015); “Effective interprofessional communication competency is an essential professional skill that should be conceptualized and developed in all undergraduate health professional educational programs” (p. 51). Freet et al., 2002 (cited in AACN, 2008) wrote that “interprofessional education is defined as interactive educational activities involving two or more professions that foster collaboration to improve patient care” (p. 22).

Applying learned clinical skills in practice when nursing students attending clinical practicum is important; the outcome of the patient’s health is related to excellent nursing care and well-learned skills, to communication within the nursing profession, and to communication with other healthcare team members. O’Brien et al. (2015) compared BN students’ satisfaction with the peer-student validation method of learning basic nursing skills with the traditional learning method in a skills laboratory course. Students using the peer-student validation method were more satisfied with the time available to practice nursing skills, the organization of the course, their self-confidence, and their communication with their patients than the students who participated in the traditional learning method.

Effective communication skills in nursing lead to better patient outcomes, decreased medical errors, improved teamwork; teaching these skills throughout nursing school is essential. Call (2016) conducted a structured literature review regarding teaching of communication skills to pre-licensure nursing students, finding that communication skills are learned best using active-learning methods, role-play, and simulation with debriefing. Other effective educational methods included interactive didactic teaching combined with role-play, discussion, small group work, receiving feedback from instructors and peers, reflection, homework, use of video-taping for self- and peer-evaluation. The author stated that group work and discussion with peer and instructor feedback are powerful strategies that reinforce learning when implemented in a caring, safe, and respectful environment.

According to the AACN (2008) Essentials:

Interprofessional education enables the baccalaureate graduate to enter the workplace with baseline competencies and confidence for interactions and with communication skills that will improve practice, thus yielding better patient outcomes. Interprofessional education can occur in a variety of settings. An essential component for the establishment of collegial relationships is recognition of the unique discipline-specific practice spheres. Fundamental to effective interprofessional and intra-professional collaboration is a definition of shared goals; clear role expectations of members; a flexible decision-making process; and the establishment of open communication patterns and leadership. Thus, interprofessional education optimizes opportunities for the development of respect and trust for other members of the healthcare team (p. 22).

“The National League for Nursing believes that current educational approaches must include opportunities for students to engage in Interprofessional Education (IPE) and Practice (IPP). IPE and IPP deliver team-based care that strengthens health systems and improves health outcomes” (NLN Board of Governors, 2015, p. 2). In a study of health professions students from five professions (medicine, nursing, pharmacy, physical therapy, and social work) who participated in a bi-annual IPE Program, students reported

strong confidence when communicating with other professions, an increased knowledge of the importance of teamwork and collaboration, greater awareness of professional roles, respect for other professional point of views, and improved communication skills after their IPE experience (Carr, 2015).

### **Peer Leadership**

Feldman and Greenberg (2005) stated that “peer leadership encompasses the concepts of peer teaching or coaching and peer supervision, and provides intrinsic motivation to the students to develop the skills of clinical judgment and supervision in a non-threatening environment” (p. 281). Bos (1998) studied what junior BN students perceived as the benefits of a peer leadership experience during their adult medical-surgical rotation; she identified five benefits after the students completed self-evaluations. The first benefit of the peer leadership experience described was the practice of prioritization of nursing care, the second was the enhancement of critical thinking skills, the third was enhancement of technical skills, fourth was realization of peers as a resource, and the fifth benefit was the development of managerial skills. The author concluded that peer leadership is a teaching method that provides an alternate learning opportunity for BN students.

Bensfield et al. (2008) stated that peer leadership was implemented in their university to address challenges including a larger number of students enrolling and changes in the learners’ needs. The junior and senior students were engaged to work with the sophomore students in learning fundamental skills. Benefits for the sophomore students of incorporating peer leadership included a decreased level of stress while learning the nursing skills, improved organizational skills, and the presence of positive

role models. The senior and junior students benefited as well from the peer leader role; their benefits included increased confidence in the clinical nursing role, development of leadership skills, and improvement of interpersonal communication skills.

### **Peer Learning Experience**

Stenberg and Carlson, (2015) explored nursing students' evaluation of peer learning as an educational model during clinical practice in a hospital setting, concluding that the peer learning model "seems to have a potential as an educational model complementing the more traditional ways of supervising the clinical practice" (p. 6). A feeling of safety seemed to be connected to an improved learning experience; students mentioned that working together and supporting each other decreased their anxiety when entering a new clinical environment; and students indicated that they had to assure that their knowledge and skills were up to date and adequate when teaching each other, which made the peer learning experience rewarding.

According to Andersen and Watkins (2018), peer mentorship is a nursing educational approach that benefits students, instructors, and institutions; the students receive the largest benefit "particularly in self-directed learning, self-actualization, support, collaboration, and leadership" (p. 223). Sprengel and Job (2004) concluded that short-term benefits for freshman and sophomore students who participated in a study which applied peer mentorship in a clinical experience included less anxiety, less confusion, and a positive learning environment for the students. They also mentioned that peer mentoring encouraged greater student responsibility and active learning.

El-Sayed et al. (2013) conducted a quasi-experimental non-randomized study with fourth-year undergraduate nursing students in a nursing administration course; findings

indicated better performance scores for those in peer-teaching groups in each of the tested areas (e.g., types of reports and records, performance appraisal methods, Kardex, and time schedule) than for the student groups trained by assistant teaching staff. The students in both the experimental group and the assistant teaching staff group were given a one-day workshop to orient the participants to peer teaching benefits, techniques, and tutor roles, including a brief review of studies addressing this issue.

Peer (2015) described the benefits of a peer-assisted model as a clinical tool to help nursing students develop leadership potential by preparing them in time management, critical thinking, prioritization, and collaborative skills. Positive feedback from students and clinical instructors seemed to demonstrate an effective learning model, supporting student achievements of clinical outcomes.

## CHAPTER 3

### METHODOLOGY

#### **Introduction**

The purpose of this study was to describe BN students' lived experiences of a leadership role during clinical practicum. This chapter discusses the research design of the study and includes the following topics: qualitative design, settings and participants, data sources and collection protocol, data analysis procedure, standards for the quality of conclusions, ethical conduct of research, and an outline of the findings.

#### **Qualitative Design**

This qualitative study applied a phenomenological approach which is a process of identifying and clarifying the lived experiences of research subjects and seeks to determine the essence of a common shared experience. The researcher learns about participants' lived experiences by listening to and analyzing their stories of living through a phenomenon. In the case of this study, TLs discussed their lived experiences in a leadership role experience during clinical practicum.

Creswell (2013) stated that a "phenomenological study describes the common meaning for several individuals of their lived experiences of a concept or a phenomenon" (p. 76). Continuing Creswell mentioned that phenomenologists focus on describing what all participants have in common as they experience a phenomenon. The researcher collects data from persons who have experienced the phenomenon; the description entails what they experienced and how they experienced it. Wertz et al. (2011) declared that the



intent of the phenomenological approach is to conceptualize mental life processes and structures and how situations were lived through as they were experienced, asserting the claim by phenomenologists that vivid and accurate descriptions offer knowledge that reflects lived experiences faithfully.

Phenomenologists believe it is important to describe lived experiences completely along with the perceptions triggered by the experiences (Polit and Beck, 2004). They state that for phenomenologists “human existence is meaningful and interesting because of people’s consciousness of that existence” (p. 253). According to Smith et al. (2009) “phenomenology is a philosophical approach to the study of experience” (p. 11); they emphasized that phenomenologists have a special interest in the experience of the human being, especially about things that matter to people in their lived world.

Creswell (2013) writes that there are several features included in all phenomenological studies. The most accentuated features include (a) an emphasis on a phenomenon to be explored, (b) the exploration of the phenomenon with a group of individuals who have experienced the phenomenon, (c) a philosophical discussion about the basic ideas involved in conducting phenomenology, d) in some forms of phenomenology bracketing the researcher out of the study by discussing individual experiences with the phenomenon (this does not take the researcher out of the study, but helps to identify the researcher’s personal experiences), e) a data collection procedure that involves interviewing individuals who have experienced the phenomenon, perhaps involving other sources of data such as poems, observations, and documents; f) a systematic data analysis procedure which moves from narrow units of analysis toward

broader units and detailed descriptions; and g) a description of the essence of the experience of the individuals, the culminating aspect of a phenomenological study.

In phenomenological studies, the foremost data sources are in-depth conversations between the researchers and the participants as full co-participants. The researcher helps the participant to describe their lived experience without leading the discussion but by seeking to discover the meaning of people's lived experiences (Polit and Beck, 2004).

While interviews and conversations are the most common data sources, "phenomenology seeks *general knowledge* on the basis of evidence" to discover the essence of the lived experience (Wertz et al., 2011, p. 126). This view encourages researchers to pursue and investigate other data sources to help increase understanding of the phenomenon under study and to corroborate findings across data types and sources (triangulation).

For the present study, the phenomenological approach was used to enable the researcher to understand the phenomenon of a leadership role during the TLs' lived experiences during their clinical practicum. Understanding these lived experiences of nursing students would serve nursing students, clinical instructors, and nursing programs better in the future.

### **Setting and Data Sources**

Creswell (2013) wrote that the data collection process starts with locating the site and locating the individuals. Gaining rapport with the individuals who are part of the study opens access for data collection. In the present study, teaching the class gave me an opportunity to know the participants; they were comfortable with the researcher (see ethical issues section).

## Setting

The study took place at a university in Michigan, using students in the BN program in the Medical-Surgical class at the junior level. The Medical-Surgical class had four theory (classroom) hours and one-hundred-twenty hours of clinical practicum during the semester. Clinical practicum requirements were completed in hospitals in nursing step-down or progressive care units over a fourteen-week period during the spring semester of the academic calendar year. During each clinical practicum session, one student experienced the role of TL, with different students assigned to the role each week throughout the semester. All students in the course participated in the TL role during the semester.

A small number of students were assigned as the TL twice during the clinical practicum because of a small class size and the pre-assigned number of students who can be present at the hospital during any given clinical rotation. The rotation was organized so that the students who were TL during the first two to three weeks of the rotation were able to repeat the experience toward the end of the clinical practicum rotation. Students who started the clinical practicum in a clinical unit they were not familiar with, needing to get acquainted with the specific requirements of the unit, experienced extra anxiety in the TL role. When the TLs from the beginning of the clinical practicum rotation did the TL role again toward the end of the rotation, they could fulfill the objectives of the role, perhaps feel more comfortable, and therefore learn more from the experience.

## Student Preparation for Team Leader Role

The syllabus for the Medical-Surgical course for each cohort described guidelines for the TL responsibilities during the clinical practicum and provided details guiding the

writing of the journal (see Appendix A). The clinical section of the syllabus of the Medical-Surgical class from both cohorts had one objective referring directly to the TL experience (see Appendix A). The TL experience was graded according to specific objectives in the Clinical Evaluation Tool (see Appendix A) including the student performance throughout the clinical practicum day and the written journal.

Because the TL was a role that I developed for the Medical-Surgical class there was no paperwork or task lists developed previously for that role from faculty members or other sources. The TL role was not described widely in the nursing education research literature when I began this research project. Therefore, I relied on my professional knowledge, knowledge of the clinical workflow, and my experience as both a nurse educator and a practicing nurse to develop two worksheets to help emphasize the TL expectations and to track those assignments as they were accomplished. The purpose of both worksheets was to help the TL have specific and organized instructions to guide their work throughout the clinical practicum day and to diminish uncertainty in the participants, since they had not been familiarized with the responsibilities demanded by the role.

The responsibilities worksheet included the activities each TL needed to complete (see Appendix A), guiding their responsibilities throughout the clinical practicum day. The patient information worksheet provided space for information about the patients for whom the students were caring during the day; this worksheet helped the TL to know the essential information about each patient, which would guide decisions made throughout the day to meet patient needs (see Appendix A).

The clinical instructor provided both worksheets to the TL assigned for the day before the clinical practicum started. The TL Responsibilities worksheet delineated classmates' assignments and responsibilities in a logical order, following the clinical day workflow. There was space for each student name (initials) and patient identification number (but not the hospital room number). The information shown began with each classmate receiving report from the RN responsible for the patient; followed by the routine work their classmate needed to accomplish such as taking vital signs, specific patient care, patient safety checks; classmates' lunch time organization; medication documentation and knowledge; and finalized with the classmate giving the patient report to the RN responsible for the patient. Space was provided for check marks for completed activities.

The Patient Information worksheet (see Appendix A) listed patient information to assist the TL to remember patient data details, providing a visual tool to help make pertinent decisions according to the patient's condition. Information to be written on the sheet included each patient's medical diagnosis, vital signs, allowed activity, need for oxygen, and the physical assessment (e.g., neurological, cardiac, respiratory). This information helped the TL make decisions related to patient care and prioritization of patient care. As a clarifying note, patient names and/or identifying information were never written on the forms, thus maintaining patient confidentiality. Both worksheets were returned to the clinical instructor after the practicum was completed and before the student left the hospital.

## Data Sources

The research design, research questions, and settings for the study helped identify the primary data sources: student journals and interviews. To understand the students' lived experiences as the TL, student journals were analyzed. Interviews were conducted with five students of the 2014 cohort, and three students of the 2015 cohort.

Students wrote a reflective journal entry within a week of completing their TL experience in the clinical practicum rotation. Interviews were conducted with students from the two cohorts in the Medical-Surgical clinical practicum no sooner than fifteen months after completion of the course. This timeline allowed the participants to develop a broader perspective from which to reflect on the impact of their TL role experience after graduation.

## Recruitment of Participants

According to Miles et al. (2014) qualitative samples are inclined to be purposive, usually working with small samples of people who are placed in their context and studied in-depth. Smith et al. (2009) added to that concept by saying that participants are selected on the basis of their ability to grant us access to a specific perspective on the phenomenon that is being studied. For most qualitative studies, the guiding principles in selecting settings and participants is, first, to identify groups, settings or individuals that best demonstrate the phenomenon of interest; and second, to select those who are most accessible and conducive to gaining the understandings which the researcher is seeking. (Maxwell, 2012).

Phenomenologists are inclined to use small samples of participants, usually 10 or less; the guiding principle in selecting the sample is that all participants must have

experienced the phenomenon under study and must be able to articulate the lived experience (Polit and Beck, 2004). Duke, 1984 (cited in Creswell, 2013) recommended studying 3 to 10 individuals.

Miles et al. (2014) wrote that the researcher should be able to provide an explanation to the readers of why they selected a certain type of sampling over others; they continue to assert that “qualitative samples tend to be purposive rather than random” (p. 31). Polit and Beck (2004) explain that purposive sampling is based on the belief that the researcher knows the population and therefore can handpick sample members; the researcher may decide purposely in selecting subjects of the population who are especially knowledgeable about the question under study.

According to Maxwell (2012), purposeful sampling is used in qualitative research. The researcher selects places and persons for the study because they can enlighten the understanding of the research problem and the fundamental phenomena in the study. Etikan et al. (2016) stated that purposive sampling is done to concentrate on the persons with the specific characteristics who will be able to assist with the pertinent research.

Creswell (2013) specified that in qualitative research, three considerations are to be reflected in purposeful sampling, varying depending on the specific approach; these considerations are (a) the selection of participants (or sites), (b) the specific type of sampling, and (c) the size of the sample to be studied. Creswell continues to assert that in phenomenological studies “it is essential that all participants have experience of the phenomenon being studied” (p. 155) and the individuals and sites are selected for the study “because they can purposefully inform an understanding of the research problem and the central phenomenon in the study” (p.155).

## **Data Collection**

### **Reflective Journals**

Participants in the study were drawn from all junior-level nursing students enrolled in the Medical-Surgical class in the BN program. The sample included the students from spring semester 2014 (19 students) and spring semester 2015 (16 students). Approval from the AU Institutional Review Board (IRB) approval (see Appendix B) and the University Department of Nursing Clinical Practicum Committee was obtained. Following these approvals, I held informational meetings with the students from each year separately to explain the purpose and details of the study. I emphasized that participation in the study was voluntary and answered any questions regarding the research.

At the beginning of the spring 2015 semester, separate meetings were held with each cohort (2014 and 2015). Students were asked if they would be willing to participate in the research study. They were told that their journals, written after the clinical experience in the TL role, would be used for the study. After each TL clinical experience, students were expected to write a detailed journal describing the experience, sending it to the teacher through the electronic drop-box in Moodle (the university learning platform or course management system) at that time.

For the students from spring 2014, journals had been completed as part of the course requirements and course grades had been assigned. For the sixteen students from spring semester 2015, I explained that the journals from those who gave consent to participate in the research would be collected at the end of the semester after course grades had been assigned.



I then distributed consent forms to the students, explaining that if they would like to participate in the study, they should read and sign the consent; if they chose not to participate in the research, they should not sign the consent. I explained that I would leave the meeting and the class representative (a student) would collect the consent forms in an envelope which would be closed and sealed for confidentiality. The class representative then brought the sealed envelope to the department office. The envelope from the 2015 cohort was kept sealed until the end of the semester, after grades had been assigned.

The 2014 cohort envelope was opened immediately to verify which students were participating. I had offered to send the journal to each of the spring 2014 participants by email, so they could revise their journals. Of the nineteen students from Spring Semester 2014, one student did not sign the consent and one student had not had the opportunity to be a TL because the day the student was assigned to be the TL the clinical practicum was canceled due to severe weather circumstances. One student from that cohort did not respond to the email with the journal attachment. Thus, a total of 16 students from spring semester 2014 provided their TL journal for analysis. All 16 students from the 2015 cohort agreed to participate in the study, signed consent forms, and submitted their TL journals for analysis.

Still on campus at the beginning of the study, the 19 students from the Medical-Surgical 2014 cohort were told that if they were willing to participate in the research, after signing the consent, they could receive their journals back to review and/or revise them. After receiving the consent, the journals were sent to each of the students attached to an email explaining the research project and purpose. The journals of the students had

been downloaded the previous year (after the semester was completed) from Moodle and saved in a folder with the students' class work from that semester. In the email (see Appendix C) I explained that the student could read the journal, make corrections or send it back in its original form. All students except one sent the journal back, some without changes, and some with minor changes.

The 16 students from the Spring 2015 semester were taking the Medical-Surgical class at the time of the recruitment meeting and attending the clinical practicum at the hospital. The envelope containing the consents remained closed until after the course was completed and grades were submitted. Then I opened the consent forms from the 16 students who had signed the consent after which I downloaded the students TL journals from Moodle and saved them in a folder containing the students' class work.

### Interviews

The purpose of the interview was to gather in-depth information to help the researcher understand BN students' lived experiences of a leadership role during clinical practicum. Smith et al. (2009) wrote that a "qualitative research interview is often described as a conversation with a purpose" (p. 57); the interview enabled an interaction with the interviewee which facilitated their ability to tell their story according to their lived experiences. Participants for interviews were selected following purposive sampling guidelines. Interviewees were selected after I read the journals of all students participating in the study.

### **Criteria for Participant Selection**

Criteria for choosing the students were derived from indicators that participants had had a meaningful experience as TL. The first criterion was the richness of their

description of the experience as TL, as described in their journal. I assessed each journal for the abundance of information and description by comparing journal content to the purpose for including the TL role in the clinical practicum. I assessed the description of their learning experience, highlighting important decisions made, task prioritization, successful communication implementation, and general leadership skills they learned during the clinical rotation.

The second criterion focused on the number of patients and the complexity of patient cases for which the students were responsible on that clinical practicum day; I expected this to influence the student's experience directly. The third criterion was the description of their personal feelings about what it signified to be a TL and what they learned from the experience. Based on these three criteria and following the process below, five students from the 2014 cohort and three students from the 2015 cohort were selected for the interviews.

### **Participant Recruitment**

Initially I planned to interview five students from each cohort. During the selection process six students from each cohort who met the interviewee criteria were selected, including an extra student in case one could not participate. The selected students were contacted by email (see Appendix C). The email explained the research project and the purpose of the research project; the email mentioned that if the student was willing to participate the consent form would be sent per email if the interview was done through a recorded phone call or provided in print if the interview was conducted face-to-face. Consent for the interview was received from each participant before interviews were conducted (see Appendix C).

For the cohort of 2015 I sent out invitations as described above to the pre-selected participants. Three students agreed to participate in the interviews. I sent two more invitations to the pre-selected students and then to additional selected students, but received no answers to the invitation. Therefore, I proceeded to interview the total of eight students for the project. The next section explains the rationale for selection and how these eight students were selected for the interviews.

### **Interview Protocol**

An interview protocol was developed to guide the interview process. An IRB modification, renewal, or final report application was sent to include interviews in the study; approval was received (see Appendix B). An interview protocol (see Appendix D) guided the interview process, assuring protection of the participant's identity throughout the process.

The following questions guided the interviews:

1. Tell me about your experience as a Team Leader: (a) What were your personal expectations during your rotation as a Team Leader? (b) What emotions did you experience as you prepared for and served as Team Leader? (c) What were your responsibilities as a Team Leader?
2. What did you learn during the Team Leader experience? Potential probes: (a) Did the experience of being responsible for the care of several patients aid your learning? If so, how? (b) Did you learn about prioritizing patient care according to patient's status? If so, what did you learn? (c) Tell me about your successes or difficulties in professional communication with the team members, the instructor, and other members of the healthcare team.

3. Did the Team Leader role influence your sense of being responsible for your fellow nursing students? If so, how? (a) Their learning experience, (b) Providing excellent patient care, (c) their knowledge about medication, (d) Nursing care documentation.
4. Did you experience any benefits or positive aspects by being a Team Leader?
5. Did you experience any difficulties or negative aspects by being a Team Leader?
6. Do you believe the Team Leader helped prepare you for future work with responsibilities as a charge RN? If so, how?
7. Is there anything else that you think would be important for me to understand about your experience and learning as a Team Leader?

### **Interview Process**

Interviews conducted in person were recorded with an iPhone using Voice Record 7, while the interviews done by phone were recorded with the iPhone Pro Tape-a-Call application. Three participants did the interview in person; five interviewed by phone. To assure that the interviews would be accessible in case of device malfunction recording was done through the computer recording system as well. Recording equipment was secured by password access. To assure that the interview flowed without problems or equipment malfunction, the process and the equipment were checked beforehand. During and after each interview I wrote memos about specific details to maintain the accuracy of the information and the reliability of the experience, as well as to preserve initial reactions.

## **Data Security**

Throughout the process of data collection field issues can arise such as lost information; the researcher needs to anticipate that (Creswell, 2103, p. 147). For the interviews with the participants, before beginning the interview, I explained the study, how the interview would be done, and gave the participants some time to think before the interview, so they could be ready and comfortable. I secured the interview recordings in two different places.

The last step in the data collection process was storing the data appropriately; Creswell (2013) suggested principles for data storage and handling in qualitative studies. These include developing backup copies of computer files, (Davison, as cited in Creswell, 2013), developing a master list of types of information collected, protecting the anonymity of the participants by disguising their names in the data, and developing a data collection matrix as a visual means to locate and identify the information for the study.

For the present study, to avoid the problem of lost data I secured the journals and the cleaned material of the journals in two different virtual spaces that were and are correctly secured; only the primary researcher has access to the information. Interviews were recorded and saved in two separate password-protected locations. Journals and interview transcriptions will be kept for a minimum of five years and will be accessed only by the main researcher or her research methods advisor. The prepared material, without any links to the individuals who participated in the research, may be accessed by the dissertation committee. Participant anonymity was maintained by assigning fictitious names to the journal participants and different fictitious names to interview participants, as suggested by Creswell (2013). Great effort was made to maintain the participants' anonymity. The fictitious names were carefully selected. The first letter from the

fictitious name is different from the initial of the first and second name (if present) of the real name of the participant. The fictitious names do not reflect any specific characteristics that might allow guessing participant identity. To protect the identity of the only male participant, all names are female names. There is no relationship between the fictitious names of the journal participants and/or the interview participants. Throughout the entire research process not only was participant anonymity maintained; anonymity of the clinical practicum sites was maintained, including any potential patient identification.

### **Data Analysis Procedures**

The study utilized a descriptive methodology for analyzing primary qualitative data. According to Creswell (2013) data analysis in qualitative research entails preparing and organizing the data for analysis, then reducing the data into themes through the process of coding and condensing the codes, finally representing the data in figures, tables, or discussions. Agar (as cited in Creswell, 2013) suggests immersion into the details, trying to get a sense of the whole interview before breaking it into parts.

Data from the student journals and interviews were analyzed through qualitative analysis using first cycle coding and second cycle coding methods. First, the journals were read independently, gaining insights of the complete descriptions. The journals were analyzed carefully to observe any personal identification or identification of the place of the clinical experience; any such information was redacted or identities were changed to maintain confidentiality. A comprehensive reading of the journals and the interview transcriptions followed, considering the main ideas or concepts expressed by the participants; after analyzing the material, several codes originated. Miles et al. (2014)

stated that during data processing and preparation researchers should be “focusing on words as the basic medium and are assuming that the words involved have been refined from raw notes or recordings into a text that is clear to the reader or analyst” (p. 71) noting that the text may be edited and simplified from the raw events.

Second cycle coding methods were used to reorganize and reanalyze data that coded through first cycle coding; . . . “the primary goal during second cycle coding is to develop a sense of categories, thematic, conceptual, and/or theoretical organization from your array of first cycle codes” (Saldaña, 2016, p. 234). When the process of coding was done, identification or development of the main themes was started. In this stage, pattern coding can be used; Miles et al. (2014) stated that first cycle coding is a way to summarize segments of data. “Pattern coding, as a second cycle method, is a way of grouping those summaries into a smaller number of categories, themes, or constructs” (p. 86).

Revised material from the journals was uploaded to NVivo Pro 12, a qualitative analysis software to organize and analyze the information. Interviews were transcribed with the Dragon Naturally Speaking Premium 13 dictation program; after transcription the material was read and compared to the original interview recording.

For analysis of the interviews, Creswell (2013) wrote that data should be analyzed, highlighting significant statements, sentences, or quotes providing an understanding of how the participants experienced the phenomenon. Guided by the research questions, the researcher read through the data, specifically the interview transcription, and highlighted important sentences or quotes. Significant statements and themes were then used to write descriptions of what participants experienced. The



transcribed and revised material from the interviews was uploaded to NVivo Pro 12 for analysis and codification. From the structural and textual descriptions, after reading and organizing the material from the interviews, I wrote a composite description that presented the essence of the phenomenon, called the essential, invariant structure (or essence).

During the process that started when reading, organizing, and analyzing the journals; during the interview process itself, and afterwards when reading and examining the material from the interviews, I wrote memos to keep track of the progress of the work, the flow of the emerging ideas, important points or thoughtful connections, or surprise findings. The extensive and detailed material of the memos was a helpful guide throughout the progression and writing of the study.

Saldaña (2016) explained what practically every qualitative researcher agrees with—that each time anything comes to mind that is related and significant about the coding or analysis of data, stop what you are doing and write a memo about that immediately . . . the goal is to reflect and expand on the data . . . Acceptable content for memos are “future directions, unanswered questions, frustrations with the analysis, insightful connections, and anything about the researched and the researcher are acceptable content for memos” (p. 45). Continuing, he describes that analytic memo writing documents reflections on the coding processes and code choices, how the review process is outlined, and the emergent patterns, categories and subcategories, themes, and concepts in the data, which is possibly leading towards theory.

Miles et al. (2014) remarked that an “analytic memo is a brief or extended narrative that documents the researcher’s reflection and thinking processes about the

data” (p. 95). They continue, mentioning that memos are first-draft self-reports about the study’s phenomena and assist as the basic work for more extended and final reports.

### **Standards for the Quality of Conclusions**

Miles et al. (2014) emphasized that qualitative studies take place in a real social world; therefore they can affect people’s lives. There is a reasonable view of what happened in any given situation (including what was believed, interpreted, etc.), the researcher who presents reports of it can do so well or poorly and should not consider their work unjudgable. “These are matters of merit, rigor, integrity, ethics, and accountability” (p. 311). They discussed five issues to determine whether the emerging and final findings are good: (a) objectivity/confirmability of qualitative work, (b) reliability/dependability/auditability, (c) internal validity/credibility/authenticity, (d) external validity/transferability/fittingness, and (e) utilization/application/action orientation. Following these recommendations, the process of validating the data analysis procedure is described below.

#### **Objectivity/Confirmability**

There should be a relative objectivity and reasonable freedom from the unacknowledged biases of the researcher; if there are inevitable biases, they should be articulated (Miles et al., 2014). When clarifying bias, the researcher must explain the experiences, biases, and prejudices which may have shaped the method and interpretation of the data (Creswell, 2013). Throughout the writing I presented my understanding about the research topic and make a clear statement about my worldview, clarifying my position in relation to the topic and to the participants of the study.

The general methods and procedures of the study were described clearly, including all details about how data were collected, processed, and condensed/transformed, then presented in an organized and understandable manner for the readers. The conclusions of the study were linked clearly to the data presented. The study data was retained and is available for re-analysis by others, as allowed by IRB regulations, the researcher, and participant agreements.

#### Reliability/Dependability/Auditability

Miles et al. (2014) wrote that for reliability/dependability/auditability the issues of quality and integrity are addressed, including checking whether the process of the study is consistent, sensibly stable over time, researchers, and methods. They delineate useful points to consider; the following points were used throughout this study. The research design was congruent with the research question; my role and status within the study site were openly described; data were collected across appropriate settings, times, and respondents (journals written and interviews done with students who participated in the TL role during the clinical practicum experience). Analytic constructs were specified, the results of the study indicated a detailed connection with the conceptual framework which guided the present research and were supported by literature throughout the descriptions of the findings and conclusions. Intercoder agreement checks were made with an expert qualitative researcher; the results of the understanding of different emerging codes was adequate. Data from journals and interviews were checked carefully for quality and accuracy. The findings showed a meaningful parallelism within the data sources (journals and interviews). As I was analyzing the journals and interview transcriptions, and through

extensive and detailed memo-ing, early in the process it came to my attention that there was an important similarity between the participants' descriptions from both data sources.

According to Creswell (2013) reliability is enhanced if the researcher obtains detailed field notes by employing good-quality processes for recording and transcription of recordings. The most important reliability strategy included in the present study was to ensure all interviews were recorded appropriately; the equipment was tested consistently, assuring a flawless recording process. To transcribe the recorded interviews, I used Dragon Naturally Speaking Premium 13 system; after the recording was transcribed, I read the text carefully and checked several times to assure that the transcription had been done correctly; I also used and organized the notes taken during the interview process. The process was designed cautiously, to assure that the coding system would be reliable. The themes and sub-themes did flow from the analysis and interpretation process and were used to write a rich description or theory of the phenomenon.

#### Internal Validity/Credibility/Authenticity

Internal validity is associated with the findings of the study, asking questions about whether findings make sense, whether they are credible to the people we study and to the readers, and whether they are an authentic description of what we are looking for (Miles et al., 2014). The descriptions and analyses of the participants' experiences were meaningful, extensive, and content-rich; the explanations were written in a clear approach to make sense to the reader. Triangulation was used for the study; member checking was done to corroborate the validity, credibility, and authenticity of the research project, reaching similar conclusions.

Triangulation, as described by Creswell (2013) “involves corroborating evidence from different sources to shed light on a theme or perspective” (p.251). In the present study, the journals written by the students and the interviews done with students who had participated in the experience were used as sources for the research. The journals and interviews utilized as sources were from two different student cohorts (spring semester 2014 and spring semester 2015), deliberately providing a difference source of perspectives. Additional evidence corroborating triangulation was the timeline used for the interviews, which were done fifteen months after the graduation of each cohort, giving the participants time to understand and verify what they had learned during the TL experience. According to the data, the information used to provide validity to the findings indicates that the participants’ journal descriptions demonstrated findings similar to the interview description, analysis through two different cohorts and the timeline used for the research enhanced the validity.

Member checking was considered by Lincoln and Guba (cited in Creswell, 2013) to be the most critical technique for establishing credibility. As Creswell (2013) advises, once the data collection is complete and the themes and categories identified, participant input needs to be provided, asking them about the accuracy of identification of the themes and the correctness of the phenomenon description. I contacted participants and asked about the completeness of their thoughts about the experience and whether there was anything that needed to be changed. I sent an initial email to participants asking whether they would be able to read the conclusions and give feedback about the correctness of the findings and conclusions. For the participants who answered the initial email I sent a second email with the findings and conclusions of the research.

From the total of 32 participants in the study, each of them wrote a journal which was analyzed. Eight of those participants were selected to participate in an interview. From the eight interview (and journal) participants, seven answered the first email; six answered the second email. They gave feedback about the conclusions related to their personal experience. From the twenty-four participants that only had their journals analyzed, five answered the first email, but did not send their feedback after the second email with the findings and conclusions was sent.

The findings of the research were sent to the participants; their responses indicated a correlation between the findings and their intended descriptions of their experience; research conclusions were considered accurate by the participants.

The participants who responded agreed with the findings. One of the participants stated, *“It accurately represents what we have experienced in the clinical as a team leader”* (Mia). Another participant declared that *“Overall, I found that your conclusion perfectly matches my experience in the team leader role during nursing school”* (Adalynn). An affirmation from another participant states:

*I enjoyed reading this. It brought back memories of my team leader day and does reflect my experience, emotions, and the preparation it gave me working where I did in the long-term acute care hospital after my education time. I also strongly support what you wrote here, and I know my best learning happens in the application in the clinical setting of what we learned in theory in the classroom* (Xuri).

According to another participant:

*I would say that it is reflective of the experience I had during the team leader role in clinicals. It was very interesting to read the results of the research and see how many students' experience was reflected there in a similar conclusion! I do believe the team leader role was beneficial to our learning experience and probably only in hindsight, once they reach the working environment, will nursing students be able to fully value the benefits of this experience* (Arya).

This validation strategy strengthens the trustworthiness of the study, confirming that the analysis of the themes that I did is consistent with BN students lived experiences of a leadership role during clinical practicum.

The findings from the research are clear and systematically related, and the data presented is linked to categories of prior theory and literature. No areas of uncertainty were identified.

#### External Validity/Transferability/Fittingness

External validity asks questions about whether the conclusions of the study are transferable to other contexts; how far can they be generalized; are the characteristics of the original sample of participants, settings, processes fully described to allow comparison with other samples; and the sample selection limitations are reported. (Miles et al., 2014).

To demonstrate trustworthiness about the study, a reader would be engaged through a rich and thick description, which according to Creswell (2013), allows readers to make decisions regarding transferability. The description of the environment, the participants, the characteristics, and the setting of the study would enable readers to transfer the information and decide whether the results can be transferred. The descriptions in the research of the research strategies display the details of the study, expanding them through rich description. The reader would be involved in the study through a transparent walk through the facts of the study, connecting the reader into the study throughout the thick, but understandable descriptions.

### Utilization/Application/Action Orientation

This standard is related to what the study does for its participants, which are the researcher, the researched, and the readers/consumers. Evaluation policy studies are supposed to lead to more positive and constructive actions so that peoples' lives are affected by the results (Miles et al., 2014). The findings of the present study were written in language accessible to potential users, such as nursing teachers or curriculum developers at nursing programs. The findings of the study offer important information about nursing student perceptions about learning opportunities which introduced them to nursing leadership and to learning experiences which resemble the responsibilities of RNs after nursing school graduation. The conclusions of the study offer knowledge and information which could benefit nursing programs in the preparation of students who will be able to meet the complex responsibilities of the current healthcare arena.

### **Ethical Conduct of Research**

#### The Researcher as Instrument

As it is typical in most qualitative studies, I was associated strongly with all aspects of the study. The research participants were part of the Medical-Surgical class. The class consisted of four theory class hours and one-hundred-twenty clock hours of clinical practicum. I was the teacher of the theory section of the class for the cohort of 2014 and 2015 but did not attend clinical practicum with the students, except for one clinical day with the cohort of 2014 because the clinical instructor was unable to go to clinical on that day.

As the primary research instrument for the study, I concur with the statement, "I do not claim that my knowledge is error free' it is open to critique and improvement"



(Wertz et al., 2011, p. 136). I tried to integrate this perspective throughout my work in the study. An attempt has been made to share with readers what I planned; details about the research process; how data were collected, transcribed, categorized, and analyzed; and my efforts to present results of the highest possible quality.

Creswell (2013) stated that a qualitative researcher mentions to the participants that they are participating in a study, explains the purpose of the study, and is clear about the nature of the study. He declared that ethical issues can occur prior to conducting the study, at the beginning, during data collection, in data analysis, in reporting the data, and in publishing the study. Continuing, he mentions that (a) prior to conducting the study it is important to gain IRB approval, gain local permission from the site and the participants, and select a site without vested interest in the outcomes; (b) at the beginning of the study it is important to disclose the purpose of the study, not putting pressure onto the participants to sign the consent form; (c) when collecting data it is important to respect the site, disrupt as little as possible, avoid deceiving participants, respect potential power imbalances and exploitation of participants; (d) during data analysis the researcher should avoid siding with participants, avoid disclosing only positive results, should respect the privacy of the participants; (e) when reporting data the researcher should not falsify authorship, evidence data, findings and conclusions; the researcher should not plagiarize; should avoid disclosing information which would harm participants, and should communicate in a clear, straightforward, appropriate language; and (f) when publishing the study, data should be shared with others, not duplicate or piecemeal publications, and provide complete proof of compliance with ethical issues and lack of conflict of interest, if requested.

Saldaña (2016) described that the researcher “needs to be *rigorously ethical*” (p. 39), explaining that the researcher should be rigorously ethical with the participants and treat them with respect; rigorously ethical with the data, not ignoring or deleting seemingly problematic passages or text; and rigorously ethical with the analysis, maintaining a sense of scholarly integrity.

Miles et al. (2014) added that ethical issues may range from early issues, those as the project develops, and those that become prominent later. They explain that (a) early matters include the worthiness of the project; the researcher’s competence or expertise to carry out a high quality study; the participants being given complete information about the study; the participants giving uncoerced and voluntary consent; and consideration of the costs, benefits, and reciprocity for the researcher as well as for the participants; (b) ethical issues that may occur as the project develops include harm or risks to the participants; presence of a trusting and honest relationship; and maintenance of the privacy, confidentiality, and anonymity of the participants; (c) ethical issues that may arise later include research integrity and quality. For example, project design needs to include who has access to the data; issues of confidentiality and anonymity; control of report diffusion; and appropriate use of the results.

When I started the research project in January of 2015, the student cohort from Spring 2014 had finished the Medical-Surgical class the previous year (Spring 2014), and the students from the 2015 cohort had started the Medical-Surgical class. The recommendations described by the above authors were observed throughout the process of the study.

## Role of the Researcher

For an interpretative phenomenological analysis, the researcher's goal focuses on peoples' experiences and/or their understanding of the phenomena. Other common foci include the perceptions and views of the participants, and the orientation of the researcher toward the experience. The researcher's effort to understand the phenomena should be open and explicitly process-oriented. A phenomenological researcher needs to be open-minded, flexible, patient, have empathy, and be willing to enter into the experience and respond to the participant's world. (Smith et al., 2009).

The researcher has an active role as a participant in a qualitative research project. While the researcher's role is to attempt to access the thoughts and feelings of the participants, the responsibility of the researcher includes safeguarding participants and their data. My role as researcher was collecting the data, coding, and analyzing the data from the participant journals and the transcribed interviews. I was the primary interviewer and assumed an active role in the transcription of the interviews. To make sure that the interview transcriptions, and the journal and interview interpretation and understanding reflected the participants' voices, the interviews were conducted properly and carefully, according to the previously-designed protocol. I conducted member checking to confirm that the results of the research reflected participant intentions.

My role included maintaining the participant voices. To avoid possible bias during analysis of the data, I worked only with pseudonym names for the participants, thus being unable to make personal identifications throughout the process of data analysis. This precaution was taken because I knew the participants as students; preserving the anonymity of the participants assured that I did not make assumed interpretations.

The nursing profession has profound roots in my life. I have practiced nursing for the last forty years. This work experience includes hospital work in direct patient care for forty years while teaching nursing for sixteen years. Through the years of working in nursing, experiencing the importance of making daily decisions regarding patient's lives I gained a great understanding of the importance of the knowledge needed to "be a good nurse." Nursing entails many areas of preparation for the fast-changing healthcare environment. As a nurse I must be prepared to participate in leadership activities, being a leader who can help make changes to improve the healthcare system. Most importantly, my goal is to improve the wellbeing of each unique person under my professional care. These experiences as a nurse and nursing educator provided me with the ability to understand the language used by participants in the fields of nursing, nursing leadership, and nursing education.

As a nursing educator I believe that nursing students have incredible potential to learn and absorb what is taught them. Working with that potential in nursing school can prepare the students for their professional endeavors. On the other hand, as nursing educators we have to facilitate the needed education, preparing students with all the elements they must master before they enter the professional world as RNs, ready to offer their leadership proficiencies to the healthcare environment.

#### Protection of Human Subjects

The rights of the individuals participating in the study were secured by providing consent forms, obtaining informed consent, and providing an opportunity for respondents to validate their responses after the reading and findings interpretation. Permission to conduct this study was obtained through the AU-IRB (see Appendix B).

The application for approval of human subjects' research was prepared and sent to the AU-IRB. Consent forms (see Appendix C) to use the journal descriptions from the cohort of Spring 2014 semester and the cohort of spring 2015 semester were sent to the IRB for approval; approval was obtained (see Appendix B).

A modification, renewal or final report form (see Appendix B) was sent to IRB, requesting approval to add interviews of five students from the Spring 2014 cohort and five students from the Spring 2015 cohort to the project. A consent form was developed for the interview process (see Appendix D) and approval from the IRB was received (see Appendix B).

Data used in the study has been secured; only the lead researcher has access to the original data. Dissertation committee members do not have access to the original data. They may have access to anonymized data upon request. Information which might divulge the students' identities will not be entered into the data files. No data or references that could lead to identification of students will be revealed in future presentations or reports pertaining to this study. Data have been encrypted and backed up for security measures. Student journals and records will be kept locked in a secure area with no access except to the lead researcher.

The study extended the time span of the initial IRB consent; therefore, renewal forms were sent to the IRB and approval received (see Appendix B). To maintain participant anonymity, journals were assigned random names; the interview participants were assigned random names, which do not correlate to the journal names; the name of the university has not been revealed in the data.

## Potential Ethical Issues

According to Smith et al. (2009) the starting point for any research project is avoidance of harm, but it is rare that this principle is violated deliberately. They add that raw, unedited data transcripts should be seen only by the research team; any data for wider use must be edited for anonymity. Creswell (2013) stated that participant anonymity and confidentiality must not be breached at any time. Avoidance of disclosure of information that might lead to the identification of a participant can be accomplished by assignment of fictitious names or aliases and development of a composite profile.

The data were obtained through interviews and revision of the student journals describing their experiences as TLs. A potential dilemma related to maintaining the privacy of the nursing students could arise. As the study was developed, written, and analyzed, I maintained the privacy of the participants strictly.

In this study, being the teacher of the theoretical portion of the class gave me the opportunity to know the participants; the students were comfortable with the researcher. I explained the purpose of the study clearly, including assurances that participation in the study was voluntary, and clarified any questions from the participants.

Because I was the teacher of the lecture portion (four credit hours) of the course for both cohorts, some students may have consented to participate because of my role as the teacher, even though assurance was given that non-participants would not be affected in any way (momentary or circumstantial) throughout the theoretical part of the class or the clinical practicum. The clinical practicum was conducted by two other clinical instructors for both cohorts; the grade for the clinical practicum portion of the class was assigned by the respective clinical instructors. I collected the journals at the end of the semester, when classes were complete, and the grades for the clinical practicum had been

assigned. The interviews of the students were conducted after the students graduated from nursing school. From this phenomenology study of BN students lived experiences of a leadership role during clinical practicum a set of themes and sub-themes emerged from files and references, generated by NVivo12 (see Appendix E), and my own comprehensive reading and analysis of the descriptions from the participants. Through the next six chapters a detailed description, analysis, and conclusions of the findings was presented.

### **Outline of Findings**

In-depth analysis of the experiences shared by research participants revealed the following coded themes:

1. The team leader role
2. Introduction to nursing leadership
3. Learning experiences
4. Learning outcomes
5. Emotions
6. Negative perceptions and unanticipated findings

A full presentation of each theme and sub-themes is discussed in the subsequent chapters, one theme and the specific sub-themes per chapter.

## CHAPTER 4

### THE TEAM LEADER ROLE

#### **Introduction**

In the findings of this study regarding the BN students' lived experiences of a leadership role during clinical practicum, the TL role is presented according to the descriptions of the research participants, through the emerging themes.

Following are interesting, revealing, and important comments from the participants who described and emphasized the importance of the TL role according to their lived experiences during the role. This chapter describes the activities and responsibilities of the participants throughout the clinical experience. The first theme shows the findings related to the benefits of using the TL worksheets.

Next are findings related to the complexity of the TL role, as explained by the participants. Themes that emerged include overseeing their peers (classmates) and being responsible for a group of patients. This chapter also presents the sub-themes: important experiences lived by the participants, discussing the organization of medication administration, checking the nursing documentation, and organizing the lunch break schedule of their classmates.

#### **Team Leader Worksheet Responses**

As discussed in Chapter 3, worksheets were developed to assist students during their role as the TL and to guide their clinical experience. The clinical instructor provided both worksheets to the TL assigned for the day before the clinical practicum started. The



responsibilities worksheet included the different activities the TL needed to complete (see Appendix A); this sheet guided the responsibilities throughout the clinical practicum day. The second worksheet provided space for information about the group of patients for whom the students were caring during the clinical practicum day; this list helped the TL to know the essential information about each patient, which would guide decisions the TL needed to make to meet patient needs (see Appendix A).

There was an agreement among the participants that the TL Responsibilities Checklist, and the Patient Information Checklist gave the TL guidelines organized according to the responsibilities they had to accomplish during the clinical practicum. The participants appreciated how the worksheets helped guide them during the TL role.

Highlighting the benefit of the TL Responsibilities Checklist some TLs made specific comments. Xuri wrote, *“I had a sheet they gave me with the big picture overview”* (Recording #5). Adalynn stated,

*The worksheets that the instructor gave us were really helpful in guiding the responsibilities and like what was expected of us” She continued, “as I kept helping people and I was going to the worksheet checking things off, and making sure everybody was on track, I gained confidence from it”* (Recording #4).

Pearl also wrote about the worksheets, declaring that *“I had a checklist of things they (the classmates) were supposed to accomplish before they left the floor”* (Journal #15).

The TL worksheet (Patient Information Checklist) helped participants to obtain and organize the information needed from the patients. Three participants specifically addressed this aspect of the worksheet. Zoey said, *“I was able to get most of the information [from the patients] for the information sheets I had to fill out in the first hour or two of the day”* (Journal #8). Teigan observed, *“When we got onto the unit, I filled out*

*the basic information on the sheets provided to me while the other students listened to report” (Journal #9). Ellie wrote “I liked working with the team leader sheet, knowing the basic patient status and being aware of my fellow student nurses and what they needed to do” (Journal #4).*

According to the descriptions by the participants, the TL worksheets were an important tool they were able to use as guides for their role. Some of the participants commented that it gave them the big picture overview and helped them in gaining confidence when helping take care of patients.

### **Complexity of the Team Leader Role**

The TL role theme was defined by participants as having multiple demands and responsibilities, as they described several aspects of the role. Most participants identified specific nursing assignments and skills they performed and how they learned about organizing the nursing assignments. They emphasized the importance of helping their classmates to understand their assignments. The participants highlighted their learning experience about the complex responsibilities of professional nursing care. They stated they oversaw and guided classmates’ professional nursing care of their assigned patients and had an overview of all the patients under their classmates’ care.

### **Organizing Nursing Assignments**

The participants described the different assignments and skills they perceived that they performed during their TL role. Aaliyah summarized her role by describing the complex combination of responsibilities she had as TL:

*I helped to organize when those who were passing medications would do so, as well as lunch break time. I kept track of when each student finished with their various duties and tasks such as assessments and Activities of Daily Living, as well as the results of their assessments. In addition, I checked in with each person*

*regularly to be sure that they were charting and to see if they needed help with anything (Journal #18).*

Xuri's explanation of her responsibilities echoed the complexity of the role:

*My responsibilities were to get an overview on all the patients that we were managing that day, their conditions, usually their diagnosis. I think we were responsible to making sure they [classmates] did their basic vital stuff [professional nursing care], how the patient condition was, knowing if the medication was given on time, I believe that was part of our responsibilities (Recording # 5).*

Paisley, in describing the complexity of the TL role, highlighted her responsibility for making sure her classmates understood their responsibilities and assisting them as needed in completing those responsibilities, she stated

*One of my classmates didn't know that they were passing medication and as a result did not look up her medications, this helped me to realize that as a team leader it's my responsibility to make sure that my classmates understand their assignments and know exactly what is that they're doing. After this [finding] I made sure to follow up with each classmate and made sure that they knew what they were doing and had help if they needed assistance with anything (Journal #17).*

#### Learning About the Complex Responsibilities of Professional Nursing Care

Adalynn expanded the description of the complexity of the role. She said that the TL role during clinical practicum taught her about nursing assignments and skills; she specifically mentioned things such as time management and thinking about different patients. She explained that the role helped her after graduation when she was working as a nurse (Recording #4). Paisley echoed Adalynn's description of the complexity of the TL role succinctly, that it "*showed me many new things*" (Journal #17).

Summer mentioned that during her role she felt responsible for the team members' learning experience as well as for her own learning experience. She tried to make the classmates feel as though they were good nurses and nursing students; at the

same time she tried to be a good TL during the experience. (Recording #8). Summer pointed out her own learning experience about being a TL without leaving out her classmates, remembering that they were involved in a learning experience as well. Each clinical practicum was seen as part of their nursing school learning experience.

There was agreement among the participants about the complexity of their role as a TL. The participants explained the different responsibilities they needed to accomplish. The TLs described helping to organize nursing care and overseeing their classmates work as well as having a general knowledge about all the patients under the classmates' care.

Paisley made an important comment about the TL's responsibility, stating that it *"Helped me to realize the importance and responsibilities that the leaders in healthcare setting experience have"* (Journal #17).

Peyton stated that *"Nursing is a multi-task profession. It requires leadership, judgment, critical thinking, and sense of responsibility. These are good skills that nurses need to practice and improve every day to be successful in their career"* (Journal #7).

This participant made a comment that brings out one of the characteristics of leadership: the sense of responsibility. Being a student at the Junior level, this is an important statement showing that she is thinking with passion about nursing and patient care with intensity; the TL role gave the participant a view of the broader aspects of professional nursing and, therefore, of patient care.

According to the participants, these findings indicate that the TL role taught them about the complexity of professional nurse responsibilities and the expectation to be involved in leadership responsibilities. The findings demonstrate how the participants defined the importance of the activities of having an overview of all their classmates'

patients and facing the task of helping their classmates understand their assignments; thus, they saw the TL role as an important learning opportunity. I think a remarkable finding was that the participants described the importance of leadership in the healthcare settings and how it prepared them for their work as RNs after graduation.

The participants' conceptualization of the TL role as complex agreed with Feldman and Greenberg (2005), who stated that the changing environment in healthcare, the high acuity level of the patients, and the increased use of nonprofessional staff have placed a high demand for leadership skills among newly graduated nurses, especially in baccalaureate-prepared nurses. Nursing graduates must develop strong leadership skills to be able to teach, delegate, and supervise other staff with safety and competence.

A recommendation was made about the importance of teaching leadership skills in nursing school; IOM (2011) suggested leadership skills need to be learned and mastered over time, but the basic skills should be taught as early as the beginning of nursing school. Adding to the importance of preparing nursing students for leadership roles, AACN (2008) stated that the baccalaureate program prepares the graduate nursing student to "Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings" (p. 14). According to the findings in the present study, participants who served as TLs were able to apply these important aspects of nursing practice, as were advocated by IOM and AACN.

#### Overseeing my Peers

Some research participants perceived their TL role as overseeing their classmates' accomplishment of assignments during their clinical practicum. To that concept Scarlett

wrote that *“As the team leader I had the responsibility of making sure everyone performed their specific clinical duties such as reporting to their nurse, performing assessments, taking vital signs, and documenting everything that was done”* (Journal #22). Likewise, Ava stated that *“It was interesting to be put in a position where I had to oversee what everyone was doing”* (Journal #1).

Remarks made by the participants about overseeing their classmates included several activities related to nursing care; as Luna stated *“I also needed to make sure that students had completed rounding, health assessment, SBAR communication [Situation, Background, Assessment, Recommendation], patient safety, assessing vital signs twice a shift, and answering call lights”* (Journal #3). Adding to the notion of overseeing their classmates’ work Xena stated

*We had to quick check on everyone, make sure that they were checking on their patients, getting their medication ready, doing their assessment, making sure things were getting charted, a lot of what you would do as a nurse* (Recording #7).

The TLs continued to comment on several activities that they were responsible to support and coordinate; Tess indicated that *“I checked the charting to make sure everyone was on top of their duties”* (Journal #10).

Excellent patient care is important, and the TLs highlighted that they were adding to that concept by overseeing their classmates; as Millie stated

*As a Team Leader I was not specifically involved in the care, but at the same time it's like you're essentially the one overseeing it, you also do contribute in a way, so that being the nursing student in charge of that patient, [the classmate] can provide good patient care* (Recording #6).

Ivy reiterated Millie’s thoughts about patient care *“I also had to make sure that everyone was doing okay in caring for each of their patients”* (Journal #13).

The TL role seems to have an surprisingly positive influence in developing a sense of responsibility for overseeing several patients and a group of classmates who were taking care of those patients. Averil corroborates that with her statement:

*Because, you know, as a Team Leader that is one of the things that you really need to have is the sense of responsibility, which is very important, because when you are taking care of one patient, you are just at the bedside of this patient, you just have one responsibility. But being a team leader, you know, you are supervising not only a group of other nursing students, but also the patients (Recording #3).*

Conclusions drawn from the descriptions from the participants indicated that part of the TL role was to oversee their classmates' completion of their expected responsibilities during the practicum. Overall responsibilities of the classmates included the activities rendered to their assigned patient, leading toward the goal of excellent patient care. The implications were that being responsible for a team is an important factor that can have an influence towards satisfactory patient outcomes and provision of professional patient care.

A leader influences others to move in the direction of achieving goals (Carroll, 2006). The nursing practice of rounding is the best practice for asking detailed questions in a one-to-one relationship of patients and staff obtain information. "Leader rounding on staff is the single best way to raise employee satisfaction and loyalty and ultimately attract and retain high performance employees" adding that "it leads to better clinical outcomes" (Studer Group, pp. 17-19).

### Being Responsible for a Group of Patients

Several TLs emphasized the responsibility of managing more than one patient as an invaluable benefit. In the experience, the TLs observed influences on achieving the

necessary knowledge and understanding about nursing practice which would improve their future work as a graduated RN. Millie expressed her enthusiasm mentioning

*I have actually more than one patient now, and so that definitely got me, you know, pretty excited, I think I was pretty excited. Which is what I learned a lot from that, you got to learn how to set your priorities and on which patient to focus on over the other. And that made me feel, you know, I felt very fulfilled, if that makes sense (Recording #6).*

It was interesting to see participant's belief that it was exciting to have more than one patient. During their clinical practicum, the classmates were assigned only one patient to care for on any given clinical practicum day. The TL experience gave the participants the opportunity to oversee and take care of many patients, and at the same time, practice prioritization of patient care according to patients' health conditions, which implies important applications for their future careers as RNs. Millie further declared

*Deal with more than one patient, and as a real nurse, as a working nurse right now I already, like even if I'm not a charge nurse, I'm already dealing with four, five, six patients who are crashing on me constantly in a way, not constantly, but figuratively speaking. And so, you know, the Team Leader role helped me in my regular role as a nurse (Recording #6).*

According to Adalynn, being responsible for the care of a group of patients:

*Definitely, it was nice having multiple patients, just because, I mean, you can see the interesting things that were going on with each patient, you can help with each patient. One patient has a tracheostomy and you can get a little experience with that. Or like one patient has something else going on that you can go and check on. It is a huge learning experience (Recording #4).*

The participants agreed that being responsible for several patients was probably one of the most valuable assets of the TL role experience. Up until their junior year, the only time the students had an opportunity to work with several patients during clinical practicum experiences was when they were assigned the TL role. I need to clarify that the students in the nursing program had an internship course during their last semester in the nursing program. During that class/clinical practicum the students had a group of patients



assigned, working together with their RN/preceptor during their weekly clinical practicum.

Adding positive feelings to the experience of being responsible for a group of patients, Athena wrote *“I had a wonderful time getting to know most of the patients on the unit today”* (Journal #28). The same enthusiasm was shared by Chloe who wrote *“One positive aspect that I enjoyed was as team leader, you literally help everyone out. This meant that I had the opportunity to see a variety of different patients at the same time”* (Journal #6). Ellie added, *“It was neat to get the overview of the patient assigned to the fellow students, knowing the basic patient status and being aware what the students needed to do was an empowering new experience”* (Journal #4).

The participants’ statements indicated a common finding that highlighted the enthusiasm of the TLs about their unique opportunity of taking care of a group of patients, being responsible for their care, and getting to know the patients during their role. This finding about the participants’ enthusiasm for taking care of several patients, the great learning experience, and their comments about it being an experience they were able to apply after graduation was makes the experience exclusive and of value from an educational perspective. According to the participants the TL role helped them to learn about and manage many patients with critical conditions, and how to organize and prioritize patient care.

Benner et al. (2010) asserted that when students move on from taking care of one or two patients to taking care of several patients, the situation changes and new ways of organizing and planning are necessary for more complicated assignments. They wrote that practice goes beyond performing skills or learning to care for patients who are

suffering; skillful and caring behaviors for patients who are suffering includes the complex therapies they are receiving in addition to the patient's own coping mechanisms. The role of nurse educators is to promote student development from a lay person's understanding to the professional understanding and thinking of a nurse. This process shifts the student from focusing on mastery of skills to exercising flexible judgment and taking "context-dependent action in an underdetermined situation" (p.179).

The research participants' vehement statements about their learning experiences reflected the comments of Benner et al. (2010) who stated that many students can describe a critical learning circumstance when they experienced the great responsibility of being a nurse.

#### Organizing Medication Administration

During the clinical practicum, nursing students administered medication to the patients, while supervised closely by the clinical instructor or supervised by the floor RN who caring for the patient. Medication administration is an essential part of professional nursing practice. Considerable attention needs to be given to the process of medication administration. According to the IOM (2011) "Medication errors account for one out of every 131 outpatient deaths, and one out of 854 inpatient deaths" (p. 27). Therefore, the TL needed to foster an organized and safe process. The medication must be give at the pre-stipulated time; before giving the medication, the RN is responsible for knowing what medication will be given including the medication action and side effects, The TLs helped the clinical instructor organize the medication administration process and verified with their classmates whether they had the necessary knowledge about the medications that were given.

The value of organizing the medication administration schedule was described by the participants as assisting classmates in different activities that helped the flow of correct and timely medication administration. As Sienna wrote *“I knew who is giving what medications at what time and who should go first because of acuity level or to save time”* (Journal #32); this is an important declaration because the TL needed to make decisions according to the patient status, knowing not only the medication that were to be given, but the status of the different patients, applying concepts of prioritization, considering patient acuity and the need for specific medications.

The participants described that they checked that their classmates *“Were getting their medication ready for administration”* as mentioned by Xena (Recording #7. Adding to the importance of medication given in a timely manner, Xuri said that *“Some of my responsibilities were to know if the medication was given on time”* (Recording #5). In the same vein, Isla declared

*One student in particular stood out from Thursday’s clinical . . . the student worked quickly and efficiently without forgetting details and also advocated for the patient’s best interest by giving time-sensitive medications with the nurse when the instructor was passing medications with another student* (Journal #5).

Documentation of the administered medication is important, as Luna wrote *“Lastly, I had to check and make sure that the students gave and documented medications that were given with the professor”* (Journal #3).

The TLs also checked whether their classmates knew the medications they were administering; as Aaliyah wrote about her experience *“I helped to organize when those who were passing medications would do so”* and *“I helped Student C find some of her medications in the Drug Handbook, so she was prepared to pass medication to her patient”* (Journal #18). About that responsibility Skylar commented that she *“Helped*

*students to remember how to do [patient] assessment, making sure the students knew their medication and the side effects before giving the medication” (Journal #16).*

Organizing medication administration has its complexities, as Serenity wrote

*A challenge I faced was attempting to organize the medication administration schedules. Most of the patients had tricky schedules, receiving meds at 07:30, 08:00, 08:30, 09:00, 10:00, and 11:00, or some variation of the above. This created a difficult situation for the clinical instructor and required her to run back and forth between rooms to get the medications in on time. I attempted to help the situation by making notations on the master list of each medication administration time, which patients needed insulin, and which patients needed glucose checks. I also checked the patients’ laboratory levels on my own in order to ascertain if any critical levels needed to be addressed (Journal #14).*

This TL described a well-organized and timely distribution of all the activities during the busy shift; and how she was able to address several other challenges with patient care, medication administration schedules and problem solving, managing to maintain good patient care and outcomes. She commented at the end that she believed it was a successful day.

An important finding mentioned by the participants was organizing the medication administration, taking into consideration patient status, and the significance of knowing the medication itself. Validating that finding, Potter et al. (2017) wrote that “Because medication administration and evaluation are a critical part of nursing practice, nurses need to understand the actions and effects of all medications taken by their patients” (p. 609).

The RN is the last person in the healthcare team responsible for the correct administration of the medication as she/he is the last link in medication administration and the safeguard against error. These findings about organizing medication administration show that the participants were aware of the remarkable importance of the

medication administration process, including the timing of the administration as well as the knowledge about each medication.

The finding that the participants acknowledged the importance of having medication knowledge and providing timely administration was supported by Potter et al. (2017), “no matter where patients receive healthcare (i.e., hospitals, clinics or home) nurses play an essential role in preparing, administering, and evaluating the effects of the medications” (p. 609).

### Checking the Nursing Documentation

Documentation in nursing occurs in a computer program used by the healthcare team members to report all patient information in detail. The team members, including nursing students, need to document all data obtained from patient assessment such as vital signs, medication administration, and nursing interventions. Every activity related to the patient care during hospitalization must be entered into the computerized system.

Potter et al. (2017) asserted that “a patient’s medical record is a valuable source of data for all members of the healthcare team. “Data entered into the medical record facilitate interdisciplinary communication; provide a legal record of care provided; justify financial billing/reimbursement; and allow for auditing, monitoring, and evaluation of care provided” (p. 356). In nursing school, the students are taught from the very beginning and throughout the student experience about the importance of documentation.

The participants had the responsibility to check their classmates’ documentation or charting, as some of the TLs described it. During nursing school, the students start to understand the importance of documentation; as stated by Avery “*Because they [classmates] understood that documentation is important; because if it is not*

*documented, it means it was not done*” (Recording #3).

Some of the remarks of the participants spoke about a challenging routine and time-consuming activity; as Summer states, *“I can see that I spent a decent amount of time helping my classmates with their documentation”* (Recording #8). Ivy added that *“For me it was a challenge to keep checking on everybody and making sure that the charting [nursing documentation] was done, and everybody was doing okay in taking care of their patients”* (Journal #13).

One of the guidelines for quality documentation, as stated by Potter et al. (2017) was that timely documentation is essential in ongoing nursing care. “Delays in documentation lead to unsafe care” (p. 362). The comments of various participants regarding documentation were related to a feeling of frustration, because their classmates were not doing the documentation on time; as Aaliyah remarked, there were negative aspects, and *“One of them was keeping track of a student who was not doing her documentation and patient care on time, and therefore this was a stressful situation”* (Journal #18).

Other TLs commented likewise that they felt responsible to make sure their classmates had their documentation done in a timely manner (Xena, Recording #7; Summer, Recording #8; Demi, Journal #24; and Ivy, Journal #13). Also on the aspect of timely documentation, Bianca wrote that *“it was also hard to get people to document that they rounded and when I reminded them, I heard them saying: ‘you are so strict’”* (Journal #31).

Nursing documentation is part of an enhanced patient outcome, and the TLs ensured that their classmates did correct and timely documentation; as Serenity adds,

*Throughout the day, I routinely checked each patient's chart to ensure that hourly rounding's were done in a timely manner. I made certain that full vitals and a physical assessment were done between 07:00 and 08:00 and charted appropriately (Journal #14).*

Nursing documentation needs to be done completely and properly. The participants reflected an understanding about the guidelines for documentation; as throughout their roles as TLs they checked their classmates' documentation. As Kai asserted *"Since I was the team leader for the day, I was responsible for making sure all of the student nurses charted all of their findings and procedures they did with the patients"* (Journal #12). Similar comments were made by Mia and Arya who commented that they checked the charting at the end of the day to make sure everything was documented properly (Recording #1, Recording #2).

There were positive comments about teaching and learning moments stated by the participants. Avery said that she checked the documentation and if something was missing, she contacted the classmate and made sure that it was done correctly (Recording #3). On the same point Ellie wrote that *"I was checking up on their charting and teaching them what I had learned on how to chart all the details"* (Journal #4).

The TLs learned from the activity; as Adalynn stated, *"I definitely helped at least one person with their charting. And I guess reviewing everybody charting, to make sure that everything was complete; it really solidifies it for you"* (Recording #4). On a positive personal note Pearl mentioned that *"I became a little more intimate with the charting system, as I spent a significant amount of time on it double-checking people's charting"* (Journal #15).

All research participants considered checking the nursing documentation of their classmates in the computerized charting system an activity that needed to be done in an

appropriate, time, and complete manner. If their classmates were lacking precision, the TL made sure to correct with them what needed to be corrected.

These findings correlate with what Potter et al. (2017) declared, “high-quality documentation is necessary to enhance efficient, individualized patient care,” and that “documentation of concise data is clear and easy to understand, ensuring that the information within a recorded entry or a report is complete, containing essential and appropriate information” (pp. 361-362). They state that “documentation in a patient’s medical record is an essential aspect of nursing practice; it needs to be accurate and comprehensive; and effective documentation helps to ensure continuity of care, save time, and minimizes the risk of errors” (p. 356).

#### Organizing Lunch Break Schedule for Classmates

The nursing students were in the hospital for clinical practicum for eight hours of direct patient care; added to that, they needed to be at the hospital before the clinical practicum to start gathering patient information, making this clinical experience many hours long.

As part of their responsibilities the research participants needed to establish a lunch break schedule for their classmates. The participants organized the schedule trying to maintain on-going patient care at all times during their shift. Each classmate would be able to take a lunch break. Timing was organized to assure continuity in patient care and patient safety. Arya mentioned that “*We coordinated the lunch times to make sure that we took turns leaving for lunch so not everybody left at once*” (Recording #2). Tess emphasized that “*I also organized when we would all go to lunch so that we weren’t all gone at the same time*” (Journal #10).



Several other participants described their responsibility about organizing their classmates lunch break. Skylar, Savannah, and Aaliyah wrote that they arranged the schedule for lunch time. (Journals #16, #18, #20). Izzy mentioned that, *“I prioritized 15 minutes breaks for each student, and I covered while they were away”* (Journal #25).

On a different note, Athena mentioned that the originally scheduled lunch break time needed to be delayed because one of the classmates was falling behind with her assignments and patient care.(Journal #28).

From a different perspective, taking care of their classmates seems to be important, as Mia includes in her description

*I think the most important responsibility for the team leader would be to take care of the teammates, and the patients they are taking care of, because you are not just given one, but several patients to take care of for the day. So, you must know the priorities, like who needs to be taken care of first. Who are the critical patients, who we should focus more or give more attention. Meanwhile taking care of the physical and emotional needs of the classmates* (Recording #1).

This research participant (Mia) mentions a concept that is especially important in a leadership role, and as the TL describes it, I think it is an outstanding point made by the participant. This finding correlates with results from Nejati et al. (2016), supporting the conclusion that improvements in the restorative quality of break areas may improve nurses' satisfaction and stress reduction significantly, potentially leading to improved care for the patients they serve.

Importantly, the nursing students must be able to take care of themselves, and therefore be able to take better care of the patients. According to the research participants, the findings suggest that the TLs were diligent in organizing the lunch break schedule and assuring that every classmate was able to take the lunch break. Furthermore, this finding included another important discovery by the participants, portraying that they were

always trying to manage safe patient outcomes. This finding that the TLs sought to maintain a level of organization that safeguarded patient safety and assured that all their classmates were able to have their breaks is important.

Connecting with these findings, Roberts (2017) conducted a study regarding nurse perceptions about meal and break periods, finding that over half of the surveyed nurses reported that they miss their meal break periods to some level. Over 87% of nurses reported that they do not receive their shift break periods at least part of the time. Almost all them agreed that receiving meal and break periods affects their well-being. Furthermore, the majority felt the quality of care they provide for their patients is affected when they are not provided their meal or break periods; 76% of the nurses reported they were more likely to make medical/patient care errors when they were not provided meal and break periods.

### **Summary**

Throughout this study regarding BN students' lived experiences of a leadership role during clinical practicum, the TL role was presented according to the participants described experiences. The sub-themes that emerged started with the description of the TL worksheets and key benefits for organizing the TL role. The findings highlight the complexities of the TL role. The organization of medication administration and checking their classmates nursing documentation were presented as an influential learning experience, accentuating the responsibilities of the professional development of an RN. The final finding presented is the description of organizing the lunch break schedule of their classmates, and the commitment of the participants to ensure that both classmates and patients were well cared for.

Overall what stood out about the findings in this chapter was the understanding of the participants of the TL role and how that led toward an awareness about the importance of the role and how it influenced their future work as RNs.

## CHAPTER 5

### INTRODUCTION TO NURSING LEADERSHIP

#### **Introduction**

Leadership in nursing encompasses myriad details and responsibilities. The IOM (2011) emphasizes,

Strong leadership is critical if the vision of a transformed healthcare system is to be realized. To play an active role in achieving this vision, the nursing profession must produce leaders throughout the system, from the bedside to the boardroom (p. 7).

The leadership role developed for the Medical-Surgical class was designed to introduce leadership skills to nursing students during their clinical practicum experience and to prepare them for their forthcoming responsibilities in their careers as RNs.

This chapter begins by introducing the leadership skills theme, as described and perceived by the participants. Throughout the TL experience, the participants felt a sense of responsibility toward both patient care and their classmates. The chapter then presents sub-themes which emerged from the participants, such as reminding their classmates about their expectations and observing classmates not doing their job. Other sub-themes related to the fine line of knowing when to step in, both in determining problems that needed intervention from the TL and in acknowledging classmates' different personalities. Finally, the chapter includes the participants' perceptions of the value of recognizing classmates' excellent nursing care as part of the development of their leadership skills.

Leadership in nursing influences patient outcomes, and is necessary to influence the healthcare system. Though many novice nurses do not envision themselves in leadership roles when they enter the field, strong leadership is essential to transform the U.S. healthcare system. This requires nurses with the adaptive capacity to take on reconceptualized roles in new settings (IOM, 2011).

### **Leadership Skills**

The participants highlighted that the leadership experience was an important learning experience and a starting point for their future professional leadership endeavors as an RN. The participants described the experience and skills that they learned. Scarlett wrote, *“Being team leader was a very interesting experience. It gave me experience in leadership, which I will use in my future career as a nurse”* (Journal #22). Adding to that, Ellie stated, *“After this [TL role] began my opportunity to learn what it is like to be a team leader at this point in my education”* (Journal #4).

Research participants commented about some of the skills they were able to learn during the TL experience. Demi highlighted

*One general leadership skill I learned during this day was to always be there for your workers. Simply asking how things are going with them helps them to open up and allow for collaborative nursing care. Two heads are always better than one* (Journal #24).

The TL role gave Brielle the opportunity to develop leadership skills. She had a group of classmates who needed orientation to the hospital unit; it was the beginning of the clinical rotation and the classmates did not know the unit yet. Therefore, Brielle embraced her role as the TL, showing the classmates the nursing unit and the areas of the hospital they needed to know to do appropriate nursing care during their clinical practicum (Journal #21).

On the other hand, Mia made interesting reflections about her experience:

*I think what I learned from being a team leader is first, getting to know who I am, if I am right to be a leader, in a way, if I have the skills to become a leader. What am I lacking? What am I doing good? through this team leadership experience in the clinical. So, I am going to be using these leadership skills, and incorporate this experience into being a better nurse, giving better patient care when on the floor (Recording #1).*

Tess emphasized that she enjoyed the leadership experience, declaring,

*At the end of the day I made sure everything was done and that the students had all reported to their nurses. It was a good experience overall. I enjoyed being able to help everyone and help keep them focused and on track with the patient care. I also enjoyed the leadership aspect that this experience allowed me to have (Journal #10).*

This sub-theme showed that participants acknowledged they had had an experience in leadership while still in nursing school. The participants stated that they learned leadership skills through the role. When describing primary skills for the nursing leader (Carroll, 2006) explains the following skills as important components for nursing leadership: “communication, decision-making and time management tools, change management skills, conflict resolution skills and team building skills” (pp. 61-138).

Related to that finding, in a study regarding leadership behaviors taught in BN programs, Truchot (2000) found that nursing education needs to emphasize leadership behaviors from the first class forward, so that nursing students gain both leadership and clinical skills and can advance the profession proficiently.

### Feedback and Respect

According to some of the participants, being the TL introduced them to the task of helping their classmates improve their procedures and skills related to patient care. This section recognizes the participants’ descriptions of how they approached their classmates with respect in that difficult task.

Brielle declared

*I guess there were really many roles that I needed to think about for the day, and also to give some team members feedback if they need to be doing something that they had not done, and to really meet the patients' needs as well, as a team leader from a different level of care.*

Brielle also stated, *"I also recognize that respect is the only thing that matters when one takes on a leadership role"* (Journal #21).

Adding to that thought, Mia mentioned *"I think is always wise for the leader to have this assertive way of saying while encouraging the teammates on their skills and their clinical experience for that day."* She added,

*You have also to share what can be done better, for the team leaders to give better care, because at the end the day the most important thing is giving our patient the best care we can for that day* (Recording #1).

The key conclusion emerging from the participants' descriptions of their experience is that the TL would talk to their classmates with respect if feedback was needed during patient care. The Essentials (AACN, 2008) highlight the description of the roles of the BN:

Baccalaureate generalist nurses are designers, coordinators, and managers of care. The generalist nurse, prepared at the baccalaureate degree level, will have the knowledge and authority to delegate tasks to other healthcare personnel, as well as to supervise and evaluate these personnel. As healthcare providers who function autonomously and interdependently within the healthcare team, nurses are accountable for their professional practice and image, as well as for outcomes of their own and delegated nursing care (p. 9).

Relating to communicating with respect with classmates, the Studer Group (2010) states that leaders should "be firm, kind, and respectful," adding that "leaders can hold people responsible for the standards" (p. 367).

## Relationships

Several participants asserted how the TL role helped them to have a connection and relationship with their classmates; relationships are important in leadership, leading toward a better patient outcome at the end. Highlighting that concept, Xuri stated,

*It made me appreciate the benefits [of relationships]. I felt in a way more connected with my fellow student nurses, knowing what their goal was, knowing how their day went, even the benefits of relationships building was very exciting, I love having the feeling of having a strong team, and I felt like if the better team leader that I am, usually the better relational experience that will be for the whole team (Recording #5).*

Likewise, Summer indicated

*If [my classmates] did not do well that day, it reflects on my leadership, so, I do believe that their experience as well as my own was important for me, because I wanted to make sure that they felt they were being good nurses and nursing students, so they can move forward with confidence as well; and the same applied to me (Recording #8).*

Mia, one of the research participants, made the following comment,

*Your brain mindset is working in a different level, I guess, seeing in a higher level and to really give a care, not only to that patient, but also to that team member which will trade the synergy of making that working environment really awesome as well as giving that patient a wonderful experience in the hospital (Recording #1).*

Seeing things from a leadership level is an important concept. Helping and taking care of team members will create an environment where the outcomes benefit the patients, thus transforming the experience into excellent patient care.

The findings point toward an agreement among the participants that it is important to develop a relationship or connection with the healthcare team, or, in this case, their classmates. A positive relationship ensures better patient outcomes. These findings echo what Potter et al. (2017) describe: an effective team understands that it can count on all its participants when a need occurs.



## Making the Correct Decisions

Another aspect outlined by some participants was the decisions they needed to make on behalf of excellent patient care. This included supporting classmates with decisions-making, creative problem solving, and making correct decisions which affected patient outcomes.

Reflecting on that concept, Aaliyah wrote,

*I am learning, both from clinical [practicum] and my [student] job (where I am a manager) that I actually do enjoy being in a position of leadership, where I can help those I work with to understand what they are doing, and to provide support with creative problem solving (Journal #18).*

Another TL (Claire), commented about her experience, writing, *“I realized the importance of taking responsibilities and having a leadership, which increases the efficiency of the nursing staff”* (Journal #2).

Furthermore, Xuri stated *“I learned that sometimes the team leader has to make decisions that are important for the health of the whole team.”* She added

*In leadership in general, sometimes you can find both, people that appreciate you, and people who do not always appreciate you. You have to make the best decision that you can for the good of the whole, as the best you see it. And that was probably one of my big take away lessons that I had. (Recording #5).*

The participants agreed on the concept of guiding and supporting their classmates to provide excellent patient care. The participants also prioritized the importance of decision-making included in leadership responsibilities.

Illustrating this point, IOM (2011) states that nurses and their managers are in direct and sustained contact with their patients, placing them in a position where they can design new models of care to improve quality, efficiency, and safety. Using that potential will require the development of a new workplace culture which supports and encourages leaders at their place of care and “Requires all members of the healthcare team to hold

each other accountable for the team's performance; nurses must also be equipped with the communication, conflict resolution, and negotiating skills necessary to succeed in leadership and partnership roles" (p. 234).

Enhancing that idea, Grossman and Valiga (2017) state that leadership includes the constant development of followers and a continual renewal of their understanding, participation, and commitment. The IOM (2011) declares that "nurses must help and mentor each other in their roles as expert clinicians and patient advocates" (p. 234).

### **Sense of Responsibility**

The opportunity for each TL to perform in a leadership position enabled the participants to learn about the profession of nursing and leadership. One of the sub-themes emerging from the participants' descriptions related to leadership skills included acquiring and feeling a sense of responsibility during the role. As highlighted by Itzel *"I thought being a team leader, you do not have to do lot of stuff, but I was wrong. I learned that being a team leader is not just helping friends. It comes with lot of responsibilities"* and she added *"Being a team leader, it taught me to focus on multiple responsibilities and learnt different ways to work as a team"* (Journal #27).

Potter et al. (2017) stated that "responsibility refers to the duties and activities that an individual is employed to perform" (p. 282). The participants made themselves aware of the leadership role in which they were engaged during the clinical practicum. The TL developed a feeling of being responsible for guiding their classmates in the care of several patients during the clinical practicum.

The TL role required the participants to identify each classmate's patient's needs and specific nursing care, and to coordinate patient care. About understanding that

concept, Sienna wrote that *“It is a different role, because one does not necessarily have a lot of patient contact, but has the responsibility to coordinate who does what and when”* adding, *“the team leader has the responsibility to coordinate all the patient care”* (Journal #32).

Continuing with that line of discovery about the TL role, Mia emphasized,

*Because you just cannot focus on one task, you have to see everybody and what everybody else is doing. because you want to give help when they ask for one, and if they need some improvement you have to step in and really be that advocate for the patient, so I say it is a huge responsibility that I was feeling to become a team leader* (Recording #1).

The environment of healthcare is becoming increasingly multifaceted, and nurses need to be able to understand that challenge. Peyton, recognizing her role as the TL, declared, *“Nursing is a multi-task profession. It requires leadership, judgment, critical thinking, and sense of responsibility”* (Journal #7). In agreement with that thought, IOM (2011) noted that patient care within the hospital setting is growing more complicated; therefore nurses need to make important decisions about patient care related to patients who are in poor health (p. 170).

### Numerous Responsibilities

The participants remarked on the details of the numerous responsibilities they perceived they had to accomplish as the TL. They needed to include their classmates and their patient care in their activities. To that concept, Avery stated

*As a team leader, one of the things that you really need to have is the sense of responsibility, which is especially important. Because when you are taking care of one patient, you just have one responsibility. But being a team leader, you know, you are supervising not only a group of other nursing students, but also their patients* (Recording #3).

Likewise, Xuri perceived the responsibility as *“Accountability for the whole floor,*

*and also accountability, both to my fellow nurses as well as to the people who were over me as managerial positions” (Recording #5).*

The TLs perceived that their participation in the leadership role gave them a better understanding about the magnitude of the role; therefore, it was an experience that helped the participants understand what nursing responsibilities include. They described their responsibility as being the resource person, being responsible for their classmates, the patients, and for the learning experience of their classmates. Clinical practicum is the teaching-learning place in the nursing school curriculum where students can apply what they learned in the classroom, preparing them for their future roles as RNs.

As Arya stated

*But having the official team leader role definitely gives you more of a sense of responsibility and maybe have, you know, let you take more initiative in going to find out what other people need instead of letting them come find you when they need something.*

She added *“I would say it does definitely give you a greater sense of responsibility because you are being put kind in an official role, as a resource and a helper”* (Recording #2).

Continuing with that concept, Adalynn declared

*Being a team leader is a big responsibility; but I gained confidence from the role, it helped to manage many things at the same time. It did influence my sense of being responsible for my fellow nursing students and their learning experience particularly (Recording #4).*

On the other hand, Xena stated

*When I was team leader I definitely took it upon my shoulders to make sure that all things were going well, I just felt really responsible for when something went wrong, like I wanted just to fix it right away” (Recording #7).*

Xena’s understanding of responsibility was to find a solution to the problems.

According to Marthaler (cited in Carroll, 2006) “Responsibility involves being reliable

and dependable, and obliged to accomplish work and to perform at an acceptable level based on education and training” (p. 53).

### Overall Responsibility for Everything

When the nursing students stepped into the TL role during the clinical practicum, it was a different experience; therefore some of the participants felt an important level of anxiety because they realized they were responsible for more than one patient and classmate, as Xena corroborates, *“Going into it I was a little nervous, because I felt I had all this, you know, new responsibility”* (Recording #7).

Others expressed some level of nervousness; Adalynn declared, *“I felt like I was a little bit nervous about being a team leader; that kind of big responsibility that involves, I mean just a responsibility overall on everything”* (Recording #4). Xuri made remarks about the extent of the responsibilities related to the role, stating *“I had an element of anxiety, because it felt like a huge responsibility because I am now over the whole staff”* (Recording #5). About the same concept, Avery stated *“Well, I could say that I was scared for sure, because it is a big responsibility”* (Recording #3).

Understandably, the participants felt a sense of uneasiness performing a role that was foremost a role of overseeing and guiding classmates and patient care. As Potter et al. (2017) stated “Responsibility reflects ownership” (p. 282).

The participants seemed to have stepped into those big shoes, giving the TLs the feeling that the role introduced them to being responsible for the outcomes of several patients, and being responsible for their classmates’ work and learning. The feeling of anxiety and nervousness was an unanticipated finding of this research; I write in depth

about that exceptional and surprising finding in Chapter 8, where I present the participants' emotions.

The TLs' descriptions agree that the TL role fostered a sense of responsibility. The participants learned that the leadership role came with responsibilities towards patient care and guiding their classmates, coordinating the different activities that lead to excellent patient outcomes.

Carroll (2006) corroborates these descriptions, writing that "accountability and responsibility are essential characteristics for nurses and nurse leaders, because they take care of patients and have roles as members of teams and other entities" (p.53). They continued by stating that a nurse leader is "accountable to a variety of constituents: (a) the patient (working to achieve outcomes); (b) the nurse him—or herself (maintaining appropriate clinical skills, awareness of quality of life issues, understanding current healthcare dynamics); (c) the people the nurse works with; (d) the healthcare organizations the nurse works for; (e) the community; (f) the professional organizations; and (g) the government agencies that regulate nursing and healthcare" (pp. 54-55).

### **I Reminded Classmates of the Expectations**

Participants made statements about their responsibilities as they experienced firsthand an introduction to nursing leadership through the TL role. They described their efforts to organize their classmates' work. Pearl declared, "*I reminded students of their expectations and asked them if they needed any help with meeting those expectations*" (Journal #15). The students' assertiveness in describing the importance of explaining expectations to their classmates and making sure everybody knew what to do during the clinical practicum is important when leading a group of people, in this case fellow

nursing students. If the goal of nursing care is explained, the possibility of providing excellent nursing care is increased.

Angelo (2019) expressed that explaining what is expected gives a clear frame of reference, so that if there is a need to address an issue later, the employee has received an explanation about the expectations. The leader should convey to the team that they deserve to know what is expected of them; the leader should not assume that everything is well understood, and does not need to apologize for what is expected.

Some participants described their role with assertiveness, taking their leadership role to where they were making sure their classmates were doing their best to achieve the expected patient outcomes, as Adalynn expressed, *“As a team leader I had had to make sure that everybody was doing what they were supposed to do”* (Recording #4).

Paisley declared, *“This helped me to realize that as a team leader it’s my responsibility to make sure that my classmates understand their assignments and know exactly what is that they’re doing”* (Journal #17). Mentioning how she envisioned guiding the classmates, Mia stated,

*I like to share that feedback with that classmate to learn more, and if they need some [help with] charting, also I can like help them out by, you know, reminding them that this can be done, this was not done. So, they would also have a satisfying clinical experience, while both of us have a good learning experience* (Recording #1).

Feldman and Greenberg (2005) claim that “Graduates need to be able to teach, delegate, and supervise other staff with safety and competence. Strong leadership skills are necessary to achieve these core competencies” (p. 230).

Apparently, the TLs understood that their role implied explaining what was expected from their classmates as well as offering as assistance when needed. Skylar emphasized,

*Because I was the first team leader of the semester, I explained to my peers what is expected of them throughout the rotation, and that I would be willing to help out whenever or wherever they needed me (Journal #16).*

Similarly, Scarlett stated,

*As [the] team leader I had the responsibility of making sure everyone performed their specific clinical duties such as reporting to their nurse, performing assessments, taking vital signs, and documenting everything that was done. She added “for the rest of the evening I made sure everyone got their tasks done (Journal #22).*

Another TL, Farrah added

*I informed them that I would be always available to aid them, to the best of my ability, in their patient care, and I also expressed the desire for my team to complete patient care in a timely fashion (Journal #29).*

The comments of some of the participants incorporated the positive element first, which was the availability to help; second, they mentioned the expectations; both are important points to mention. Related to that concept, Potter et al. (2017) assert the importance of nursing students preparing themselves for leadership roles, starting by learning how to become a dependable and competent patient care provider. These skills require the student to think critically and solve problems in the clinical settings. According to the authors, highly important skills to learn are “clinical care coordination (which includes clinical decisions, priority settings, organizational skills, use of resources, time management, and evaluation), team communication, delegation, and knowledge building” (pp. 284-288).

### Observing Classmates not Doing Their Job

According to the IOM (2011), successful leadership involves the recognition of circumstances where it is important to mediate, collaborate, or go along with others while acting in leadership roles. Participants encountered situations during clinical practicum where their classmates were not doing their work according to their assignments.



Related to the observations of their classmates, Aaliyah stated

*There were only two things that could be considered as negative. The first was that I had trouble helping Student D stay on track and available to help her patient; Student D was frequently sitting at in the nurse's station working on her care plan and patient worksheet. I was also a little concerned when I found that Student D was documenting everything at the end of her shift (Journal #18).*

Likewise, Scarlett remarked *"I noticed as team leader is that most students don't spend much time with their patients"* (Journal #22).

The TL role exposed the participants to circumstances where they observed some of their classmates not doing their work as expected, according to their specific clinical practicum assignments. Bianca stated *"The hardest part of the day was dealing with peers while I was in my leadership role. On many occasions they were not following the simplest of instructions such as 'please go get your patient information'"* (Journal #31).

The same observation was stated by Athena,

*The negative part were the students not rounding all day and waiting until the last minute even though I asked them hourly. And students working more on their concept maps during clinical then the actual work to be done with each of their patients.*

She added

*That same student who made the whole class wait was the same student I had been chasing after all morning asking if the student needed help, reminding the student to round hourly, but all to no avail. Almost every time I came into the student room to offer my assistance, the student would say it was just fine and do different patient tasks (Journal #28).*

It seems that the leadership role revealed situations where the participants witnessed first-hand some negative aspects of being in a leadership role. The TL role placed the participants in a position that allowed a closer observation of their classmates' work; thus, the possibility to directly evaluate the work done by their classmates. The experience exposed classmates who were not compliant with their assignments. The

experience placed the TLs in a position where they could learn how to face similar situations during their future work as an RN. Supporting these findings, Angelo (2019) states that there is no amount of effort or anxiety that will compensate for someone's unwillingness to change. There are people with potential, but they are reluctant to change.

### Knowing When to Step in

Nursing leaders have important roles in guiding the practices of healthcare organizations. They are responsible for encouraging and inspiring their staff to meet the best standards of performance for excellent patient care outcomes. Staff performance is one of the challenges leaders must address. Participants in the present study were confronted with this role challenge during their clinical experience when they observed classmates needing encouragement to improve some areas of their work and drew interesting conclusions from their observations. Ellie asserted

*Looking back, I think I should have taken a bit more assertiveness with my one fellow student who was struggling to keep up with the morning tasks due to the multiple medications the student had to administer. I offered my help several times which the student declined. That student delay had a toll on all of us. It seems this is a fine balance I want to learn on how to know when to step in as a charge nurse, and when to allow the other nurse to delegate and determine how much help they need (Journal #4).*

Adding, Xuri highlighted,

*The negative aspects I would say would be the frustration of the team in circumstances such as with my one coworker who was falling behind a little bit. And my reality was that I did not step in when I needed to. Because I did not step in and take a little bit more of an authority role of 'let me help you, I recognize you are behind, we already gone through half of the day and you still working on your nine o'clock medication'. It was my failure to recognize the need that left my fellow nurse behind (Recording #5).*

Similarly, Serenity remarked,

*Looking back, I think I should have taken a bit more assertiveness with my one fellow student that was struggling to keep up with the morning tasks due to the*

*multiple medications the student had to administer. I offered my help several times which the student declined. That student delay had a toll on all of us (Journal #14).*

Some of the participants noted the importance of showing respect toward your classmates if they needed guidance to improve their work. Millie said *“I guess in a way, even that I was the team leader that day, there is also that degree of respect for your fellow nursing students. You do not want to intrude too much.”* She added,

*In that situation with that noncompliant patient where my classmate was not able to get through to the patient I was like, I wanted to help out, but at the same time I kind have to be respectful of what my classmates were trying to do, I did not want to come across and say ‘Oh you did it wrong’, or, you know, ‘You didn’t do this right, let me do it’ (Recording #6).*

Additionally Mia declared,

*If I am seeing something that can be done better, if there is room for improvement, I think I can learn how to approach that step, of helping out the team [classmate], without hurting their feelings, or saying something that is not appropriate. But be able to use the nice way of talking as a team leader without hurting feelings, like intruding their space (Recording #1).*

The TLs’ findings correlate with Angelo’s (2019) description, that communicating with employees using words and demeanor that express dignity will build trust; trust is the base for growing. Nobody likes to be treated with indifference or talked down. Receiving feedback from a someone who is devoted to people’s success is different from being corrected by someone who does not shows respect.

On the other hand, Demi made an interesting comment

*During this clinical experience I learned how important it is to be patient with not only your patients but with your co-workers. Not everyone is going to see your way of doing things as the right way. I learned that it is okay for others to disagree with you. At the position I am in now, as a student, I learned it best to at least give my opinion on the way I would do it and let the student decide what they deem best, as long as the patient will remain safe (Journal #24).*

Demi's experience showed that she seemed to have learned the importance of understanding you may work with different types of nurses, and how to approach them in how they do their work. This is an especially important learning outcome when it comes to working in a healthcare leadership position where we are dealing with human beings. Related to this finding, the IOM (2011) states that "What is needed is a style of leadership that involves working with others as full partners in a context of mutual respect and collaboration" (p. 223).

### **Solving Problems**

Constantly, RNs encounter situations or problems that need to be solved during their daily work responsibilities. They need to apply all their knowledge and critical thinking to solve problems which may be life threatening for the patients under their care. The participants in the study were at the novice level; they were learning to solve problems related to professional nursing care during their clinical practicum experience. The participants were acquiring experience to do that by assuming the TL role for one clinical practicum shift. Lockwood (2019) writes that problem solving, planning, and prioritizing are unpredictable processes that change situations constantly. The skill to prioritize, and solve problems properly comes with knowledge and practice.

One of the TLs described her feelings about being the go-to-person and how she sensed that responsibility. Xena highlighted,

*When I was team leader . . . I really felt like at one point that everyone was coming to me for everything, so it forced me to be like I had to be the problem solver and to get things fixed. I definitely felt the weight on my shoulders (Recording #7).*

Additionally, Niamey explained how she helped to solve a classmates' problem,

*During my time as team leader, some of the student's patients experienced abnormal vital signs and complications to IV [intravenous] therapy. My job as team leader was to relay this information to the appropriate staff including the instructor (Journal #19).*

Serenity described a similar situation where she helped a classmate to solve a problem with equipment failure,

*Student D stated that she could not take a blood pressure on her patient due to the Dinamap<sup>1</sup> not working. I remembered that the nurse had told me to always plug in the Dinamap, as they will not work properly unless this is done. After informing student D of this, I was pleased to hear that a blood pressure had been measured (Journal #14).*

One participant described how she assisted classmates, but specifically mentions her intervention with one student who needed help. Teigan stated

*I then walked around answering questions . . . I offered assessment assistance to people in case they needed it . . . I spent a lot of time helping student A with charting, I also helped her with reassessment, and with giving a bed bath” (Journal # 9).*

This participant assisted with patient care and with charting. Another participant made an comment about helping with patient care, Demi wrote “*I was able to advise Student A in a better way to make her patient more comfortable” (Journal #24).*

On the other hand, it seemed that there was a sense of enjoying the responsibility, because the participant was able to help others through the leadership role, as Aaliyah stated,

*Student B asked me to listen to her patient's lungs, because she was not positive about what she was hearing; and I helped student C find some of her medications in the Drug Handbook so she was prepared to pass meds to her patient . . . I am learning that I actually do enjoy being in a position of leadership, where I can help those I work with to understand what they are doing, and to provide support with creative problem solving (Journal #18).*

<sup>1</sup> The Dinamap-Monitor is a machine designed for use on adult, pediatric, and neonatal patients to monitor vital signs.

According to the participants' recollections on their experiences, they were using knowledge that they had at that moment in their schooling to help their classmates solve problems with patient care and the general details related to that work. Their descriptions showed that to some extent the TL role provided them opportunities to help their classmates solve problems related to professional nursing care. These findings are supported by the AACN (2008), which suggested that BN-prepared students should be exposed to creative approaches in problem solving. Continuing with that concept, Benner (1984) mentioned that a caring and engaged attitude is essential for creative problem solving. Svinicki and McKeachie (2014) stated that the more often students are engaged in real problem solving, the greater the possibility that students will be able to use what they learned after graduation.

#### Classmates' Different Personalities

Several participants mentioned that they were exposed to and learned about positive and negative facets of classmates' personalities during their experience as TLs. Isla made a remarkable comment about working with classmates who had different approaches towards their work (clinical practicum); she noted,

*Being Team Leader gave me a good introduction to nursing leadership. Coordinating students in their care of patients gave me the opportunity to learn more about each student's style of nursing and also observe which students are very confident and comfortable in their skills and interaction with patients (Journal #5).*

Agreeing with those comments, Pearl declared "*I also got to be more familiar with my colleague's habits. They are unique in the minor details of their routines, and I learned to appreciate their individuality*" (Journal #15).

Having a variety of different personalities at any workplace is inevitable. These differences become even more obvious in professions where interaction and communication occur frequently. Some participants commented about difficult moments they experienced during their role as the TL. Farrah indicated

*When on the floor, I began to have a conflict with a student. The student and I had a disagreement from earlier on in the week that influenced the student attitude of avoidance on the floor . . . For my next day as Team Leader, I plan to help my team get organized better, and I plan to work through personal differences staying calm and collected if, and when personal problems continue to carry into the clinical shift (Journal #29).*

Participants recognized the complexities of working with different personalities.

Avery stated,

*Also, you may be dealing with many different people. Because as I said before, human relations are not easy. So, if you are doing it very often, when you know how to deal with people, and you know how to end some situations that are very, very difficult. Because some people are really, really difficult; well, we have to tell the truth (Recording #3).*

The TLs' comments correlate with Angelo (2019) who states that working with people is the most significant part of a job, and often the most difficult and exhausting.

Part of nurse leaders' careers is dealing with difficult personalities.

Maya made a positive comment about working with her varied group of classmates. *"I still was glad to have the opportunity to lead out and to learn about how to manage a diverse group of people"* (Journal #11). TLs' remarks bring to light an important aspect of leadership qualities, the consideration that we work with different personalities and we need to learn to appreciate and approach each of them. Accordingly, AACN (2008) states that leadership skills are needed to initiate and maintain effective working relationships (p. 13).

### Recognizing Classmates' Excellent Nursing Care

Participants' recognition of their classmates' excellent nursing care is an important finding of this study. Part of being a leader is recognizing work and efforts that are well done. According to Quirin (cited in Studer Group, 2010), "You can never recognize good work enough" (p. 371). I believe the experiences shared by the TLs on that concept are significant, because if the TL is to make a judgment about patient care, they must have the knowledge necessary to evaluate accurate nursing care. The comments made by the participants reflect that they had an excellent level of nursing knowledge, appropriate for their level in nursing school. They spoke positively about their classmates' nursing care and recognized their classmates' contributions to good patient outcomes.

Some TLs commented about nursing care given in a timely and professional manner by their classmates during the clinical practicum. According to Claire "*My team was charting on schedule, giving adequate nursing care, and cooperative with the patients and nurses in the unit*" (Journal #2). Similarly, Rylee praised the classmates saying, "*I appreciated that all my classmates were very responsible and were getting their duties done before I even had to ask them about it*" (Journal #26).

During one clinical practicum Demi's classmates seemed to have done their work well, as reflected in her comment. "*During my day there were not any extremely important decisions that [I] needed to make, as all my peers were doing a very good job at staying on top of their tasks and caring for their patients*" (Journal #24).

The TLs also recognized the professional competence of their classmates in fulfilling their responsibilities. Bianca wrote that, "*My colleagues had patients that they were competent enough to handle on their own*" (Journal #31). Niamey added "*I was*



*proud of the girls for doing thorough assessments and using critical thinking skills”*

(Journal #19). The TLs were accomplishing an important area in their preparation for their future work as RNs and therefore in leadership.

Another area recognized by the TLs was personalized patient care, highlighting patient-centered and loving patient care. Scarlett affirmed “*The only student I saw fully invested in their patient was Student B. Student B was always with the patient and I thought that was very loving*” (Journal #22). On the same point, Isla added

*Another student was assigned to a patient who had severe hearing impairment and it was both interesting and amusing to watch how she handled this communication barrier... The student genuine care for the patient was demonstrated by her commitment to answering the patient’s many questions, even if it meant seeking extra information and connecting the patient with other people to act as resources for the student* (Journal #5).

The participants described other situations where their classmates were able to handle challenging situations. Brielle related

*Student A’s patient was a bit challenging since they were in pain. However, from what I saw, Student A did a wonderful job taking care of her and advocating for her . . . I am especially proud of Student B this week because I saw her get out of her comfort zone with some patients and really put herself out there to help* (Journal #21).

Farrah wrote of her classmate’s ability to address difficult circumstances,

*I am very appreciative of my teammate's willingness to strive for high quality patient care. I admire one of my teammate's ability to prioritize and my other teammate's perseverance despite a troubling day. One teammate, in particular, strove for the absolute best patient care the student could provide, and I greatly admire that student’s dedication to nursing* (Journal #29).

The TL role gave the participants the opportunity to observe and recognize when fellow students were involved in providing excellent patient care.

The TL experience provided the participants the unique opportunity to see outside their typical experience of caring for a single patient at a time. The TL role allowed each

participant the ability to observe, appreciate, and evaluate other situations outside their own experience. Isla noted,

*One student in particular stood out from Thursday's clinical as having an excellent bedside manner and being very thorough and careful in her assessment of the patient. The student worked quickly and efficiently without forgetting details and also advocated for the patient's best interest by giving time-sensitive medications with the nurse when the instructor was passing medications with another student (Journal #5).*

Sienna reflected about her classmates' improved nursing care during the clinical practicum. She observed how much her classmates had learned and how their confidence had grown since class started, asserting,

*I got to watch them perform patient care. It was interesting to observe how much more confident everybody is now compared to the beginning of the semester. When I was watching everybody work more or less independently, I couldn't help thinking about just a few weeks ago, when we were all frantically running around trying to find the Instructor or our nurses to ask where some equipment we needed was or how something worked. Now the confidence level is significantly higher (Journal #32).*

The findings about recognition of classmates' excellent nursing care delineates the preparation of professionals who will be able to make a difference in patient outcomes. Recognizing coworkers is particularly important; as emphasized by Studer Group (2010), appreciating staff members is one of the best methods of for rehiring great professionals and rewarding excellent behaviors.

### **Summary**

Leadership in the nursing profession is crucial, and nowadays the role and responsibilities are highlighted as an indispensable component which will influence patient outcomes. The IOM (2011) declares that nursing educators should give their students the most important learning experience and practice opportunities to prepare

them for their profession and at the same time inspire in them a desire and expectation to increase their learning in the future.

According to the descriptions and perceptions of the TLs regarding their leadership role and what they learned, one theme emerging from the research project was that of introduction to nursing leadership along with several sub-themes. Those sub-themes were described as skills they learned regarding leadership, including giving respectful feedback to their classmates, and discoveries of how important relationships are in leadership, because relationships influence excellent patient outcomes. The TLs highlighted that through the role they learned how important it is to make correct decisions related to excellent patient care. This reflects the findings of Supamanee et al. (2011) who affirmed that the aptitude of RNs to organize, plan, and deliver competent and safe patient care is related to correct and competent leadership.

Furthermore, the TLs perceived and developed a sense of responsibility toward excellent patient outcomes for several patients at a time, while guiding their classmates' work. As the TLs started their leadership role, they felt the responsibility of reminding their classmates about their assignments and tasks. This finding corresponds with descriptions in the literature review. An interesting finding is that the TLs made themselves available to help their classmates with their work whenever they needed it. According to Carrol (2006, p. 3) the leader influences others to achieve goals; a successful leadership role includes positive interactions between leaders and followers, including good communication, ideas, and respect.

The role gave the participants the opportunity to observe their classmates not doing their work appropriately, which led them to the task of correcting their classmates

and guiding them toward improvement. Therefore, they perceived that there is a fine line in knowing when to step in to correct, and, as Demi mentioned, “*Patient safety would always be the most important guideline to know when and how to step in.*” (Journal #24). The TLs observed their classmates not doing their expected work, tried to figure out when to step in, and whether to help or correct their classmates to solve nursing-care-related problems. Throughout that close observation of their classmates’ work, the participants discovered they were working with people with different personalities and appreciated the learning opportunity to oversee a diverse group of people.

Finalizing this chapter on the findings about nursing leadership, a remarkable finding emerged. The TLs unanimously described positive qualities about their classmates. They described their classmates doing their nursing responsibilities in a timely fashion, mentioning professional competence, and highlighting the patient-centered and loving care was rendered by their classmates. Continuing the positive aspects, the TLs described the ability of their classmates to address difficult and challenging situations of patient care during the clinical practicum. Nurses need to be prepared to address difficult situations, and according to Benner (1984), the nurse is the person at the patient’s bedside; one of the primary tasks is to diagnose and monitor patient changes; thus, the nurse will be required to oversee rapidly changes in patient conditions.

Apparently, this introduction to a leadership experience exposed the TLs to knowledge demonstrating the importance of the leader’s role in patient outcomes. Working with classmates in the TL role gave them the advantage of observing their classmates’ work, learning different aspects of leadership. The TLs were able to learn

about giving feedback with respect, to value relationships, and to not hesitate to help a classmate improve their work, respecting all the different personalities that comprise a diverse group of coworkers. The experience mirrored the reality of the work of RNs, and the TLs perceived that reality, as declared in their descriptions. The findings seem to show that the participants were exposed to real leadership skills. Literature supports these findings. According to Rose (2015) leadership education is needed, additional leadership education in nursing is needed, and that education should begin in year one of the BN program.

A study by Miles (2015) explored and described the state and future perspectives of leadership education in pre-licensure BN programs. The results demonstrated that regardless of their perception of leadership education adequacy, most participants believed there needs to be a national initiative to address nursing leadership education and to support the development of BN undergraduates to act upon their responsibility for leadership at all stages of their careers.

## CHAPTER 6

### A GREAT LEARNING EXPERIENCE

#### **Introduction**

Through their comments, the TLs agreed that the leadership role was a great learning experience, making positive comments about the experience. Adalynn stated, *“I think that it is huge, it is a good learning experience; it is different from regular clinical”* (Recording #4). The TL experience exposed the participants to several realistic day-to-day situations which can be encountered in a healthcare environment where nurses are involved with patient care at different levels. One sub-theme of “a great learning experience” was that of TL role being a valuable learning experience. The participants learned firsthand about the responsibilities of the nurses from a broader perspective, which helped them after graduation to understand and meet real-world challenges better.

Another finding was that the TLs learned about the responsibilities of a charge nurse. Some of them mentioned that after graduation they had charge nurse responsibilities and the TL experience had helped them to be prepared. Several TLs made enthusiastic comments about how many new procedures they were able to participate in, thus seeing and learning new material. One the most important requirements of the RN’s work is giving the correct medication to the correct patient; and I need to emphasize that one of the important sub-themes from the participant data was that they increased their knowledge about medications.

## Valuable Learning Experience

The TLs talked about the role as a learning experience with long-term impact. They appreciated participating in the role both because they learned from it during school, but, more importantly, it improved their work after graduation. Adalynn said that during the TL role in clinical practicum *“Is a lot of information to take in at once”* but getting the experience in nursing school helped her later as a professional nurse. (Recording #4).

The benefits of the TL role were appreciated by the participants. Arya stated *“I think overall it was a good experience. I think it has a lot of value for nursing students, and especially I see more of that now that I'm working [as an RN] for a little bit”* (Recording #2). Millie confirmed,

*Being a team leader was a really good experience. That experience kind of carried me through, and even now as I have worked for almost, I think, almost two years now [as an RN], it is very relevant. The experience that I had as a team leader is relevant as to my actual work setting. And so, I really appreciate being a team leader, because I was able to get exposed to that* (Recording #6).

The TL role introduced the participants to their future career as RN. Summer stated, *“I think I would just emphasize how valuable the experience is to be in charge of a team. It really does set you up to have a better experience when you are a nurse; an actual RN”* (Recording #8). Clearly, the participants appreciated what they learned from the leadership role and were able to apply that knowledge after graduation. These comments about being part of a relevant learning activity were confirmed by Svinicki and McKeachie (2014); they assert that learning the actual skills and activities that students will need to use in the future should be learned in a real-world environment.

Apparently, some of the TLs were delighted with the learning outcomes from their TL role. They expressed that throughout the experience they gained confidence;

according to Itzel, *“Personally, I think I learned more being team leader. Therefore, I gained more confidence working as a team leader”* (Journal #27). Equally, Brielle revealed, *“To me, this clinical day was very good and very rewarding”* (Journal # 21).

Apparently, being part of the TL experience during the clinical practicum gave them a feeling of accomplishment. Some of them outlined their experience as worthy and successful, as mentioned by Serenity, *“All in all, I believe it was a successful day”* (Journal #14); adding to that feeling, Mia stated, *“So, I say being a team leader, that really was a worthy experience that I had”* (Recording #1).

On the other hand, the TLs described the feeling that it was an immensely helpful learning resource. They perceived that the experience had required them to learn skills about working with others. Having the responsibility of being the TL gave the participants an opportunity to work with several classmates and healthcare workers in general who were involved with patient care. During the TL role, the participants had some interactions with other healthcare team members, which seldom happened during all the other years in nursing school. Therefore, they learned to relate to and communicate with others beyond the nursing students and staff. Avery asserted,

*Because, as a nurse, you never know where you are going to be working; and so, this experience is really helpful. At least you have an idea, even if you are not doing it very often, because you are not doing team leader every week when you are going to clinicals. But at least you have an idea about what it takes, you know, to work with others. It is really a good experience; it is helpful in many ways* (Recording #3).

It seems that for Xuri it was a safe learning environment. She stated, *“Or like when one patient has something else [complications] going on that you can go and check on. It is a huge learning experience.”* Xuri added,

*I loved the opportunity, I feel like, those kind of simulations in a safe environment, or a safer environment. If I called when I needed help, I have good back-up, it is*



*an excellent training. It is like precepting a young nurse to learn the role* (Recording #5).

The participants' descriptions of being in a safe environment was mentioned in Grossman and Valiga (2005), who highlighted that "Faculty must provide multiple, safe opportunities to learn, implement, and practice leadership strategies" (p. 120).

The learning opportunities of the TL participants during the clinical practicum were multifaceted; one participant recognized that it had helped her to be a successful nurse. Summer stated, "*Definitely is a positive experience. But I know that being a team leader has definitely given me the tools for confidence in nursing that I needed to be a successful nurse*" (Recording #8).

### **Learning About the Charge Nurse Work**

Among the descriptions and statements the TLs elaborated in this theme, a sub-theme emerged revealing their enthusiasm about learning details about the charge RN work. According to the Ohio Nurses Association (2016), charge nurses are RNs responsible for the operation of the nursing unit over a specific time period (e.g., a shift). The charge nurse must have a strong foundation of clinical knowledge and skills on which to base judgments and make decisions, organizational abilities to direct nursing tasks and operations, and interpersonal skills to facilitate communication and the work of others.

The IOM (as cited in Sherman et al., 2011) stated nurses should receive leadership education at every level of education and experience so they can transform the healthcare system, and that "Charge nurses, at the frontline of patient care in acute care settings, are in key positions to lead this change" (p. 1).

During the experience, one TL recognized the immense responsibility of a charge nurse, including the assignment to manage patient care, offering the best possibilities for excellent patient outcomes. Xuri stated that *“It [the TL role] prepared me in the context that I know that the charge nurse is a huge responsibility, and just recognizing that responsibility is important”* (Recording #5).

### Feeling What a Charge Nurse Feels

Some of the participants stressed the importance of opportunity to get the feeling of what it means to be a charge nurse. Ivy stated, *“For this week’s clinical I was the team leader. It gave me the feeling of what it would be like to be a charge nurse”* (Journal #13). On the same note, Demi indicated that *“It was a pleasant experience as I got a feel of what it would be like to be a charge nurse”* (Journal #24).

Several participants mentioned that through the TL role they were able to observe the work of the charge nurses in the nursing unit where they were assigned. Their observations demonstrated they obtained an understanding of the role, as Ava wrote, *“It was a great learning experience, and I am glad that I was able to experience what a charge nurse experiences day to day”* (Journal #1). Equally, Kai commented about her experience highlighting *“Having the opportunity to be team leader last Thursday gave me a small window of what it would be like to be the charge nurse”* (Journal #12).

Participant comments confirmed the concept that they had learned about the work of charge nurses in the context of preparing them for the future role. Xena emphasized,

*I think it gave me a taste of what it would be like to be a charge nurse one day, I definitely can say, I was a charge nurse before [during the TL role]; and so I know what it is like now in the real world* (Recording #7).

Another TL explained what the role revealed to her about the charge nurse role; Niamey declared “*Being team leader gave me a taste of what it could be like as a charge nurse. I think with experience, I will be able to handle it better and be more competent. That is my goal*” (Journal #19).

Apparently the participants understood the importance of the role of the charge nurse; they were able to see it firsthand and prepare themselves for their work after graduation. According to the perceptions of the participants, the TL role provided them with a positive learning outcome. AACN (2008) indicated that one of the objectives for the BN graduate is to “Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings” (p. 14).

### Charge Nurse Responsibilities

The TLs described what they felt and learned during their experience. They mentioned that charge nurses seemed to have many responsibilities and needed to adapt to rapid changes, including fast-paced changes within the nursing unit and rapidly shifting status of patients. Ava affirmed, “*As a charge nurse, one will have to be able to reorganize and reschedule things in accordance with these new [patient] changes*” (Journal #1). Rapid changes in patient status and workload are situations that the charge nurse manages daily; Millie seemed to understand that when she stated, “*And so, you know, the team leader role helped me in my regular role as a nurse; but the charge nurse it is even more; you deal with a lot more*” (Recording #6).

The charge nurse workload brings another matter to the table. The charge nurse needs to have the knowledge to be able to manage those ever-changing situations. Mia recognized,

*I think this experience, even though it was a short one, allowed me to see what the charge nurse is doing on the floor. [The charge nurse] Needs to be more knowledgeable, because if I wanted to take that role, I want people to rely on my decision and my assistance and so I want to be there to help; which means I need to learn more. And it gives me more responsibility, to be true to my words; because once you make that decision it is hard to go back (Recording #1).*

Confirming these findings about charge nurses' work and responsibilities described by the participants, Feldman and Greenberg (2005) describe the responsibilities of the shift coordinator, including duties such as (a) creating a positive work environment among coworkers by exhibiting leadership; (b) recognizing and handling issues and patient concerns effectively as they arise, offering appropriate actions; (c) setting a positive attitude, providing positive support; (d) redirecting activities as needed while planning how to achieve the work with the prearranged amount of staff; (e) serving as a clinical resource person and role model with advanced clinical skills, performing the standards of nursing care; (f) coordinating activities effectively and safely during emergency and high acuity situations; and (g) collaborating with supervisors or managers to develop staffing solutions.

### Benefits for the Future

Through their teaching and learning endeavors, nursing school prepares students to be ready after graduation for work within their professional scope of practice. AACN (2008) states that learning opportunities, including direct clinical experiences, need to be extensive enough to assure that the BN graduate achieves the outcomes and can integrate them into professional nursing practice. Participants mentioned that after graduation they

perceived the real value of the TL practice during the clinical practicum while in nursing school. According to Arya,

*I think at that time the experience did not hold as much value as maybe it does now that I had more experience in the working world and more chances to interact with charge nurses and see what they do and see really what a resource they can be.*

The participant explained,

*When you start working and you get more experience with the charge nurse, what they do and the resource they can be to you, then, it kind gives more value to why we would train on that in nursing school (Recording #2).*

The objective of giving the opportunity to oversee several patients and make decisions related to patient care and patient outcomes did make an impact after graduation. One participants, Summer, stated “*So, definitely being a team leader was positive for me to become a charge nurse one day, and also to be a successful RN*” (Recording #8).

Making another comment about the experience, Xena declared,

*When I became a charge nurse, through the training they made sure to emphasize that we were the one that people go to for troubleshooting, you know, kind of help lead the whole floor for the shift. It was definitely something I took from the [TL] experience. Overall, just leadership roles that I learned through not just being a team leader, but through my leadership classes in nursing school in general of how to be an effective leader (Recording #7).*

The finding that the clinical experience in nursing leadership facilitated transition into nursing employment was reported by Feldman and Greenberg (2005). They described a didactic course about nursing leadership offered at a university where senior students were required to demonstrate principles of leadership and management. Nursing students worked with charge nurses of several hospital units throughout the semester. At the end of the semester, comments in reflective journals indicated students had “A new appreciation for the shift coordinator role” (p. 236). Students said their experience would

“change how they function in the staff role during their employment,” (p. 236) and continued to assert that the experience was valuable, helped to strengthen their leadership skills, and that the experience should be continued. Affirming the suggestion that creating roles to develop leadership skills is important, the IOM (2011) stated that to assure nurses are prepared to take on leadership roles in their work, leadership competencies need to be inserted into the curriculum during nursing education; leadership development and mentoring should be available to nurses at all levels of education and experience.

### **Learning new Procedures**

Throughout the TL rotation, the participants were able to see several patients during shifts within the clinical practicum. During each clinical practicum, between six and eight nursing students were assigned to a nursing unit; one of them was the TL. Each student (classmate) was assigned one patient for whom they cared during the eight-hour shift. Therefore, each TL had to oversee the care of five to seven patients, providing them with five to seven more opportunities to see, participate, and/or learn about nursing or medical procedures and skills.

The material covered in the Medical-Surgical class integrated and applied the nursing process of restoring health, managing disease, and/or providing end-of-life care for adult clients with acute medical-surgical conditions, in acute and critical-care settings, including families in the process. Students were exposed to the theory material they needed to learn to become RNs. When nursing students go to the healthcare facilities for practicum, they may see the diseases or nursing problems they have studied in the patients to whom they are providing care. Typically, each student (classmate) takes care

of only one patient each week during the clinical practicum; this limits the number of learning opportunities.

The TLs commented consistently that they had the opportunity to see, learn, and participate in new procedures and nursing skills already learned or to be learned later in the semester. To that point, Chloe asserted,

*One positive aspect that I enjoyed was as team leader, you literally help everyone out. This meant that I had the opportunity to see a variety of different patients at the same time. This also meant that I was able to see and even do different procedures. At one point, I was able to do a straight catheter on a patient for a urine sample. It was an amazing experience (Journal #6).*

The participants appreciated the opportunity to learn new skills and procedures. Xena stated, *“I had to do some new skills that we learned that day. So overall, it was a good learning experience for everyone”* (Recording #7). Likewise, Arya indicated, *“It was a great learning experience for me to step out of my comfort zone and take charge because it made me learn new things”* (Journal #2).

Sometimes an expert RN or an expert clinical instructor is unable to stop and remember that the nursing students had not seen even the simplest skills, because they had not had the opportunity yet during the clinical practicum. Rylee explained this experience,

*I got to help the student maneuver the patient’s bed all the way down to get a CT scan, and moving that bed is definitely not an easy task. This patient was in a lot of pain, but unfortunately, they would not give him any pain medication until they found out what was causing it (Journal #26).*

Both events were new to Rylee. The basic nursing knowledge Rylee learned was facilitated because she was in the TL role helping her classmates. Educational opportunities for this TL and others with similar or different learning processes became

possible during this role. Other TLs mentioned performing a skill successfully. Maya wrote, *“I tried and was successful in placing the Foley catheter”* (Journal # 11).

Students in the TL role were exposed to many learning opportunities; some of them were hands-on skills they were able to do. The opportunity to learn through active learning was supported by Svinicki and McKeachie (2014).

#### Able to see new Procedures

The ideal learning environment in nursing school is that the students can see and practice what they learn in the classroom and in books. But in reality, sometimes the opportunities during the clinical practicum are scarce. The TL role was intended to introduce the nursing students to leadership learning opportunities, to prepare them for the complex healthcare environment upon graduation as an RN. Clearly, the TLs were exposed to other learning opportunities in addition; according to their comments, they appreciated these opportunities to see and learn about new procedures. Tess stated,

*Today I saw some pretty neat things. One of the students' patients was scheduled for a Transesophageal echocardiogram and a cardioversion... It was neat to see a procedure that we had just learned about and to see how the [hospital] team worked so cohesively to get it done* (Journal # 10).

This was a learning moment for Tess, and an affirmation about what she had learned in the classroom.

Summer, also had positive comments related to learning new procedures,

*Definitely, the part that I enjoyed the most was the patient care obviously; and being able to see and be a part of these procedures that I had never been a part of it before . . . I saw my first lumbar puncture, and we educated the patient on just how the patient needed to be positioned, and just the basics of the procedure and what we were trying to do and what we are testing* (Recording #8).

Zoey had the opportunity to see different types of patients with complications and was able to do skills that she had never done before with patients. She affirmed,



*I enjoyed working with one of the student's [classmate] patient who was very lethargic and not easily aroused. He had a feeding tube which I had not had a patient with before. I gave medications through it which was cool because I hadn't done it before. The other student [classmate] had a patient with restraints which I had not seen on a patient yet, so that was interesting (Journal #8).*

Zoey had four new learning opportunities in one clinical practicum day. The TL role puts the participants in a place where they can observe their classmate's patients, each with different problems. The exposure to several patients adds learning opportunities which are invaluable for the TLs, and, in the end, to the nursing students at large. Faye wrote. *"I had the opportunity to accompany Student B and the patient to undergo a lumbar puncture, I was very happy to be able to watch the lumbar puncture"* (Journal #30).

Some TLs highlighted what they were able to learn. Ivy stated that *"I was also able to help out and seeing different procedures like blood transfusions, Foley catheters, and colostomy care"* (Journal #13). The Same concept of meaningful learning is described by Millie

*There was that one patient, who had a really low hemoglobin, and the patient required a blood transfusion. And all of us as nursing student, we were not allowed to specifically give the blood transfusion, I remember seeing that nursing students were getting walked through the skill (Recording #6).*

#### Learning What Diseases and Problems Look Like in Real Patients

During their years in nursing school students learn and are exposed to many new concepts and skills, learning to manage diseases and provide nursing care for patients. They learn theory in the classroom, then they can see and appreciate a picture of reality during clinical practicum. Some of the TLs mentioned that what they observed in the clinical setting correlated with what they learned in the classroom. Athena stated,

*One of the highlights of the day was being able to see an infiltrated IV [intravenous access] for the first time in a real patient, and to hear these clinical manifestations the patient was explaining correlate directly to what we had learned in lab. in class (Journal #28).*

Another fascinating comment was made by Vivien,

*For the COPD [Chronic Obstructive Pulmonary Disease] patient, I helped my classmate as the student tried to change the IV [intravenous access] tubing's, and I helped student A confirm her patient's lung sounds, which were wheezes on expiration. That was my first time hearing an actual wheeze, so that sounded pretty cool . . . If I wasn't entirely sure of what anemia looked like in the past, I certainly do now, because xx lack of hemoglobin caused xx to become so pallid and shallow [breathing] and extremely activity intolerant. The patient could not tolerate any more than bedrest. The patient's congestive heart failure also caused xx to be really, really edematous, about 20 lbs. worth of fluid (Journal #23).*

Vivien continued, mentioning that she was able to watch the patient receive a blood transfusion and that *"It was perhaps the most exciting thing that I saw all day"* (Journal #23). This TL was able to see and learn from several new procedures that she had not had the opportunity to see before, except in theory. Therefore, the TL role exposed this participant to an important quantity and quality of practical knowledge (breath sounds, anemia, congestive heart failure, blood transfusion).

Nursing students may not be able to observe some nursing skills during their clinical practicum. Therefore, Savannah showed leadership skills by making her group of classmates aware that there was a blood transfusion going on. The TL made her classmates aware of the procedure, so the classmates could organize their time to observe and learn about this procedure. Blood transfusions are not done often in some nursing units. All the students who were able to see the skill demonstrated, with the permission of the patient, obtained a good learning experience. This activity triggered by the TL demonstrated excellent teaching and organizational skills by Savannah (Journal #20).

The TL role gave participants the advantage of seeing several patients on any clinical day, providing an active learning endeavor, benefiting the participants further. They connected what they had learned in the classroom to what they saw during clinical practicum. Thus they were able to learn at a faster-than-normal pace than they would have if taking care of only one patient during that clinical practicum day.

The observed increase in learning opportunities was confirmed by Benner (1984), who stated that the purpose of educational programs is to provide a strong foundation of clinical theory and skills to support the nurses' coordination and scope of practice after their graduation. Billings and Halstead (2009) emphasized the importance of the clinical practicum as a place where students can strengthen their classroom knowledge, "the clinical experience is a place where students integrate the knowledge received in the classroom and apply that to practical situations." (pp. 286-287)

### **Increase Medication Knowledge**

Nursing students may have limited experience with medication administration. Clinical experience gives the nursing student an opportunity to use the nursing process as applied to medication administration (Potter et al., 2017). Learning about medications and medication administration is an essential part of nursing education. Students learn about medication in pharmacology classes and other nursing classes. After learning theory about medication and medication administration, they practice their knowledge in the skills laboratory.

In nursing classes with an attached clinical practicum nursing students are able to administer medications to the patients under the strict observation of the clinical instructor or the RN caring for the patient. In Medical-Surgical clinical practicum

experiences the nursing students administer medications to their patients; according to some of the comments from the TLs, they were able to increase their medication knowledge during that role. One of their responsibilities was to check their classmate's knowledge of the medications they needed to give during the practicum.

Adalynn commented about the TL learning experience providing two-way knowledge development, stating, *"I feel like everybody helps everybody else with their knowledge about medication. You know I help them [classmates] sometimes, and I think they actually help me sometimes"* (Recording #4). Speaking about how much they learned concerning medication, Mia stated *"I think it helped me out to learn more about the medication"* (Recording #1). Asserting the importance of medication knowledge, Kohn et al. (2000) stated "Ensuring appropriate medication administration use is a complex process involving multiple organizations and professionals from multiple disciplines; knowledge of drugs; timely access to accurate and complete patient information; and a series of interrelated decisions over a period of time" (p. 37).

Providing a detailed description of how the process helped increase her knowledge about medications, Mia declared,

*I think both of us, the team [classmates], and myself, if we had some doubt about the medications we would go to our instructor, the medical library, the webpage, and then talk about it, and we made sure the patients allergies had no conflicts with the medications they were getting. And sometimes, I think sharing that information with the team [classmates], helped to learn more about the medication. Because even being a team leader I was not really aware of the medications.*

Mia also shared that she learned when she asked questions and feedback about the medications with the classmates, stating,

*And sometimes I would go through everybody else's charting and then make sure their medications were given and ask sometimes the reasoning behind why the patient was receiving that medication. Because I want that experience to be mine*

*learning experience as well. So, I like to share that feedback with that team [classmates] to learn more (Recording #1).*

Medication administration includes knowing what the medication's action is. One

TL commented about her experience with that concept; Xena stated ,

*I was not with them [classmates] during the medication passes, but sometimes I would be in the medication room with our instructor and the student and just go over, you know, what were the patients signs and symptom. It kind gave me an good idea if I knew their medications in advance, I wanted to know in general what everyone's patient was there for related to their medication. Well, we all had to know our medications in advance (Recording #7).*

In nursing school students are prepared to recognize that medication administration requires distinctive nursing knowledge and skill. According to the TLs, they learned important concepts about medication and its administration during that role. This is an important learning outcome from the TL role.

Benner described (1984) how newly graduated nurses find that doing the procedures they were taught in nursing school required more complex skills than they had learned in the nursing laboratory or during their clinical practicums when caring for only one or two patients. Medication administration is a complex procedure including knowledge about possible drug interactions or incompatibility, monitoring of unpleasant effects, reactions, therapeutic responses, and toxicity. Certainly, the participants made valuable comments about what they learned about managing their inherent knowledge of safe medication administration.

### **Summary**

A great learning experience, is what the TLs summarized in many of their reflections about their experiences during the role; this was one of the main themes emerging from the project. These findings point to the TL role as a positive, rich, and

realistic learning experience. This finding correlates with the expectations of AACN (2008), which stated that clinical learning is centered in developing and improving the knowledge and skills are needed to manage care as part of an interprofessional team.

Participants reflected extensively on their learning experience demonstrating that this sub-theme seemed to be important to them. They described it as a valuable learning experience, perceiving that it had a long-lasting effect, helping them as RNs after graduation. Also, they considered the experience valuable because it increased their confidence and required them to learn skills needed to work with classmates and other members of the healthcare team. One participant commented that it was a “*safe environment*” (Xuri) for learning.

Other sub-theme emerging from this theme was the opportunity to learn about the charge nurse role, giving them an idea what it would be like if they had to be charge nurses after graduation. The TLs highlighted their learning about the responsibilities of the charge nurse, how they needed to be ready to make numerous and rapid decisions. Therefore the charge nurse needed to be knowledgeable about the intrinsic and complicated measures of patient care, and exhibit leadership skills in the other support areas related to a nursing unit, leading to the need to manage an increased workload.

In this study, one participant noted that observing the work of the charge nurse during the TL experience helped her after graduation when she became a charge nurse herself. On the other hand, another mentioned how it helped to understand what a resource the charge nurse can be for you when you are working as an RN.

This finding correlates with what Dillard-Henderson (2018) described in a study about the lived experiences of charge nurses. The author mentions that charge nurses’

responsibilities have advanced, allowing them to serve in leadership positions, frequently without the needed training and experience. She stated that the study illustrates charge nurse leader role fatigue; they are often required to take patients in addition to coordinating unit flow in addition to managing on-demand requests, resulting in overwhelming responsibilities. Kelly (2011) wrote that the charge nurse cares for a group of patients, coordinates care for the nursing unit, and is responsible for assigning the workload of the nursing staff; and how in first time charge nurses this can lead to high stress. These studies help to understand the challenges faced by charge nurse leaders, and the need to improve the transition process clinical bedside nursing to leadership.

The TLs' descriptions about the responsibilities of charge nurse agree with Eggenberger (2011), who explored the experience of being a charge nurse in acute care practice to gain an understanding of how charge nurses lived the experience of caring and supporting the other nurses and patients. That study showed how the stories of charge nurses reflected how they support nurses who work with them, in addition to the patients and families on their unit, nurturing staff growth, supporting family decision-making, and advocating for staff, patients, and families.

The TL role placed participants in a position where they could oversee five to seven patients through their classmates during the practicum. They were in a privileged situation which enabled them to see, learn, and participate in many nursing skills and procedures which they had already learned or would learn later during the school semester. One sub-theme of the great learning experience was learning new procedures. The participants emphasized how they appreciated and enjoyed that opportunity.

Apparently the active participation in the care of several patients gave participants the chance to see the clinical manifestations of diseases they learned about in the classroom, which is a first-line learning practice. The role provided an ideal place where the participants, and all the students by the end of the semester, learned new skills and/or practiced skills they knew. The clinical practicum is an ideal place for a nursing student to embed the knowledge they receive in their theoretical classes. That embedded knowledge prepared the participants for their future endeavors as RNs after graduation.

Ewertsson et al. (2017) described similar findings, stating that clinical experience is essential for shaping the identity of the future nurse professional. Their study explored how students transfer and apply clinical skills learned in the university laboratory into the clinical settings. The conclusions were that nursing students do not automatically possess the ability to transfer knowledge from one setting to another; their development is shaped by their experiences and interactions with others when they meet real patients.

Supporting this finding, Gehosky (2013) explored how clinical education prepares nursing students for clinical practice. The participants in that study felt prepared to enter the nursing profession, indicating that they had experiences valuable to their learning. The study commented about unsuccessful learning experiences which had not provided enough exposure to necessary nursing skills prior to entering the professional workforce. This was a different outcome from what the TLs expressed about their experience in the present study, with an overwhelming number of positive comments regarding the multiple learning opportunities the participants experienced during their TL role.

Related findings were reported by Watts (2016), whose purpose was to understand the lived experiences of nursing students as they learned. Areas of nursing



education that provided positive learning experiences for students were identified and they noted other areas needing to be improved. Clinical experiences provided opportunities for students to learn and grow as nursing students. The culmination of experiences in the classroom, simulation lab, and clinical setting allowed students to connect the dots and gain the knowledge needed to progress through a program and be prepared for a career in nursing. On the negative side, the students understood that they had limited time in the clinical environment and needed to maximize their experiences. Watts findings seem to be different from the TLs' experience; the amount of experience they gained in one day as a TL may make the most of the limited time one semester of clinical offers.

Increasing knowledge about medication was the last sub-theme described as part of the great learning experience theme. Medication administration is particularly important in nursing, and "Because nurses play an essential role in preparing and administering medications, they need to be vigilant in preventing errors" (Potter et al., 2017, p. 624). The participants called attention to this experience because it helped them to learn more about medications. They stated that helping their classmates to review and sometimes look at specific literature helped the TL to learn and understand more about medications and medication administration.

I would like to close this chapter about the finding that the TL role was a great learning experience with an assertion from Grossman and Valiga (2017) that nurse educators need to promote leadership among their students. They must help students to integrate leadership as an essential component of their role and should focus as much on the development of leadership as on the learning of clinical skills.

## CHAPTER 7

### LEARNING OUTCOMES

#### **Introduction**

The TL role granted each participant the opportunity to oversee and help with the care of several patients during each clinical practicum experience. This special clinical practicum arrangement opened the possibility of new and different learning options. The main theme that emerged from this was Learning Outcomes. TLs were faced with interactions that facilitated opportunities to learn and apply knowledge about the nursing profession.

One sub-theme was that of taking care of several patients. The participants described how they received and managed information about the patients of all their classmates. Each patient had numerous health problems and medical diagnoses. The TLs' advantage of knowing about several patients gave them a broader perspective for applying what they learned in the classroom. Assisting with the care of more than one patient opened the door for participants to multitask patient care tasks and make decisions related to multiple patients with innumerable health problems.

Another sub-theme from Learning Outcomes was practice of critical thinking skills. The TL role unfolded the importance and the application of critical thinking skills as the participants needed to make accurate decisions about nursing care for different patients. Through the application of critical thinking the participants developed

prioritization skills. Thus, the TL role helped the participants understand and learn about prioritization in nursing care.

Communication emerged as an important sub-theme. During the clinical practicum, the participants worked with different members of the healthcare team and with classmates. This contributed to their understanding and development of correct communication skills. Another sub-theme found was excellent patient care. Participants repeatedly remarked about the excellent nursing care their classmates provided to their patients during clinical practicum.

### **Taking Care of Several Patients**

The TL role exposed participants to the opportunity to oversee and participate in the care of several patients throughout the day. This unique arrangement gave the participants the benefit of have a real-life experience reflecting what an RN workday looks like. Each student in the nursing program took care of one patient during each clinical practicum day. In the last semester of their senior year, these students would take an internship class when they would take care of several patients with a preceptor RN. In a sense, the TL role was a prequel to the internship experience to come.

The concept of taking care of several patients was welcomed by the participants, as stated by Claire,

*It was my turn to lead the nursing unit team of nursing students. I was excited to become a team leader because I wanted to experience having a broader perspective of caring for six patients at the nursing unit (Journal #2).*

At the same time, it seemed to include a higher level of involvement as Demi stated, “*Being Responsible of Several Patients at a Time*” (Journal #24).

Taking care of several patients became one of the sub-themes. Some participants stated they considered they needed to help to take care of all the patients, which it seemed to be a challenge. Summer recognized that *“I had to really start learning how to balance caring for multiple patients”* (Recording #8). Another TL, Athena, stated *“Also, being team leader allows you to think openly and makes you consider all of the patients as your own”* (Journal #28). Itzel indicated the role was an opportunity; she stated *“I got chance to take care of all 5 patients”* (Journal #27).

The likelihood that nursing students could have the responsibility care for several patients was not insignificant. Some nursing programs attempt to give that opportunity to their students through simulation, as in the study by Dharmasukrit (2015), the purpose of which was to explore how multi-patient simulation related to BSN student perception of their readiness to care for multiple patients in the clinical environment. Results indicated that students found the simulation experience promoted their perception of readiness to care for multiple patients in the clinical setting. As clinical practice becomes increasingly complex, multiple patient simulation is a promising modality for nursing education to assist in the transition from nursing student to successful practicing nurse.

#### Know Everybody's Patient

Several participants agreed on the sub-theme of knowing everybody's patients. The TLs knew their classmates' patients well. They had enough information to understand the patient health status and what the patients needed. They had access to the information important to facilitate organization of the clinical day, prioritizing nursing care and aiming for excellent patient outcomes.

Sienna's comments demonstrated that being the TL lead to the responsibility of knowing all the patients. She stated, "*But when I am [the] team leader, I know the patients everybody has*" (Journal #32). Knowing each of the patients was acknowledged by the participants as particularly important. Maya highlighted,

*I was excited to get the opportunity to lead the group and be involved in caring for and getting to know each of our patients . . . It was great to know a little piece of information about each of the patients and to be involved in even a small way in their care* (Journal #11).

At the start of the clinical practicum day the clinical instructor gave the TL the list of patients the classmates were taking care of that day. At that point, the TL had the responsibility to read the patients' medical history information and nursing care needed that day. Participants agreed that they needed to check on all the patients. Kai described the concept, "*Since I wasn't assigned to one patient, I was able to float around and check on all of the patients that were assigned to the students*" (Journal #12).

Ellie added,

*After this [TL experience] began my opportunity to learn what it is like to be a team leader at this point in my education. It was really neat to get the overview of the patients assigned to my fellow students* (Journal #4).

Likewise, Ivy recognized "*It was different because I did not have a specific patient that I was in charge of, but I had many that I had to keep a look out for*" (Journal #13). Ivy wrote in detail about the many patients she was helping with, finding this an important aspect of the TL role: the responsibility of taking care of several patients. Confirming the importance of that experience, the IOM (2011) stated that the most important goals of nursing education include preparation of nurses to meet the different needs of patients, to function as leaders, and to advance science, all of which benefit

patients and improve the ability of healthcare professionals to provide high quality safe patient care.

Knowing all their classmates' patients was an enjoyable activity according to Tess, "*I enjoyed my day as team leader. It was nice to go around and meet everyone's patients and help out wherever I was needed*" (Journal #10). Chloe made a similar remark, "*One positive aspect that I enjoyed was as team leader, you literally help everyone out. This meant that I had the opportunity to see a variety of different patients at the same time*" (Journal #6). Equally, Xuri revealed that she enjoyed the experience of taking care of several patients,

*Another thing that I enjoyed about being team leader was going from room to room and getting a little bit of every patient's story. I'm used to be very, very detailed about one patient, so it was a change of pace to only know basic information about clients* (Recording #5).

#### Patients with Multiple Medical Diagnoses

Throughout the clinical practicum day, the TLs were introduced to the leadership role in a practical learning experience working alongside their classmates. Each classmate had a patient; the TL had the opportunity and responsibility to know each of the patients. Each patient they helped take care of probably had more than one health problem plus comorbidities. During the semester in the classroom, the participants learned about diseases and nursing care plans; once in the clinical practicum they could see patients with those health problems.

Taking care of many patients exposed the TLs to countless diseases with their manifestations and specific nursing care requirements. Acknowledging the significance of the learning opportunity, Claire stated

*I also focused on helping out the patients who had multiple medical diagnoses. It felt nice to be going around the unit to see different patients and try to make connections to their medical diagnoses and nursing care (Journal #2).*

The TLs did rounds checking on their classmates' patient status, which gave them the opportunity to see many patients with multiple diseases, symptoms, and treatments.

Zoey stated,

*I enjoyed being able to get all the information about all the patient's and see why their clinical manifestations were present because of their diagnosis. I liked following their treatment and procedures for the day. It was a good day overall and I liked being able to go around to all the different patients and help out and get to know them (Journal #8).*

Millie adding to that, *"I had to understand the different diseases and conditions of the patients"* (Recording #6).

Approaching this sub-theme from a different perspective, Benner et al. (2010) stated that students and faculty alike observed that learning and teaching in clinical vs. classroom settings (including the skills laboratory) seemed like entirely different entities from each other. Many students commented that what was taught in the classroom was somehow different from the nursing knowledge acquired in the clinical setting. This is an interesting observation, because in the present study, according what the TLs described, it was helpful for the participants to see, learn, and correlate what they learned in the classroom to their experience in the clinical practicum. The findings from this study do not correspond with those of Benner et al. In this study, the TL experience was a positive and unique learning outcome.

The participants described the different health problems the patients had.

According to Vivien,

*For the most part, all of the patients on our unit were very stable, ranging from COPD to post-ablation related to atrial fibrillation to unidentified chest pain (which is suspected as pericarditis). GI [Gastrointestinal] bleeding and a*

*dangerously low hemoglobin level of 5.4 mg/dL. The [one] patient had a massive load of health problems like congestive heart failure, hypertension, diabetes mellitus hypothyroidism, hyperlipidemia, and a lot more (Journal #23).*

Another TL described several patients in detail and the problems she encountered helping classmates with their patients. Referring to her experience, Ivy said,

*During this shift, there were three colleagues who needed the most amount of help. One had a patient who needed help cleaning the patient's colostomy bag. Another student had a patient that was very sedated and not fully aware of his surroundings. So, we had to give him his morning hygiene. He kept moving and trying to remove his Foley catheter. The third patient was the most difficult because she had a lot of pain in her legs. It hurt even when you touched her lightly. We had to insert a Foley in the patient which took me, the other student, and our clinical instructor (Journal #13).*

An additional participant, Zoey, added to the concept,

*Two student had high maintenance patients who needed much care, so they were the two that I helped out the most today. I enjoyed working with one of the student's patient who was very lethargic and not easily aroused. He had a feeding tube which I had not had a patient with [that] before (Journal # 8).*

The TLs made themselves available to help their classmates with the care of patients with multiple complications. Serenity stated,

*Two out of the four students had patients on isolation precautions (one on contact and one on droplet isolation). This added an element of difficulty to patient care, and I tried to be available for any of their needs and assist when appropriate (Journal #14).*

One of the important discussions of this study related to peer learning. One participant made a remarkable comment about her role and what she learned from and with the classmates. Rylee stated,

*I like being team leader because it is interesting to see everyone's patients and learn more about what is going on with each of them. I also like being able to observe my classmates as they work because it is helpful to learn from them as well (Journal #26).*

This finding confirmed those by Stenberg and Carlson (2015) as discussed in the literature review.



The TL experience exposed participants to a rich learning experience. Zoey wrote that she enjoyed the team leader role because she was able to get all the information from all the patients, correlate diagnoses, treatments, and see the procedures done that day. She also stated, “*I also learned a lot*” (Journal #8). The TLs seemed to have a positive experience with the broader perspective of taking care of five or more patients. They were able to help patients with multiple medical diagnoses, trying to make connections between patients’ medical diagnoses and professional nursing care. One participants described how she was able to learn more about the patient’s health information.

Savannah asserted,

*I was able to search each patient [information] and gather their meds [medications] to be given. I was also able to see the Doctor’s history notes and get a background on why the patients were here . . . By gathering information from all the patients their priorities were achieved not only by looking at their medical records, but also through speaking with their nurses and their student nurses (Journal #20).*

At this time in history, participant exposure to taking care of patients and learning more than nursing skills is essential for the RNs who are joining the highly demanding healthcare field. As was mentioned by Mannino and Cotter (2016), nurses need to have practical skills and the correct knowledge, skills, and attitude to move the nursing profession into the 21<sup>st</sup> century.

### Multitasking

Throughout the course of their years in nursing school, nursing students must learn many skills and acquire the knowledge required for their future profession. The healthcare environment is becoming more demanding as time passes. The graduating nursing students will be expected to work side by side with experienced nurses. Initially, this can be cumbersome because nursing students do not carry the same patient load

during their clinical experience as a working RN does. In the findings of this study, participants seemed to learn how to manage to help with the care of several patients during their experience as the TL.

TLs asserted that they learned to manage multiple things at the same time. Adalynn stated, *“I Learned to manage multiple things at once”* (Recording #4). Paisley spoke about the same topic, *“I also learned throughout the shift that it is important to multitask and learn how to work under pressure”* (Journal #17). Likewise, Avery asserted, *“Well, as a team leader I had to supervise, you know, everything, because as a nurse you are like multitasking, you are doing a lot of things at the same time”* (Recording #3).

Some of the TLs felt that there had been last minute changes in their plans and that they needed to be in many places at the same time. Peyton claimed, *“Taking care of a patient keeps the nurse at one location. However, the team leader is all over the place”* (Journal #7). Adding to that, Ava emphasized,

*It was interesting to see how your plans do not always go as planned when organizing things. Patients can start vomiting or voiding or needing extra help causing more stress and changing the plans of the nurse . . . As a charge nurse, one will have to be able to reorganize and reschedule things in accordance with these new changes* (Journal #1).

Participants seemed to realize that the work they were doing as TLs included multiple activities. Tess declared

*Besides that, I checked charting to make sure everyone was on top of their duties. I helped several students reposition their patients, get vitals and get supplies they needed. I also organized when we would all go to lunch so that we were not all gone at the same time* (Journal #10).

Some of the participants wrote in detail about the multiple patients, skills, and decisions they had to manage during their TL experience. Ivy stated,

*It was a challenge for me to keep walking around and checking on everyone . . . Being team leader also meant keeping an eye on the charts and making sure that everyone was on time with their charting. I also had to make sure that everyone was doing okay in caring for each of their patients. I was also able to help out and seeing different procedures like blood transfusions, Foleys, and colostomy care (Journal #13).*

Organizing multiple activities and helping the classmates is what Skylar emphasized about her experience as the TL, stating,

*I helped out with one of the students that had problems with accessing the computer system, so while she was making phone calls, I took her patient's vital signs, to at least have a baseline to start the shift. . . . I helped the clinical instructor with making sure that everyone was charting what they were doing, doing their hourly rounding's, doing 1st and 2nd sets of vitals and assessment, and making sure that those who gave medications knew what they were giving, and what side effects to expect. Also, I helped out in scheduling time for lunch (Journal #16).*

The lessons learned about real-world nursing experience seemed to be what the participants highlighted most about their experience. According to Millie “*This now feels more like the real-world setting when you have like a lot of patients to balance and you have to learn how to manage your time*” (Recording #6). Another TL, Kai, affirmed,

*There were other nurses [classmates] on the unit that needed my help and attention if a situation arose. I needed to make myself available while assisting other nurses [classmates] at the same time. That's one of the biggest lessons I learned that day (Journal #12).*

Likewise, Millie made important comments about how the experience helped her in her actual RN work,

*Being a team leader was a really good experience. It definitely gave me a new insight at least at that time. It gave me a new insight on an experience of what it feels like going to be in charge to more than one patient and then as I progressed into the actual nursing setting where I'm a nurse and I have five or six patients, very critical patients. The experience that I had as a team leader is very relevant to my actual work setting [as an RN]. And so, I really appreciated being a team leader, because I was able to get exposed to that (Recording #6).*

The conclusions from this part of the study seem to mirror suggestions from Benner et al. (2010) who described the need for “a shift in focus” (p. 179) among nursing students, from mastering skills to exercising flexible judgment, making intelligent decisions in an undetermined situation.

Having a busy nursing shift, taking care of many patients, and being involved in a leadership role adds tasks and responsibilities to nurses’ assignments; therefore, time management is fundamental. According to Said (2014), nursing is a stressful and challenging profession; thus nurses need to be organized. Managing time efficiently, utilizing critical thinking, and understanding when to delegate are essential for nurses.

The participants in the study seemed to learn that they had multiple responsibilities; they needed to do many things at the same time and to manage their time accordingly. Nayak (2018) declared that time management is an especially important skill for nursing students, during their academic life and later career. They need to be prepared for unexpected emergencies at the workplace; therefore, it is essential for students to understand the importance of and master time management skills.

### **Practice Critical Thinking Skills**

According to Potter et al. (2017), RNs are responsible for making accurate decisions or judgments on the basis of clinical information. Nursing students learn critical thinking skills during their clinical practicum experiences and through specific examples in the classroom, simulation, or skills laboratory. Students learn that each patient is different and may have numerous health problems; a clear-cut textbook explanation may not exist. Nurses, throughout their experience, can recognize and identify problems as they arise, then take immediate and correct actions according to the patient’s status.

AACN (2008) described critical thinking as “All or part of the process of questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity” (p. 36). Potter et al. (2017) stated that critical thinking requires open-mindedness, continual review, and perseverance, combined with a willingness to review each unique patient situation, making decisions about which assumptions are true and relevant.

TLs made reflections about their assumptions regarding critical thinking and how the role helped them to practice that skill. They mentioned decisions they needed to make regarding provision of care according to patient status. One participant, Peyton asserted *“Nursing is a multi-task profession. It requires leadership, judgment, critical thinking, and sense of responsibility. These are good skills that nurses need to practice and improve every day to be successful in their career”* (Journal #7). Xena commented that,

*Everyone had their own patient, some needed more help than others, some patients are more unstable than others, and so we kind of used our critical thinking at the time. What we knew and how we had to meet their [patients’] needs to make sure that everyone was safe and taken care of. So, I definitely learned how to do that as a leader* (Recording #7).

The TLs were applying critical thinking skills as they were organizing their complicated workload. Mia emphasized,

*I think that being a team leader forces you to use your critical thinking. Because you just cannot think about one problem at the time; but you have to think about various situations at once; and so, it allows you to practice critical thinking skills. In prioritizing the [patient] care of that day, if one of them [classmates] has a heavy load of tasks that one of their patients’ needs to be getting, I think you have to give a little more care to that patient. And I think that whole aspect makes you practice that skill* (Recording #1).

One of the TLs, Demi, described that when she was helping a classmate with a patient with several health problems, they discovered that the patient had a wound; she wrote *“I made it a priority to inform my clinical instructor who then proceeded to apply*

*some cushioning and place the patient on his side to reduce the pressure on the wound”* (Journal #24). This may seem like a simple decision, but the participant and her classmate were able to detect an unanticipated problem and take care of that problem. TLs are learning during clinical practicum; the previous description shows a critical thinking decision at their level.

A positive comment about the classmates’ work during clinical practicum was made by Niamey *“I was proud of the girls for doing thorough assessments and using critical thinking skills”* (Journal #19). On the other hand, another participant seemed to be concerned that the work of some classmates needed attention. Avery noted, *“You have to have good communication skills, and also critical thinking, judgment, you know, you need all this sense of responsibility”* (Recording #3).

The participants seemed to appreciate the role of the TL because it exposed them to several patients and thus, the opportunity to practice critical thinking. Mia asserted,

*I think it was a huge benefit in becoming a team leader, because, first, you get to see a lot more things that you won’t be seeing in that clinical day if you only had one patient. And secondly, you would have a practice of critical knowledge, critical skills of prioritization, which is huge now from what I am seeing as being an RN now* (Recording #1).

Apparently the participants were able to recognize and apply critical thinking skills during the TL experience. Benner, et al. (2010), agreed, stating that students need to learn through practice in specific situations. Critical reflection, analysis, and thinking are best developed in relation to practice. These findings are also supported by Burgess (2003) and Adams (2008), mentioned in the literature review.

The influence of clinical experiences to develop critical thinking was described by Senita (2017) in a study investigating and describing nursing students and clinical instructors understanding of critical thinking, undertaken to discover which clinical

experiences were significant in allowing students to develop critical thinking abilities. The findings of the study showed that: (a) students and instructors described similar characteristics of clinical experiences significant in developing critical thinking such as complex situations warranting independent identification, interpretation, and decision making by students; (b) students and instructors described critical thinking as the ability to process an unclear situation, understand the significance of the context, and know what to do next; and (c) students and instructors revealed a disconnect regarding instructor significance and role during clinical experiences.

### **Prioritizing Is Critical**

Prioritization is an important nursing skill, but the process is not taught routinely. Any given patient may have several problems needing care, but not all are equally important. “Priority setting is the ordering of nursing diagnoses or patient problems using notions of urgency and importance to establish a preferential order of nursing interventions” (Potter, et al. 2017, p. 241). The participants in the present study made comments about specific patient care, but mostly commented about prioritizing care among several patients. They made decisions about which patients had problems that warranted immediate nursing interventions.

However, the TL comments conveyed an impression that they were examining which patient/s had more health problems and therefore needed immediate assistance. Itzel stated,

*I made sure that I prioritized my duty. I noticed that there were about two critical patients assigned. Being a team leader, I made sure that I keep my eyes on those patients more and be readily available if my friends [classmates] needed help taking care of them (Journal #27).*

For nursing students, it may seem difficult to set priorities or to understand the facts affecting priorities, as Claire mentioned,

*Setting priorities is difficult, yet it was an important task for me because I realized that most of the patients who were assigned in the unit today had severe respiratory problems. I also focused on helping out the patients who had multiple medical diagnoses (Journal #2).*

However, for some participants the TL role helped them to develop prioritization skills. According to Paisley, “*When you are the leader you have to be there for all the people you are leading out, so it’s important to prioritize and make sure that you are available for all of the classmates*” (Journal #17). Remarking about the same concept, Athena said, “*Being team leader taught me that prioritizing tasks and time management is critical to safety and high-quality patient care. When evaluating the efficiency and effectiveness of patients care today, if you pros and cons came to mind*” (Journal #28).

The TLs described several occasions during the clinical practicum when they had to make decisions regarding which classmate or which patient required the most urgent help or nursing intervention. About that important concept, Faye stated, “*I spent most of the early shift with Student B and her patient because the patient required more attention*” (Journal #30). Akin to that point, Millie explained how she handled the difficult notion of prioritization,

*Definitely as things happen throughout the day, my focus shifted from one patient to the next and, of course with the more critical one you can only pay more attention to them; and that is what I saw...That is what I learned about priority (Recording #6).*

Mia described her experience of examining her classmate’s patients, knowing all the details about the patients, and consequently be able to make the right decisions about patient care, stating,



*You have to know the priorities, like who needs to be taken care of first, who are the critical patients, who should we take more focus or give more attention to; because when you step into the floor, you are not looking at one patient, but your teammates' patients, and sorting out their diseases and their histories, and where they come from, their backgrounds; which allows me to practice critical thinking, to be able to prioritize which patient needs more attention for that day, and who will be needing more help, so you can help that teammate as well (Recording #1).*

Continuing the narrative regarding their experience about what prioritization meant for the TLs, Xuri pointed out,

*There were definitely patients in which called the triage for, you know, 'this patient is very stable, they have a moderate condition that they are dealing with . . . The other once that definitely needed more care, and so it is like you have to shift your priorities'. And so that priority of care definitely steps up the responsibility on how you shift like, okay, this patient may be fine, and this patient needs a little bit more attention, and that is how we pull our resources to care for the entire patient load that we have today (Recording #5).*

According to the participants' comments they were trying to apply the concept of patient care related to their health condition. Benner et al. (2010) mentioned that in fast-paced complex clinical environments, nurses and physicians must know what is the most important problem needing to be done first. The clinical learning experience helps students develop skills to understand what is essential for a specific patient.

Participants discussed how the TL role during the clinical practicum helped them understand and learn about prioritization. Avery stated,

*It helped me understand, you know, that having many patients you need to learn about prioritizing; prioritize your care, otherwise, you know, patients will not receive the type of care that they need. So, if there is a stroke patient, and there is another [patient], you know that the stroke patient should be prioritized. Not because you are not caring for the other one, but the one that, I can say, that needs more care should be prioritized. So that is one of the things that I learned during this experience. So, prioritization is very, very important in this case (Recording #3).*

This was also recognized by Adalynn; she declared,

*[The TL role] Did aid my learning, I mean it helped me kind of realize that you have to prioritize things, trying to get things done on time. I learned that you do*

*have to prioritize things that are more urgent, that have to be done now; and things that can wait a little bit, can wait a little bit and, you know, you have to get the important things done first (Recording #4).*

One benefit of the TL role was that it provided exposure to the learning outcome of prioritization. Some TLs mentioned that one advantage of the TL role was that it was the only chance they had to take care of several patients, and therefore learn to prioritize nursing care. Mia explained,

*I think it was a huge benefit in becoming a team leader, because, first, you get to see a lot more things that you won't be seeing in that clinical day if you only had that one patient; and secondly you would have a practice of critical knowledge, critical skills of prioritization, which is very huge now from what I am seeing as being an RN now . . . because from that day [TL] I can quickly grasp who needs more attention, and who can go for help (Recording #1).*

Expanding on the idea Arya declared,

*If you had two people that might need you at the same time for something, you have to choose who to go to first and that is prioritizing . . . In nursing school we never take more than one patient at once so, really the team leader spot is your only chance to, you know, prioritize more than one thing at a time . . . So, I think it is beneficial to helping to prioritize care and, also just for kind of developing a sense of helping (Recording #2).*

Another participant emphasized the importance of prioritizing patient care.

Summer stated,

*You have to prioritize, you know, what do each of these individual patients need, and looking at their needs which one should be the one with the highest priority. So, I definitely did learn about that, that day (Recording #8).*

It was also pointed out by Millie,

*Which is what I learned, a lot of that, you got to learn how to set your priorities and on which patient to focus on over the other . . . And, then it was like you are trying to organize your mind and know your priorities, which one comes first over this, and that is where all comes in, and being a team leader actually did get me exposed to that (Recording #6).*

The finding about what participants learned about prioritization throughout their TL experience is related to the findings of a study conducted in a simulation environment

by Kaplan and Ura (2010). They implemented a Simulation-Based Learning (SBL) experience to increase student confidence and enhance student ability to safely and effectively prioritize, delegate, and implement care for numerous patients. The SBL experience involved multiple patient simulators, case study analysis, and a debriefing session. Students reported that the SBL was well organized; prompted realistic expectations; had believable scenarios; included case studies which increased understanding; and increased their understanding of prioritizing and delegating care. They also reported more confidence in their ability to work as a team, gaining more confidence in prioritizing and delegating care.

Nursing students must be prepared to for several patients upon graduation as RNs. The transition from the clinical experience setting to the complicated healthcare environment needs preparation rather than adaptation. The place where that readiness should be taking place is during nursing education. The TL role exposed the participants to the experience of taking care of several patients and thus practicing prioritization skills. This finding is supported by the literature. Jessee (2019) pointed out that new graduate nurses' display difficulties when they are managing the care of several complex patients. This indicates that the ability to prioritize interventions for one patient during clinical activities does not prepare students adequately to successfully prioritize the care of several patients in the work setting. Nurse educators must be purposeful when developing clinical activities that promote prioritization skills in clinical practice.

### **Communication is Important**

During the clinical practicum, the TLs worked with their classmates, clinical instructor, nurses, and several other members of the healthcare team. These interactions

placed the participants where they had to interact and communicate at a professional level with other individuals who were contributing to the care of patients. Participants were able to gain a closer understanding about communication within their own group of classmates as well as with the nurses and other members of the healthcare system during the role. Studer Group (2010) states that communication is the foundation of our functioning as human beings.

Nursing students, must learn and develop excellent communication skills because these skills influence patient outcomes. The clinical experience provides a setting where nursing students can learn and practice communication skills; the TL position introduced the participants further into an environment where they were able to learn and practice communication skills. AACN (2008) states that interprofessional education helps the BN graduate join the workplace with basic competencies, communication skills, and a confidence for interactions, all of which will enhance practice, therefore generating better patient outcomes.

One TL highlighted what she learned about communication; Izzy stated, “*I learned that Communication is Very Important to get Everyone on the same page*” (Journal #25). The TL role exposed the participants to interactions with the healthcare team members, and therefore to communication. Savannah declared,

*During this clinical I was able to work on the communication aspect. By gathering information from all the patients their priorities were achieved not only by looking at their medical records, but also through speaking with their nurses and student nurses [classmates] (Journal #20.)*

Millie also stated

*I went, you know, from the clinical instructor, to the classmates, to the nurses. As a team leader I think it was really important. You know, when I was a student, I only had one patient, I really just did communicate with the nurse. But the team leader is like, you have to talk to everybody (Recording #6).*

Communication amongst individuals is necessary but it may interweave with participating in and solving conflicts. Leaders are in a position that requires communication at all levels, and with myriad personalities. The TLs were exposed to moments where they realized the importance, and at the same time, the difficulties of communication. Avery acknowledged,

*And so now as a team leader you going to have to be calm and talk to the person in such a way that you show that you understand, and things like that. And sit down and talk, and go back to what you were doing, and then have things work out together. Yeah, it is really a good experience, it is helpful in many ways (Recording #3).*

Xuri described some difficulties she had during her TL role at length. She mentioned a difficult communication moment when she needed to ask one classmate, who had an easier patient, to help another classmate; the first classmate was not completely willing to help, and Xuri needed to address that situation (Recording #5).

The participants highlighted challenging areas of communication. There will be times when leadership needs to get involved in situations that need improvement, especially when we are considering patient care. According to AACN (2008) the BN program prepares the graduate to: “Incorporate effective communication techniques, including negotiation and conflict resolution to produce positive professional working relationships” (p. 22). Communication skills are important for leaders. Carroll (2006) wrote that while it may seem simple, it is a complex activity, which can “have both tremendous potential and problems” (p. 62).

On the other hand, some TLs described the need to practice communication skills as a benefit of the TL role. Avery stated.

*Regarding communication, I could say that I did not have real difficulties; because we understood each other very well, that day was a very good day . . . But at least you have an idea about what it takes, you know, to work with others.*

*Because everyone is different, you know, not every day you are going to find collaboration or cooperation from everybody, and so you have to be able to talk to people, communicate well with people, and have good leadership skills. It is really a good experience; it is helpful in many ways (Recording #3).*

Comments by Mia were similar,

*I think communication is very important. There are conversations you share with a teammate; but as a team leader I think it is a different set of communication that you have; because you are given this authority, sort of, to communicate, and sometimes they can be mistaken as having an authoritative figure, in a way, 'I am the leader you do this' . . . So, I think communication is very important that way. And if you are wanting to help that person, I think the teammate will appreciate the way you communicate; not in a very direct way; but for the patient to have a better care . . . And I think it is a rewarding experience, and learning experience too, to break out from that comfort zone, and to really speak up and to learn how to communicate with other team members and patients (Recording #1).*

The participants agreed that communication is essential amongst healthcare team members. Ellison (2015) states that effective interprofessional communication should be developed during undergraduate health-profession education programs. As found in this study, Feldman and Greenberg (2005) declared that effective leaders are competent communicators who can adapt in all types of communication, whether with individuals or groups. Effective leaders use good decisions in specific situations to determine the best way to send a message and evaluate its effectiveness through feedback. Excellent communication skills are necessary for efficient leadership (Carrol, 2006; Grossman & Valiga, 2017). AACN (2008) noted that effective communication and collaboration between healthcare professionals is essential to provide patient-centered care.

### Nursing Students Left out of the Loop

Some of the TLs revealed an interesting concept that I had not expected or foreseen. The participants expressed some difficulties communicating with the nurses at the hospital unit. Nurses are the primary person responsible for patient care. nursing

students are to work together with the nurses taking care of the patients. Thus, communication between them is fundamental and influences patient care and outcomes.

Regarding that, Adalynn said,

*I felt like communication was good. I feel that sometimes nursing students can be, like, left out of the loop a little bit with communication; unless, you know, they get and ask the nurse for an update or happen to be there when the doctor or anybody else is talking about the patient. Sometimes students are left out (Recording #4).*

Likewise, Xena asserted

*They [RNs] were taking care of their patients, sometimes we did not know how to really talk to them because they have their own patients to deal with then, and we were the students, and so it was kind of a barrier sometimes. But you know, I tried specially as a team to communicate with the actual nurses there, because they knew the most about the patients, you know, we wanted to get their take on things. There was definitely that kind of nervous feeling like, maybe they are not going to, they don't have time to talk to me, or they do not take me seriously what I am asking (Recording #7).*

Apparently the participants perceived some difficulties communicating with the nurses on the unit. Similar results were found by Öztürk et al. (2013) when investigating communication problems experienced by nursing students. The study focused on communication problems nursing students experienced with healthcare personnel, patients, and instructors. They found that participants had difficulty in communication at clinics. These problems were experienced mostly during the practical part of a course Internal Diseases in Nursing. The communication problems caused were most frequently by clinical nurses, patients, and instructors in that order.

Confirming the literature related to these findings, Mlek (2011) reported a study where participants felt that communication and the development of relationships with nurses and medical staff was difficult and stressful. On the positive side, Ard and Valiga (2009) found that while nursing students appreciated the chance to collaborate in patient

care during clinical practice, they also appreciated being valued by the members of the healthcare team.

### Successful Communication with Peers

Positive comments about communication issues were made by some of the TLs. They believed they had accomplished excellent communication with their classmates. by Athena emphasized, *“As a leader, I pride myself in communicating with my team members constantly and trying to help them as best I can”* (Journal #28). Demi made an optimistic comment, *“I believe I was successful and respectful in communicating with my peers”* (Journal #24). Potter et al. (2017) conveyed the idea that competency in communication maintains efficient relationships within professional practice, helping meet legal, ethical, and clinical standards of care. According to Feldman and Greenberg (2005), effective communicators are able to develop higher levels of trust and achieve better results when they establish relationships with individuals and groups (p. 75).

### Excellent Patient Care

Within the theme Learning Outcomes, another interesting and remarkable sub-theme emerged. The TLs highlighted excellent patient care, which I believe is an outstanding description for nursing students to discover. Participants agreed throughout their descriptions that the TL role encouraged them to pursue excellent patient care directly or through helping their classmates. According to the IOM (2011), nurses have a direct effect on patient care. Nurses are on the front lines, tasked with ensuring that patient care is provided safely, effectively, and compassionately. Comments made by the TLs indicate that they were preoccupied about patient care and endeavored to direct their classmates in providing excellent patient care. Millie explained,



*As a team leader I was not specifically involved in the direct care, but at the same time it is like you are essentially the one overseeing it. You also do contribute in a way, so the nursing student in charge of that patient can provide good patient care (Recording #6).*

Mia added that it is important as a TL to be the patient's advocate, encouraging good patient care. She stated,

*I think it is always wise for the leader to have this assertive way of saying, while encouraging the teammates on their skills and their clinical experience for that day . . . You have also to share what can be done better for the team leaders to give better care, because at the end of the day the most important thing is giving our patient the best care we can for that day. Because you want to give help when they ask for one, and if they need some improvement, you have to step in and really be that advocate for the patient. So, I say it is a huge responsibility that I was feeling to become a team leader (Recording #1).*

### High Quality Patient Care

Participants in the study made remarks about high quality patient care. TLs guided their classmates to achieve that in their role. According to the AACN (2008), the BN graduate should be able to apply leadership concepts, skills, and make decisions to provide high quality nursing care; this includes coordination of the healthcare team, and oversight and responsibility for patient care delivery in different settings.

The participants perceived the responsibility of applying leadership skills to emphasize high quality patient care. Athena expressed that *"Being a team leader taught me that prioritizing task and time management is critical to safety and high-quality patient care"* (Journal #28). According to Farrah, *"I am very appreciative of my teammate's willingness to strive for high quality patient care"* (Journal #29). Another TL, Ivy, encouraged good patient care, stating, *"I also had to make sure that everyone was doing okay in caring for each of their patients"* (Journal #13).

Participants were able to observe classmates giving special care to patients. Isla described how a classmate made a difference in patient care, emphasizing,

*Another student was assigned to a patient who had severe hearing impairment and it was both interesting and amusing to watch how she handled this communication barrier. I was impressed with that student persistence and dedication to effective therapeutic communication instead of simply giving up and not talking to the patient at all during the shift. The student genuine care for the patient was demonstrated by her commitment to answering the patient's many questions, even if it meant seeking extra information and connecting the patient with other people to act as resources for the student (Journal #5).*

In the hospital the patients and family members are in an unfamiliar environment, and even simple medical devices can be perceived as very frightening. Sienna mentioned a situation where a family member needed help, stating that

*At one point a concerned family member came to me because the EKG [electrocardiogram] wasn't showing anything [showing a flat line]. I went into the room and fixed the lead that had come off and explained that there was nothing wrong (Journal #32).*

Confirming these descriptions by the participants, Grossman and Valiga (2017) asserted that professional nurses have special skills to deliver leadership within their work setting and society at large. These skills include communication; the ability to work with others; strong senses of service and integrity; and commitment to high-quality patient care. These qualities qualify them to provide leadership in today's ever-changing healthcare environment.

Concerned about the patient care that classmates were providing, some TLs described their need to help classmates, or draw their attention to incorrect patient care or skills. This situation brought some tense moments for the participants; as Izzy declared, *"I also learned that constantly following up will cause some people to get frustrated with you, but I learned that it's needed to get the job done and to prevent errors from happening"* (Journal #25). Likewise, Demi described her experience,

*I learned that it is okay for others to disagree with you. At the position I am in now, as a student, I learned it best to at least give my opinion or the way I would*

*do it and let the student decide what they deem best (as long as the patient will remain safe)* (Journal #24).

Comments made by Savannah expressed similar concerns, emphasizing, *“By communicating/quizzing, I was also able to make sure everyone knew medication’s use and main side effects. This was done to prevent medical errors”* (Journal #20).

The participants highlighted moments during their role when they needed to call the attention of some classmates to the need to improve patient care. Grossman and Valiga (2017) stated that if leaders are going to be change agents, they need to be comfortable with conflict. These findings are corroborated by the IOM (2011), who mentioned that nurses are essential for prevention of medication errors.

Lucero (2008), in a study examining the relationship between nurse-reported unmet nursing care needs (as an indicator of the quality of nursing care) and hospital outcomes for general, orthopedic, and vascular surgery patients. They provided evidence that poor quality nursing care is a significant predictor of hospital level risk and liability; the nurses reported adverse events including medication errors, nosocomial infections, and patient falls with injury.

Another support from the literature comes from Grimley (2015) who sought to identify nurse and patient descriptions of quality nursing care in an acute care hospital environment. Findings described quality nursing care shared by nurses and patients in the hospital setting. The descriptions included observations about nursing vigilance, raising of patient awareness, the nurses approaches to work, rapport, caring behaviors, having enough time, and staying one step ahead. Perceptions were shared about whether nurses were knowledgeable, whether patients felt isolated and ignored, and observations about

clinical safety. These descriptions add clarity to the term quality nursing care, naming aspects of the hospital experience that promote quality care.

### Patients' Perception of Nursing Care

Patient perceptions of nursing care were described by the TL participants as important. Several team members asked the patients during their rounds in patient rooms about the care they were receiving from the nursing students. Remarks from the patients tended to be positive comments regarding the care they had received. According to Carroll (2006), healthcare organizations need to monitor services constantly to improve quality of care.

TLs described their awareness of the concept related to the patient's perception of care clearly. Summer stated,

*Because in healthcare, you know, nowadays, it is always patient centered and it is very much about how the patient perceives their care as well, not only how they get their care, it is how they perceive their care.... So, it definitely was my responsibility to make sure the patients believed that they were being well taken care of, not only by all the hospital staff; but by the nursing students, you know, if they took anything away from the day that we were there is that the 'nursing students took good care of me and were really attentive to me' (Recording #8).*

Related to that concept, Teigan asserted,

*During the day, I went room to room and made sure that the beds were low and locked, made sure rooms were clean, and checked everybody off for this. I even asked the patients how they were, made sure they were comfortable, and a lot of them told me good things about the nursing students (Journal #9).*

Associated with the TLs' comments about patient perceptions of care, Potter et al. (2017) wrote of the importance of assessing patient expectations of healthcare providers. Patient satisfaction is a standard measure of quality for all hospitals; if expectations are not met patients perceptions are that poor care occurred. Kelly (2008) stated that healthcare facilities use questionnaires to obtain feedback from patients about how they

felt about their healthcare encounter. The Studer Group (2010) assures us that by reviewing performance frequently about what is important to a patient during their stay, hospitals can exceed patient expectations, ensuring better clinical outcomes.

Some participants expanded on the thought about creating an environment where the patients were happy with their nursing care. Avery acknowledged that,

*The students and the patients, everybody was okay, everybody was happy. And the patients were happy because they kept saying 'thank you, you took such care of me' and things like that. So, when you go home, you feel so happy that you make somebody else happy. Happy that we worked together, and happy also that we did not do any harm to the patients, that was my expectations in general (Recording #3).*

Continuing with the description about patients being happy because of the care they were receiving, Adalynn reported,

*[The TL role] It brought forward different aspects, like making sure that patients are happy with what is going on . . . I do remember going around and asking patients if they were happy with their care, and how they liked their nursing students. And I remember getting good reviews from everybody. Everyone was pretty happy with how things were going (Recording #4).*

Confirming these findings (Studer Group, 2010) asserted that patient perception of care is important. Nurse leaders are looking constantly for ways to improve the quality of care provided and patients' perception of the care they received. Ozturk et al. (2020) found that patient satisfaction with nursing was an important indicator of the quality of the nursing services offered. One participants expanded on the description of how patients perceived their care, adding an important point, by mentioning that as a leader she had some responsibility for that outcome. Summer affirmed that,

*Like if I was being a good leader, then that means they would have done well that day . . . Part of the responsibility that I felt was not only about how my classmates felt about themselves giving care, but also how the patients perceived their care as well (Recording #8).*

Similar to what the TL believed about leadership and patients' perceptions of nursing care, Grossman and Valiga (2017) underlined the concept, "Leaders are characterized by excellence, and they work to promote excellence in themselves and others" (p. 234).

Accentuating what the TLs described about patient perceptions of nursing care, I would like to highlight a statement written by one of the participants. Seemingly, the TLs, together with their classmates, took patient care to a level that shows not only professional nursing care, but also a caring attitude towards the patients. Brielle stated,

*To me, this clinical day was very good and very rewarding. One of the patients that Student B and I took care of, sent us flowers at the end of our shift and it really made me feel like I had made a difference in someone's life (Journal #21).*

This finding was supported in the literature; Potter et al. (2017) mentioned that engaging patients in a caring and compassionate manner has a positive influence on their health and wellbeing.

### **Summary**

The findings described in Chapter Seven present the main theme of Learning Outcomes. The sub-themes that emerged are (a) taking care of several patients, (b) practicing critical thinking skills, (c) prioritizing is important, and (d) excellent patient care. The participants of the study were in an unusual position during the TL role. They were overseeing the care of their classmates' patients and helping with the various responsibilities that patient care entails.

The Learning Outcomes described by the participants were important findings. The descriptions clearly exhibit professional nursing care and activities during any given nursing shift. Participants learned about daily nursing activities while overseeing several

patients. They learned and applied knowledge about the types of essential nursing practice they would experience later as RNs in the complex healthcare system.

One of the sub-themes was Taking Care of Several Patients. This finding is fundamental for nursing student learning because it represents the foundation for other findings in this chapter and in the study. The TL role included the responsibility to oversee the care of the patients, and therefore, according to the participants, they believed they were responsible for the patients' care and outcomes

Participation in the care of several patients exposed participants to numerous and different medical diagnoses and nursing problems in one clinical practicum day. This experience gave them the unique opportunity to correlate what they learned in theory to the clinical field; at the same time the participants learned and were able to apply multitasking skills.

The participants emphasized how the TL role helped them to apply critical thinking skills. Participating and overseeing the care of a population of complex patients with multiple health problems laid out a path for the participants to be aware of and recognize different problems. The participants made pertinent decisions using professional-nursing knowledge-based judgments, applying critical thinking skills. In nursing, critical thinking skills are essential for excellent patient outcomes and to save patients' lives.

Another important sub-theme was Prioritizing is Critical. TLs described instances during the clinical practicum when they had to make decisions regarding which classmate or which patient required the most urgent help or nursing intervention. Participants acknowledged that they learned how to prioritize nursing care, making decisions

regarding patients who needed immediate or urgent care. Prioritizing skills can be learned when the nursing students oversee the care of several patients, this being one of the specific characteristics of the TL role.

When the TLs shared their experiences, they emphasized Communication as Important. Communication in nursing is a basic component which will influence patient outcomes. Participants described some of the most important components of correct and influential communication. These findings indicated that communication with classmates (intraprofessional communication) should be engaged in personally taking into consideration strengths and weaknesses, respecting everybody, and handling communication professionally. One negative finding showed that the participants felt that they experienced a certain level of difficulty in their communication with the nurses at the hospital unit. Positively, findings reveal the participants believed they were able to accomplish successful communication with their classmates.

Participants emphasized Excellent Patient Care in detail. TLs agreed throughout their descriptions that the role encouraged them to pursue excellent patient care directly or by helping their classmates to accomplish it. Findings indicate that participants perceived their responsibility to utilize leadership skills emphasizing high quality patient care by helping and/or encouraging classmates to reach that goal. From another perspective, participants stated that the patient's perception of nursing care is important. Participants stated that the patients under the nursing students' (classmates') care expressed that they were "happy" with the care they received.

The participants in the study applied different skills related to nursing care that they had not had the opportunity to apply before. Being the TL provided the opportunity



to experience new learning opportunities. The experience of taking care of several patients taught the participants critical thinking and prioritizing skills. Additionally, participants learned about communication with healthcare team members and excellent patient care, which leads to greater patient satisfaction.

## CHAPTER 8

### EMOTIONS

#### **Introduction**

The present chapter introduces the emotions the TLs described. Before this study I had not reflected deeply about the emotions nursing students felt during their role as TLs. Undoubtedly this was an eye-opening experience for me as a nursing teacher. One emerging theme was the stress the participants felt during the TL role. At that moment they stepped into an unknown world; this triggered the stress that comes with uncertainty.

Two sub-themes emerged from Experiencing Stress. One was feeling nervous and anxious. The participants stated these emotions were caused because they had the responsibility of taking care of all their classmates and their patients; therefore they felt they needed to be more knowledgeable to be able to accomplish all the tasks. Another sub-theme was feeling overwhelmed and challenged, because now they were responsible for the nursing care of several patients, which meant facing unexpected circumstances and ever-changing patient status.

On the other hand, a positive emotional sub-theme was that participation in the TL had been an enjoyable, exciting, and fulfilling experience. According to the findings, the participants enjoyed the learning opportunity because they had the chance to take care of several patients. They enjoyed that they were able to help their classmates.

The final and surprising sub-theme was the mixed feelings expressed by the participants; they enjoyed the experience despite their nervousness. As a teacher, I was

humbled to read through the participants' emotional reactions and learn from their experience.

### **Experiencing Stress**

When nursing students enter healthcare facilities for their clinical practicums they are exposed to unknown realities, which creates a high level of stress. They may have received a theoretical explanation about what to expect and what their responsibilities would be. But nothing prepares them completely for what they will face with today's complicated patients and complex healthcare systems. Normally, nursing students are assigned to one patient during each clinical practicum day; it was a different experience for the TLs.

They stepped into the clinical practicum with responsibilities beyond taking care of one patient. The TL was responsible (always with the clinical instructor present as supervisor and consultant) for overseeing the care of several patients while occupying a leadership role. The participants described that they were scared and stressed because of these leadership responsibilities. According to Avery, *"When we went to the floor and started the day, and everybody cooperated and; I understand, okay, I was getting a little more calmer than at the beginning, but at first I was really, really, really scared"*

(Recording #3).

Another participant mentioned that she felt stressed from the increased responsibility to know everything. Millie said,

*And of course, you know, when I was there, it was kind of stressful, overseeing everybody . . . The fact that you are a leader comes with a lot of pressure. And it is not that you are above everybody else, but in a sense, you are, and so since you are in charge of everybody and you have to know everything. And if you do not know something, it kind of reflects a little bit badly on you* (Recording #6).

Nowadays, the healthcare system is facing rapid changes; nurses perceive those changes most when taking care of patients with greater health issues. Nursing units are understaffed sometimes, creating situations which require continuous attention. Some TLs were exposed directly to those stressful situations, revealing to them what their future career in nursing could include. Xena talked clearly about her experience,

*I remember that day, it was a little stressful . . . I remember it being a pretty high stress day, because the unit was understaffed and so we had to really rely on each other more and, you know, I remember like someone needed to start IVs, and it was the first time they did that. And somebody kind of had to do some new skills that we learned that day . . . I was just not a student anymore, I think. I mean, it is good to think that way, you know, when you are a student still, you kind of put yourself through that real life, but somehow you can make it even more like nerve-racking for you through the day, so stressed, I think everyone is different (Recording #7).*

Similarly, Niamey wrote,

*I was the team leader during clinicals; and this day in particular was not what I expected. There were many stressful moments because I put myself in the role of being responsible for everyone & their patients . . . This day in particular was very chaotic on the floor. We were placed on a different floor than usual. At first it was hard for me to get into the role of team leader . . . During my time as team leader, some of the students' patients experienced abnormal vital signs and complications to IV therapy. My job as team leader was to relay this information to the appropriate staff including the instructor. It was stressful because a few times it came in the middle of medication passes and nurses were not immediately available (Journal #19).*

During particularly busy days throughout the clinical experience participants filling the TL role experienced the sense of having many things to do. They needed to organize and prioritize the work according to patient status. Days like can present often in any nursing unit serving patients with many health problems and comorbidities. When the TLs were exposed to that experience they needed to confront the situation to the best of their knowledge. Being in a stressful nursing shift is something the participants will be

exposed in their daily nursing career. Adalynn said that “*Yeah, it ends out helping you, maybe stressful then, but it helps you*” (Recording #4).

The TLs expressed feelings about being in stressful situations during the clinical practicum. This finding was corroborated by Bhurtun et al. (2019) who found that students perceived moderate to high levels of stress during their clinical experiences. Sources of the stress included teachers and nursing staff, lack of knowledge and skills, fear of making mistakes, and heavy workload. The stress produced from the fear of making mistakes and from a heavy workload was their finding that most closely resembled the finding from this study.

Pulido-Martos et al. (2011) conducted a systematic review of the literature to identify sources of stress in nursing students; their results correlate with the sources of stress observed in this study. The most common sources of stress were related to academics (e.g., reviews, workload, and problems associated with studying). Other sources of stress include clinical sources, such as fear of unknown situations, mistakes made with patients, or handling of technical equipment.

### Feeling Nervous and Anxious

The feeling of being nervous was highlighted by some TLs because they needed to take care of all their classmates and their patients. Since the TL was the person the classmates came to if they needed help; the participants thought they had to be more prepared. Mia stated,

*Being the team leader in the first place, and there were many students; but just being given the role I felt very nervous, as I am sure anybody would. Because being a leader means you have to not only take care of yourself, but to care of other teammates who are doing what they are doing for that day; and to be the one that the teammates can come for help. Which means I must be more prepared for that day, know more things so I can help them out* (Recording #1).

Apparently, the TL role increased the sense of being responsible among the participants. They thought they needed to be more knowledgeable to be able to help their classmates with their nursing care. Therefore, their level of anxiety increased. Xuri stated,

*I felt a high sense of responsibility, which kind of wakened a level of anxiety . . . I had an element of anxiety, because it felt like a huge responsibility to me, to not just like managing one or two patients. And I thought that I was stepping out of the one-on-one patient with the nurse backup; to, I am now over the whole staff (Recording #5).*

Another participant also expressed sense of the weight of the responsibility of the role, feeling nervousness and anxiety, Adalynn said,

*Well, at first like in the morning, I felt like I was a little bit nervous about being a team leader; it is kind of big responsibility that this involves . . . Like I said at first, I was a little bit anxious and nervous about it, but as the day went on, like I gained more confidence (Recording #4).*

One of the TLs described that she felt nervous because she put herself into a real-life position as a nurse, and not only as a nursing student, Xena commented,

*So, yes, I was nervous going in. When that day came, I was kind of thrown in and I jumped in. That is kind how it is in the real world . . . I know that when I was the first time being a team leader, I definitely was really nervous about it, because I just felt like, I took it really seriously, like I was actually a nurse and all this . . . I just felt that I had to be the one, even if I was not an actual nurse at the time. But I really felt like one at that point because, you know, everyone was coming to me for everything. So, it forced me to be like I had to be the problem solver and to get things fixed, so yeah, I definitely felt the weight on my shoulders (Recording #7).*

Two of the TLs mentioned that they had some leadership responsibilities in their regular employment (not nursing related) while in school. They talked about how different it is in the nursing profession, and how that increased their anxiety level.

Niamey highlighted,

*Overall, I felt that I could've been a better team leader. I was anxious more than I should've, which was visibly displayed and that is not the best example for the students. I also think it hindered my learning because I was constantly concerned about the students and their patients. I have experience in leadership roles from*

*previous jobs [non-nursing related] but when it comes to caring for people's lives, it's a whole different ball game (Journal #19).*

On the same concept, an important remark was made by Summer,

*But I had been a leader in other parts of my life (not related to nursing school responsibilities), so I knew I could be a leader. It was just a matter of being confident to be a leader in nursing because that is a whole other beast. Being a leader in nursing versus a leader in something else in your life. Because you not only have to be knowledgeable and have the book smarts, but you have to have bedside manner, and have to be confident in what you are doing and educating patients, and so I was nervous (Recording #8).*

Similar findings about increased levels of anxiety in nursing students are described by Sharif and Masoumi (2005). They investigated nursing students' experience in their clinical practice, finding that nursing students were not satisfied with the clinical component of their education. They experienced anxiety because they felt incompetent and lacking in professional nursing skills and knowledge to provide quality clinical care to various patients.

Melincavage, (2008) examined how student nurses make meaning of, interpret, and perceive their anxiety in the clinical setting. The themes they identified were (a) anxiety because of their inexperience, including people being inconsiderate about their inexperience, (b) being anxious from being demeaned by healthcare team members, (c) feeling anxious when their failures or lack of knowledge were exposed, (d) anxiety related to unrealistic expectations by staff nurses and instructors, (e) anxiety in clinical experiences when they felt abandoned because the clinical instructor was occupied or inaccessible, (f) increased anxiety when they discussed differences between themselves and their peers, and (g) feeling nervous the first time performing a skill.

## Feeling Overwhelmed and Challenged

The TL role immersed the participants in a new clinical practicum experience. Earlier in the study they had expressed feelings about their learning experiences. But the TL role exposed them to an experience that comes with increased responsibilities and oversight of the care of several patients. They voiced that they felt overwhelmed during their experience.

One TL spoke about how her experience felt, focusing on nursing care with several patients. Millie mentioned,

*It was definitely a good learning experience. As the one who was in charge of, you know, overseeing your classmates. It does feel kind of overwhelming; because up until that point you always been only in charge of one patient, your entire focus is on one patient; and now you have like seven or eight (Recording #6).*

Taking care of one assigned patient during clinical practicum was different from overseeing the care of several patients. The participants described that they felt as though they were all over the place. Niamey wrote *“I had a difficult time managing tasks and communicating efficiently with the students. I felt like I was all over the place and could not focus”* (Journal #19). Peyton wrote, *“Taking care of a patient keeps the nurse at one location. However, the team leader is all over the place”* (Journal #7).

Participant statements described their engagement in the TL role during clinical practicum as one of facing unexpected circumstances. Xena said, *“There was just a lot of unexpected, you know. Not like expected things that can happen, the kind that can kind of shorten, or delay your duties”* (Recording #7). On the other hand, Chloe stated *“Yesterday I had the opportunity to be a team leader on the floor. It was as I somewhat expected; there was a lot of running around and finding many individuals”* (Journal #6).

The TL role was described by some as a challenge. Mia stated,



*I know being a team leader is not easy, especially for students, because they are at the same level. And you are given this role to step up to the challenge, to see more things, and to help more students, and so, it is a challenge (Recording #1).*

Another participant expressed the same feeling; Izzy stated, “Overall, being a team leader has its challenges” (Journal #25).

Some of the TLs described specifics about the challenges and changes in patient status or circumstances they faced during their role. Serenity acknowledged,

*The first challenge I faced was attempting to organize the medication administration schedules. Most of the patients had tricky schedules . . . Another challenge I faced was towards the end of the day when attempting to do my final checkoffs. Student A patient had already been moved from the floor, and student B was done with her tasks. Student C was still bathing her patient and had not done the last assessment; student D stated that she could not take a blood pressure on her patient due to the Dynamap not working (Journal #14).*

Continuing with descriptions about how taking care of patients involves endless changes in their status and how a charge nurse needs to adapt and reorganize patient care, Ava explained,

*It was interesting to see how your plans do not always go as planned when organizing things. Patients can start vomiting or voiding or needing extra help causing more stress and changing the plans of the nurse. As a charge nurse, one will have to be able to reorganize and reschedule things, things in accordance with these new changes (Journal #1).*

Typically, nurses take care of several patients on a nursing unit. The number of patients each nurse will be assigned is related to the acuity of the patients’ conditions and the specific nursing unit on which the nurse is working. Usually nursing students are assigned to one patient during the clinical practicum. In the TL role, these participants were assigned several patients. The number of patients correlated with the number of classmates present in clinical practicum that day. The participants found this assignment challenging. Ivy mentioned,

*It was different because I did not have a specific patient that I was in charge of, but I had many that I had to keep a look out for. It was a challenge for me to keep walking around and checking on everyone (Journal #13).*

Another participant, Kai, commented about the challenging responsibilities of a leader, observing, *“I’m sure that charge nurses have many other responsibilities that add more stress to the job, but I know that it’s a great challenge especially for individuals who have leadership qualities”* (Journal #12).

Similar findings were stated by Stubin (2018), studied clinical nursing faculty perceptions and management of undergraduate BN student stress. Interviews of the faculty about student stress in the clinical environment yielded four themes: feeling overwhelmed when encountering the unknown, which included the sub-themes of facing self-doubt and experiencing insecurity in nursing actions; enduring uncivil clinical interactions; struggling with personal life factors; and contending with nursing faculty interactions. The emerging theme about management of student stress was to promote an optimal clinical learning environment, with a sub-theme of being attentive to student stress in the clinical setting.

### **The Team Leader was an Enjoyable, Exciting, and Fulfilling Experience**

The descriptions and comments of the participants in the TL role included expressions of positive feelings. The TLs appeared to enjoy the experience, as mentioned by Adalynn, *“I just kind of want to emphasize that I really enjoyed being a team leader”* (Recording #4). Paisley highlighted, *“Overall. Being a team leader today was a fun experience & I enjoyed it”* (Journal #17). Likewise, Aaliyah conveyed, *“This week I was the team leader and I really enjoyed it”* (Journal #18).

Nursing students can reaffirm what they've learned in the classroom during clinical practicums. One aspect the TLs seemed to enjoy was the opportunity to see the overall flow of nursing activities and work with several patients. Ellie wrote, "*It felt really good to have the opportunity to oversee the flow of activities our team performed on the floor. I enjoyed being team leader for the day!*" (Journal #4). The same concept was stated by Zoey,

*I enjoyed being able to get all the information about all the patient's and see why their clinical manifestations were present because of their diagnosis. I liked following their treatment and procedures for the day. It was a good day overall and I liked being able to go around to all the different patients and help out and get to know them. It was a bit more relaxing, but I also learned a lot!* (Journal #8).

Adding to that, Chloe asserted ,

*One positive aspect that I enjoyed was as team leader, you literally help everyone out. This meant that I had the opportunity to see a variety of different patients at the same time. This also meant that I was able to see and even do different procedures* (Journal #6).

Another characteristic that seemed to be enjoyed was that the TL role gave them the opportunity to help their classmates. Serenity wrote, "*I enjoyed the opportunity to act as an overall helper for the other students on the unit*" (Journal #14). Along the same line, Teigan noted, "*I really enjoyed being team leader, it was a fun leadership experience to check on everybody, and help people out when they needed it . . . I really enjoyed being a team leader*" (Journal #9). Tess stated that the leadership aspect of the experience was important,

*I enjoyed my day as team leader. It was nice to go around and meet everyone's patients and help out wherever I was needed . . . I also enjoyed the leadership aspect that this experience allowed me to have* (Journal #10).

Positive comments highlighted how the participants felt about working cooperatively with their classmates. Claire declared, "*My team was enjoyable to work*

*with and took my actions and suggestions constructively. I had a great time being part of a great team who is able to work independently and confidently”* (Journal #2). The Studer Group (2010) stated that working with a team which is reciprocally respectful of each other and enjoys working together is a special advantage for any leader. Participant descriptions emphasized a two-way encouraging and beneficial experience. Working together as a team during the clinical practicum, with the TL being the student who guided the classmates and the classmates being cooperative with the TL, appreciating suggestions regarding nursing care, helped both sides to engage in an enjoyable learning experience.

The satisfaction of a successful clinical experience encouraged one of the participants to consider being in a leadership role in the future. Pearl indicated, *“Overall, it was quite a satisfying day. I was complimented by my peers for supporting them throughout the day. I enjoyed this work and can see myself doing it in the future”* (Journal #15).

Nursing is not only about performing skills and following automated protocols. Being a nurse implies working with human beings and making decisions constantly. Summer acknowledged,

*I definitely enjoyed it [being the TL] and I think everyone should have the opportunity to do so to learn more about themselves, see if they like that sort of things, and just grow and become a better, well-rounded person* (Recording #8).

Related to that idea, the AACN (2008) highlighted that the role of the professional nurse includes development and demonstration of a well-established set of values and an ethical framework suitable for nursing practice.

Clinical practicum can be an intimidating experience for nursing students because they are faced with the unknown. If we transfer that experience to the TL role, it would

be expected they would experience an increased level of anxiety. But the descriptions of some of the participants, mention that the role was exciting. What made it exciting was the opportunity to experience taking care of several patients. As stated by Claire, *“I was excited to become a team leader because I wanted to experience having a broader perspective of caring for six patients at the nursing unit”* (Journal #2). Maya added *“I was excited to get the opportunity to lead the group and be involved in caring for and getting to know each of our patients”* (Journal #11).

We see that some TLs appreciated the opportunity to take care of more than one patient. Millie stated,

*I think it was kind of exciting because I’ve always been a go-getter, and I always wanted to do more than what I was assigned to. And so, being a team leader for both those clinicals on different days, I think I was able to see that. Which was really nice . . . Like saying ‘Oh, I have actually more than one patient now’ and so that definitely got me, you know, pretty excited, I think I was pretty excited* (Recording #6).

Overseeing several patients has an additional learning benefit. Rylee highlighted,

*Today was my first day all semester to have an opportunity of being the team leader. I was really excited because I’ve never been the team leader on the Unit before . . . One thing that I particularly enjoyed about today’s clinical experience is how much we all learned* (Journal #26).

Some participants added a different view. Apparently, the role made them feel they had reached certain accomplishments and they felt fulfilled. Millie observed.

*Which is what I learned, you got to learn how to set your priorities and on which patient to focus on over the other. And that made me feel, you know, I felt very fulfilled, if that makes sense, I felt very fulfilled* (Recording #6).

Scarlett also stated, *“Being a team leader was a fulfilling experience, and I’m glad I got to experience this”* (Journal #22).

## Mixed Feelings

Throughout this chapter I have presented the different emotions described and discussed by the participants. The Emotions theme was one of the remarkable themes emerging from the study. To begin with, I presented first the negative emotions, followed by participant descriptions of the experience as joyful, exciting, and fulfilling. On the other hand, it was fascinating to discover that while the TLs described the experience as nice, they enjoyed it despite the stress the role generated. Aaliyah described her experience clearly, *“Overall, it was a fairly good day, and although it was a little bit stressful, I really enjoyed it”* (Journal #18). Likewise, Ava stated, *“It could be stressful too, knowing that you need to know the answers to everyone’s questions, but it was nice to feel in charge”* (Journal #1). Also, Faye wrote, *“I was happy to be team leader, because I find that I am always a little nervous when it’s the first real day on the unit”* (Journal #30).

The TL role brought about mixed feelings in the participants, as stated by Xuri,

*And yet there was an excitement as well, because I was looking forward to finding what is this like, and there was a kind of a mixture of things; excitement and anxiety in the process of taking in that role* (Recording #5).

Millie added.

*It was not so much that anything bad happened that day, but it was more like, it was a nervous excitement when I was a team leader. I was so excited to get more patient experience than to be charge, but at the same time being in charge comes with a lot of responsibilities; and that is a lot of pressure . . . So, when I was assigned to be a team leader I guess it was just more of a nervous excitement because, it was up until that point we always had only one patient to take care of, and even tough during that clinical you technically still had one patient to take care of; but [as a TL] you were in charge of everybody* (Recording #6).

The objective of the TL role during clinical practicum was to develop leadership skills among the participants. One participant mentioned having that experience of being

a leader was rewarding, despite being a challenging experience. According to Mia,

*So, it is very nervous and challenging, but at the end I think it is a very rewarding experience because you have that high feeling of achievement at the end of the day, to be able to help out other teammates as well as having a new experience being a leader (Recording #1).*

Similar findings were presented by Reider and Riley-Giomariso (1993) in a phenomenological study of BN students being given a clinical nursing leadership experience, providing an opportunity for the students to practice leadership and management skills. Their findings revealed that students felt anxious before the experience; they also held positive expectations and anticipated acquiring skills for the leadership role. During the process, students experienced further clarification of the leadership/management role and became aware of available support systems. As a result of the clinical leadership activity, students experienced a greater sense of confidence, developed a system valuing the professional nursing skills needed for managing care of a group of patients, and added leadership qualities to their repertoire of skills.

### **Summary**

When I went back and read the participants descriptions from their journals and interviews in detail, I realized the magnitude of the feelings the participants experienced during their role as TLs.

The emotions the participants accentuated revealed three main themes. They described the stress experienced during their role as TLs. Two concepts broadened that sub-theme: participants expressed feeling nervous and anxious and that they also felt overwhelmed and challenged by the experience. From another perspective, a sub-theme emerged where the participants revealed that the role was enjoyable, exciting, and

fulfilling. The third sub-theme highlighted by the TLs was that they enjoyed the experience regardless of the stress that the role generated.

The participants declared that they experienced stress because they assumed they needed to be knowledgeable about everything related to nursing care during the clinical practicum. Being immersed in a fast-paced healthcare environment, with increased responsibilities, added to the feelings of stress. Additionally, they were nervous and anxious because they had to oversee several classmates and their patients. This correlated Elliot's (2002) statement that exposure to the clinical environment is an important part of any undergraduate nursing curriculum. However, the clinical environment can be a source of stress and anxiety to students.

Findings also demonstrated how the participants felt overwhelmed during the TL role because they needed to take care of seven or eight patients during their clinical practicum. They stated that they had to organize many tasks at the same time. Helping several classmates and managing unexpected circumstances, including complex patient care, created a challenging experience. Related to that, Benner et al. (2010) wrote that nursing students fear making errors; they recognize the level of responsibility in nursing practice; they understand that a nurses' action could cause injury in a patient or even death. A clinical experience in a fast-paced healthcare environment increases the nursing student's awareness of the need to think critically and use their knowledge in difficult situations (Benner et al., 2010).

On the other hand, in describing their emotions the participants elaborated positive feelings. According to their descriptions, they seemed to enjoy the TL role because they had the opportunity to oversee the flow of the many activities during the



clinical practicum day. They enjoyed the TL responsibility because it gave them the chance to help all their classmates. Thus, the participants learned about all the patients, each with their diagnoses and specific clinical manifestations. Participants emphasized that they enjoyed the leadership aspect of the role.

Participants expressed their excitement of having the opportunity to gain the broader perspective of being involved in the care of several patients, thus learning more. This finding was corroborated by a study conducted by Peer (2015). A Peer-Assisted Model was used to develop leadership potential in nursing students. Outcomes included positive feedback from students and clinical instructors.

Another theme emerging from the participant descriptions was mixed feelings. They expressed the experience was stressful, but at the same time they enjoyed it. While, they were excited to have more patients to manage, this brought more responsibilities and more pressure, therefore increasing the feeling of nervousness in the participants. Feelings of being nervous and challenged were experienced at the same time as feelings of high achievement because they had had a rewarding experience. What I learned from participants about what they felt during their clinical practicum should be taken into consideration when clinical instructors attend clinical practicums with nursing students.

## CHAPTER 9

### NEGATIVE PERCEPTIONS AND UNANTICIPATED FINDINGS

#### **Introduction**

This chapter presents the findings related to two more emerging themes: Negative Perceptions of the role and Unanticipated Findings. According to the participants' descriptions, the first sub-theme from the negative perceptions of the TL role was that they missed building a relationship with one patient. During clinical practicum, taking care of only one patient gave the nursing students an opportunity to develop a relationship with their patient. This experience was nearly impossible for the TL, who needed to take care of several patients. This created a negative perception about the role for some TLs.

Another sub-theme was low patient census on the nursing units during some of the clinical practicum days, which hindered the learning opportunity, according to the participants. The participants also described a sub-theme of not knowing what was expected from them as TLs. Finally, the last sub-theme about negative perceptions of the role highlighted by the participants was feeling they were being a bother to the other students, because they were constantly checking their classmates patient care during the clinical practicum.

The emerging theme of Unanticipated Findings is presented in this chapter as well. The first sub-theme was helping classmates. The participants pointed out that they were able to help their classmates with everything, that doing so was a positive learning

experience; and that they enjoyed helping their classmates. Participants also emphasized teamwork and collaboration.

Another unanticipated sub-theme was the description by some participants of starting the clinical day with devotional reflections. As part of their leadership role, some participants presented devotional reflections to their classmates at the beginning of the clinical practicum day. Another unanticipated sub-theme is that the participants highly recommended that the role of the TL be continued and that all nursing students should participate in that experience.

### **Negative Perceptions of the Team Leader Role**

#### **I Missed Building a Relationship with my own Patient**

During the Medical-Surgical clinical practicum, the nursing students' clinical schedule was organized so that each student was responsible for the care of one patient. The TL was responsible for overseeing all classmates and their patients. Each nursing student takes care of all the needs of their assigned patient including vital signs, personal hygiene, medication administration, and all other necessary nursing procedures and skills. This gives the nursing student an opportunity to spend a considerable amount of their eight-hour shift with a single patient.

The time spent with their patients gives the nursing students the chance to get to know them well and puts the students in touch with family members who may be with the patients at the hospital. Students develop a close relationship with their patients, giving them the opportunity to deliver excellent nursing care. Given that degree of attention and personalized nursing care the patients develop a relationship with the student as well.

Some TLs expressed that they missed that relationship with the patients. Having between five to seven patients did not allow the TL to spend much time with each patient, nor get to know them well enough to develop a relationship. This lack of opportunity to develop personal relationships was viewed by some participants as a negative aspect of the role. Paisley stated,

*One of the down parts of being the team leader is that you don't have your own patient and so you don't get to build a relationship with them. When you have a patient, you get the opportunity to talk with them & listen to their concerns but being team leader limited me from that today (Journal #17).*

The same concept was mentioned by Ava, who acknowledged “*However, I did miss building a relationship with my own patient and getting to know my patient*” (Journal #1). Mia discussed the same concept, adding a positive note that the experience was valuable because there are more learning opportunities,

*Sometimes you do not have that direct patient to nurse, that relationship for that day. So, you have less attachment, I guess. But I think it is a worthy experience, because you get to see a lot more things for that day and experience from what the teammate have experienced (Recording #1).*

In contrast, a few TLs mentioned explicitly that they preferred to take care of their own patient, instead of being the TL. Chloe determined “*It was an overall interesting day, and I can say that I did enjoy it, but I honestly prefer having a patient*” (Journal #6)., Peyton made a similar comment, declaring,

*Last Thursday, I was the team leader for the day. I must confess that I prefer being at the patient's bedside than working as a team leader. Taking care of a patient keeps the nurse at one location (Journal #7).*

On a negative note, for Bianca the TL role did not give her much patient interaction. She stated

*Being team leader was not as interesting as I was hoping for it to be on the nursing unit. My colleagues had patients that they were competent enough to*

*handle on their own. As a result, I did not have much patient interaction (Journal #31).*

In the nursing units in hospitals, the charge nurse (the nurse assigned to the leadership position) will have a certain number of patients to care for in addition to the leadership responsibilities. The charge nurse is responsible for caring for their own load of patients and is responsible to oversee the entire nursing unit and its patients. Skylar declared that she would have preferred to have such an assignment,

*The only thing that I could add from my experience as a team leader is that I wish we had a patient assigned as well, because that how being a charge nurse really is. You take a full load of patients, and you're also aware of your peers' work and how everybody in the team is doing with their assignments (Journal #16).*

#### Low Patient Census in the Unit

Some days the nursing units in hospitals have a smaller number of patients than usual. This situation did happen a few times during the Medical-Surgical clinical practicum. The nursing students went to two different hospitals during their clinical experience. On some clinical practicum days patient census was low at the facility. This situation is unpredictable; the clinical instructor was unable to foresee the number or condition of patients in the nursing units where clinical practicum was held.

The TLs described their low patient census days as quiet. Vivien stated,

*My experience as Team Leader was quiet . . . perhaps too quiet. In fact, so low-key was the unit and the majority of the hospital, that some of the nurses on our floor had to be sent home due to the low census of patients that day (Journal #23).*

With the same concern, Maya stated “When the day first started it was very slow, and I felt as if I wasn’t being very useful” (Journal #11). Scarlett highlighted,

*This week’s clinical experience was slow. Students needed assistance with minimal things such as repositioning and watching their patients while water was retrieved. I believe I would have gained more experience if I were team leader on a busier day (Journal #22).*

The TLs described how some days the respective nursing units had fewer patients during the shift. Some participants expressed the sense that they would have had a better experience with more available patients.

Sometimes, the nursing units may have many patients, but they have fewer medical problems, are more stable, and may not need as much or as complex nursing care needed on other clinical days. One TLs had such an experience during clinical practicum; Ava mentioned, *“It was a pretty slow day since most of the assigned patients that the students received were pretty easy”* (Journal #1).

On a different note, having only two classmates to oversee did not hinder Luna from helping other members of the healthcare team. She explained that she was able to help in the nursing unit, *“On xx I was team leader for two students. Since the floor was very slow, I was able to help the CNA [Certified Nursing Assistant] give vitals and bed baths”* (Journal #3).

Having a reduced number of patients in the nursing units during their clinical practicum affected the expected learning experience for the TLs. This negative aspect is something that cannot be perceived or prevented before the clinical practicum day. Therefore, the TL assigned for that clinical practicum lacked some aspects of the experience. Ard and Valiga (2009) wrote about the problem of having no control over the number or quality of patients for clinical experiences, stating that as teachers try to integrate and coordinate classroom and clinical learning they “have little or no control over what patients will be available to students on the clinical day at any particular day” (pp. 79-80).

### I did not Exactly Know What to Expect

One of the negative aspects mentioned by a few TLs was that they were confused about their role. In referring to the experience, they stated that they did not know what was expected from them as the TL. Arya described her experience in detail, saying,

*I think going in I was a little bit confused as to what our role was, what we were supposed to be doing as a team leader. We kind of watched the people that went ahead. And then I remember asking a lot of questions to the instructor to know what we were, you know, supposed to be doing. I think I was a little bit confused about it going in . . . Yeah, so a little confused and maybe a little bit anxious because I always like to know clearly what my expectations are and when you take a patient you kind have your routine . . . I guess the negative that I saw were just kind of the anxiety going in not really knowing what was expected (Recording #2).*

Being one of the first nursing students to perform the role of the TL during the clinical practicum rotation gave Summer an uncertain feeling of not knowing what to do or how to accomplish her role. This uncertainty caused her to be nervous at first. Summer stated,

*Did not really know what to expect . . . being one of the firsts team leaders of the semester, I did not really know what to expect necessarily, because I did not have other classmates ahead of me and could not go off their experience . . . I believe that I was nervous at first because like I said, I did not exactly know what to expect being the team leader (Recording #8).*

The syllabus of the Medical-Surgical class had a detailed description of the TL responsibilities. At the beginning of the clinical practicum shift the participants received two worksheets from the Clinical instructor. The worksheet content was a guide for the activities the TL needed to accomplish during the clinical practicum. But, realistically, having the information did not make the situation easier for the participants who were assigned the TL role at the beginning of the semester. Therefore, they needed to manage a high level of anxiety because they did not know exactly what to expect or what to do during their role as the TL.

The TL role included leadership responsibilities which participants described as triggering anxiety and nervousness. This feeling seems to have been more palpable at the beginning of the semester, with the TLs who were assigned to the role at the beginning of the rotation. This finding needs to be acknowledged for future leadership experiences during clinical practicums. Perhaps TL participants should receive extra preparation in the form of the necessary support and explanations before the first clinical practicum days of the semester. The preparation would help avoid those negative feelings of nervousness and anxiety, giving the participants the opportunity to have a better experience and learning outcome.

#### Being a Bother to Other Students

The TLs mentioned negative impressions they perceived during their role. Some of the participants described feeling that they were a bother to their classmates. As part of the Medical-Surgical class, during the clinical practicums they had the roles of being both the TL and a classmate. That dual relations may have made it more difficult for the TLs to be in a leadership position with their classmates.

Isla described her feeling about being a bother at first, but then she commented that her role made a difference throughout the clinical practicum day,

*At first, I felt like I was going to be a bother to the students by checking to see if they had completed morning hygiene or documented vital signs properly. However, as I worked with my classmates throughout the day, it became evident that we are all still in the learning process and the extra set of eyes and hands to help catch forgotten details or assist in some aspect of caring for the patient was very useful and a blessing to both the student and the team leader (Journal #5).*

Patient improvement is important in nursing. Nursing responsibilities in general will ensure patient safety and excellent care. Chloe asserted that good patient care is important,



*Then after a while, I kind of felt like I was being a nuisance when I was constantly asking my colleagues if certain duties were being completed. I didn't really enjoy that too much, but I reminded myself that I had to do this for the betterment of our patients, so if some individuals got a bit annoyed then so be it. Because at the end of the day, we are here for specifically for the patients, and not to just have a good time at work (Journal #6).*

Despite feeling that the TL role made her feel like she was a nuisance to the classmates, that the role made Chloe aware of the magnitude of patient care and patient “betterment.”

On the same concept Izzy expressed her feelings clearly,

*I felt like I was constantly bugging every student in order to get information that was required...I also learned that constantly following up will cause some people to get frustrated with you, but I learned that it's needed to get the job done and to prevent errors from happening (Journal #25).*

The participants somehow felt that they were a bother to their classmates. At the same time, that the participants emphasized the greater importance to focus on the patient outcomes was an important finding. The TLs expressed that their responsibility was important and could make a difference in the nursing care rendered to patients. Constantly checking their classmates' work felt like a bother, but they stated that it was important for the good of that patients. The literature mentions the importance of a leader following such a work pattern. The concept of rounding was described by the Studer Group (2010), as “Rounding on staff helps nurse leaders validate competencies in action” (p. 99). Rounding helps provide appropriate and timely intervention and feedback and provides opportunities to teach.

This finding is important. Participants described what seemed to be a negative part of the TL experience. But then they reflected about what was really important, agreeing that it was patient care. This finding points to a high level of responsibility and discernment which the participants appeared to acquire during their role.

## Unanticipated Findings

### Helping Classmates

Throughout this research project several themes emerged. Among the themes, some unexpected findings became apparent. One the unexpected sub-themes was helping classmates. This theme was described or mentioned by all participants. One hundred percent of the interview participants spoke about it; and 62 percent of the participants wrote about it in their journals.

Apparently, the TLs enjoyed the opportunity to help their classmates during the clinical practicum. Chloe wrote that “*One positive aspect that I enjoyed was that as team leader, you literally help everyone out*” (Journal #6). That experience was also mentioned by Tess, “*It was a good experience overall. I enjoyed being able to help everyone and help keep them focused and on track with the patient care*” (Journal #10).

Patients in healthcare facilities need attention seven days a week, twenty-four hours a day. Patient care needs a healthcare team available and able to work as a team to provide appropriate care. participants appeared to understand this according to their descriptions. Kai stated,

*One thing I have noticed about nursing is that there never really is enough time to get everything done in one shift. And as a team leader I realized that I was there to help my fellow nurses out and lighten their load in any way I could* (Journal #12).

Other participants affirmed this, Rylee identified “*I had a chance to help each of my fellow classmates*” (Journal #26). Xuri stated “*Be available if one of our coworkers needed an extra hand*” (Recording #5).

Various TLs wrote about the concept of being able to work with the group as their leader and helping their peers as they needed assistance. Maya voiced, “*After that I*

*continued to help my peers when they needed it and coordinate the group as a whole”*

(Journal #11). The same notion was described by Ellie, *“I was both working with them, as they wanted/needed assistance, as well as checking up on their charting and teaching them what I had learned on how to chart all the details”* (Journal #4). The concept of helping and at the same time overseeing classmates was described by Farrah,

*As my group collected patient information, I informed them that I would be always available to aid them, to the best of my ability, in their patient care, and I also expressed the desire for my team to complete patient care in a timely fashion* (Journal #29).

From the perspective of teacher’s intent to orient students to the leadership role, I cannot understand the importance of recognizing the intentions of the participants that throughout the role they could help their classmates with everything and at the same time they started to understand and develop the concept of teamwork. Teamwork is important and necessary in nursing to accomplish excellent patient outcomes. But from a leadership perspective, learning to promote teamwork is even more important. According to Grossman and Valiga (2017), leaders foster collaboration between individuals, develop far-reaching systems among multiple interprofessional groups, and maintain open communication among all group members seeking to uphold the goals of the group with the available resources.

### **Helping Classmates with Everything**

As described by the participants, some made a commitment to be available and able to help their classmates. Vivien stated, *“I try to the best that I can in helping others”* (Journal #23). Likewise, Izzy wrote, *“Throughout the day I was walking up the hallways checking who needed assistance”* (Journal #25). Continuing with the concept, Paisley asserted, *“I made sure to follow up with each classmate and made sure that they knew*

*what they were doing and had help if they needed assistance with anything”* (Journal #17). Paisley’s comment affirms the importance to the TLs of not only offering help but following up to make sure their classmates knew their responsibilities.

Pearl was specific about helping one classmate, because it seemed that she needed guidance,

*It was quite nice to be depended upon and to be able to fulfill the needs of my colleagues. I know that Student A especially had not been on the floor or done patient care in quite a lot of time, so I checked in on student A often, and helped student A with whatever I could* (Journal #15).

Being available to help with anything and help every classmate who needed an extra hand, seemed to be what participants highlighted during their TL responsibilities. Some of the participants gave specific descriptions about how they helped their classmates. Adalynn stated,

*If anybody needed help with anything, helping with boost or like baths, or whatever. Anyone that needed help with, I helped them out. If they had any questions about charting, I could help them with that as well* (Recording #4).

Another participant, Sienna, wrote *“I helped some of my colleagues when they needed me to get various pieces of equipment and assisted them in turning patients that were too heavy for one person to turn”* (Journal #32).

The TL role was a new experience for the participants; they had to organize the specific assignments for the clinical practicum day. Despite having to accomplish that work, certain participants described how they were able to help their classmates; Niamey wrote, *“Eventually I was able to get the hang of things and tried my best to help the girls out in important tasks such as assessments, vitals and charting”* (Journal #19). That description was seconded by Avery,

*I also was helping, because if everybody is busy, taking care of patients, and one student needs help, you are not calling somebody else. You have to be there as a team leader to help out, and make things going (Recording #3).*

According to the TL descriptions, helping was a positive experience, as stated by Summer,

*Looking back I know that not the whole clinical group was there that day, so it was a smaller team to be the leader of, but it was still a positive experience to know that you are going to be helpful to your classmates in one way or another (Recording #8).*

About developing a sense of helping, Arya stated,

*As a team leader we kind of checked throughout the shift with our other classmates to see if they needed help with anything. Help, you know, giving baths, help looking up information, help finding the instructor, help communicating with the nurse . . . To be a resource for lots of people instead of just caring for your one patient. You got a lot more unexpected things coming up and questions that maybe you do not know the answer right away and you have to go look for . . . Also just for developing a sense of helping, because as a nurse no matter how many patients you have you're always receiving and giving help to your peers whether you're in a charge (Recording #2).*

The enthusiastic comments made by several of the participants about the chance to help their classmates was an encouraging emerging theme of the study. Millie stated “*And so that felt kind of nice because I was able to help my classmate out; get the help with this specific patient when my classmate could not do that. So that was really nice*” (Recording #6).

Ava stated likewise,

*It was nice because I still got patient interaction because I would help my fellow classmates if they needed help with anything . . . It was nice being put in a position where you were the one that people came to if they had a question or needed help (Journal #1).*

Equally, Zoey stated “*So, I just went from room to room helping out, which was pretty cool. Two student had high maintenance patients who needed much care, so they were the two that I helped out the most today*” (Journal #8).

TLs gave descriptions about how they assisted with specific nursing care. Serenity emphasized

*Today I was the team leader on the Unit. I enjoyed the opportunity to act as an overall helper for the other students on the unit . . . Two out of the four students had patients on isolation precautions (one on contact and one on droplet isolation). This added an element of difficulty to patient care, and I tried to be available for any of their needs and assist when appropriate (Journal #14).*

A similar comment was made by Scarlett,

*Immediately stepping on the floor, I assisted Student A who answered a call light in moving and repositioning a patient. I also assisted Student B in moving a patient from the bed to the commode . . . assisted anyone that needed help (Journal #22).*

Being helpful seemed to be an experience that the TLs enjoyed; Teigan wrote,

*I Really enjoyed being team leader, it was fun leadership experience to check on everybody, and help people out when they needed . . . I then walked around answering questions, I offered assessment assistance to people in case they needed it . . . I spent a lot of time helping student A with charting. I also helped her with reassessment, and I helped her with giving a bed bath so it would take her less time and she could go to lunch (Journal #9).*

Mia highlighted,

*And I guess I need to always have that mentality that if anybody came, I am always ready to help out . . . you have to not only be a good nurse, but also you have to step up to the challenge to be able to help other team members and other patients . . . rather just doing what the nurse needs to be doing giving medication, and taking care of physical needs; versus being able to help out other nurses who are in need, which feels like teamwork (Recording #1).*

This comment from Mia is valuable: that it is not only important to be a good nurse, it is but also essential to help classmates. Having a teamwork attitude is important particularly once nursing students have graduated and are working as RNs. Nursing teamwork is significant especially because it will influence patient care and consequently patient outcomes. According to Barnsteiner et al. 2007 (cited in AACN, 2008)

“Teamwork among healthcare professionals is associated with delivering high quality and safe patient care” (p. 22).

Helping classmates was a finding emphasized by all participants. If they take that learned concept into their nursing career, they will contribute to creation of a remarkable work environment. Every part of the healthcare team and therefore the patients will benefit from teamwork.

### **Teamwork and Collaboration**

Some of the TLs mentioned that they were able to help their classmates and work together during clinical practicum. Therefore, they started to appreciate and develop the concept of teamwork. When the participants referred to this experience they specifically described working with their classmates within their clinical practicum group. The AACN (2008) defines intraprofessional collaboration as “working with healthcare team members within the profession to ensure that care is continuous and reliable” (p. 37).

Some participants mentioned that the TL experience gave them the opportunity while still in nursing school to appreciate the importance of teamwork. Avery stated,

*Everybody is working together, and no patient is suffering just because of lack of help or something like that . . . I learned about that when we were in the classroom; but on the floor, we learned more about teamwork. Nursing is about teamwork, and so, when everybody puts their efforts together, things are done very quickly, and the job is easier. And so, that is what I experienced that day (Recording #3).*

The participant learning experience was described by Craig and Mckeown (2015); in healthcare, good team building happens where all team members recognize, believe in, and perform towards a common purpose of caring and working for patients.

Peyton described how she coordinated teamwork in her leadership role,

*The team leader is all over the place. But it is important to know how to delegate activities and coordinate teamwork. It was a good experience. Everybody did cooperate. Those of them who had an “easy” patient made themselves available to help others whose patients might be heavy or need special care . . . I could not have done it without their help, their cooperation. There is nothing like teamwork. That is what nursing is all about. I am glad that we start practicing it while we are in school so we can experience its benefits and carry it throughout our career. In short, I will say that I had a good experience last week. Once again, I have learned how much can be accomplished in a short period of time when we join our effort together (Journal #7).*

The participant described the benefits of teamwork, making remarks about the importance of practicing those skills while in nursing school; and then being able to incorporate them throughout the nursing career.

Another participant, Xena, emphasized the point of learning teamwork in nursing school and applying those skills as an RN, describing her experience,

*Being team oriented, when I started working as an actual nurse that really help me just to be in that mindset of ‘okay, I am here for your help, to help other people, be a resource, be a helping hand anyway I can.’ Because we are there for the patients of course, and for each other. . . . But I am glad that I became this team-oriented nurse where I was always just willing to help whenever I could, you know. As long as my patients were okay; and I can take time to help others and be a resource for other nurses, especially new nurses. I think that has been great. I think that experience of team leader was beneficial for me and in general in nursing school (Recording #7).*

The participant descriptions explain how the TL role supported their learning experience about teamwork. I would like to focus here on the participants’ statements about carrying this practice forward into their future career as RNs.

Nursing education literature describes the importance of including teamwork and collaboration concepts into teaching. Macabasag, et al. (2016) described the leadership, management, and team competencies of the student manager-leader role during clinical experiences. They suggested that nursing education should emphasize the need to create



conducive learning environments, using innovative teaching methods, to instill theoretical and practical concepts of leadership, management, and teamwork.

Another study confirms that team building can improve teamwork skills and team effectiveness. Efforts of nursing professors and the experiences of nursing students can enhance teamwork among nursing students, who must work cohesively and effectively with other nurses as members of a team once they have graduated (Yi, 2015).

### Starting the Clinical day With Devotional Reflections

One of the unanticipated findings was the participant descriptions of starting the clinical practicum day with devotional reflections. From the total of 32 participant journals; eight had entries about that theme. Journals including descriptions of devotional reflections were from both the 2014 and 2015 Medical-Surgical cohorts. TLs who wrote about leading the clinical practicum day with devotional reflections were from four different clinical practicum rotations throughout both cohorts.

The conceptual framework for the department of nursing where the study was conducted describes “restoration to the image of God” as the goal of Christian nursing practice. Christian nurses believe that any improvement in spiritual, mental, physical, social, or emotional health is a part of restoration to the image of God. This framework was included in and guided all nursing classes taught in the department.

When the students in the class went to the clinical practicum, they met as a group with the clinical instructor before going to the nursing units for their clinical experience. At the beginning of that meeting TLs who chose to do so presented devotional reflections to the group of students.

Some participants made specific comments about the topic of their devotional reflection. Scarlett wrote,

*My day as team leader began with leading worship. The topic of worship was the importance of the nurse showing kindness, and how through kindness healing comes. Nurses are Jesus' helpers in healing, so it's important to stay connected to Him and point the sick to Him (Journal #22).*

Another participant, Izzy, mentioned her devotional reflection which included encouraging words,

*I started the day off with a devotional that would encourage and uplift my fellow peers to be motivated to care for the patients with the knowledge we learned and with love so that the patients can feel and see Christ through us (Journal #25).*

The TLs prepared relevant devotional reflections for their classmates' meeting deliberately. Farrah mentioned that "*I prepared a worship that I believed to be relevant to my group and the clinical experience*" (Journal #29).

Several participants made comments about starting the day with devotional reflections. Skylar asserted, "*This week I had the opportunity to be team leader for our clinical rotation in the unit. Before starting the day, I had worship prepared for the group*" (Journal #16). Similarly, Brielle commented, "*I started with worship and the Instructor gave Student A her patient assignment*" (Journal #21). Two other participants wrote about their devotional reflection activity as the clinical practicum day started; Paisley said, "*The day started with pre-conference, worship, and some short announcements from our instructor*" (Journal #17). Likewise, Ellie emphasized, "*As our groups joined for the worship time, another student and I lead out in the devotional*" (Journal #4).

One TL mentioned that at the end of the clinical practicum day, when the classmates and the clinical instructor were in post-conference, they had prayer.

According to Teigan, “*After this* [post-conference], *we prayed*” (Journal #9).

There was a difference between the cohorts; the 2015 cohort had a higher number of participants presenting devotional reflections than from the 2014 cohort. One clinical group had more participants writing about devotional reflection presentations. There was no definite pattern suggesting any specific conclusion, or inclusion in any clinical group. Although that the study shows a rather small number of participants mentioning starting the clinical practicum with devotional reflections, I think it highlights an important asset of the participants’ education, at a faith-based educational institution.

According to some TL descriptions, they viewed their leadership role as including the responsibility of upholding the conceptional framework of the educational institution and department. As noted above, department conceptual framework was integrated into the Medical-Surgical class and one of the clinical practicum objectives stated:

Acknowledge personal spiritual growth, beliefs, and values as they relate to professional practice.

This finding was relevant, yet unexpected. In their journals, TLs mentioned their devotional reflections’ preparation and presentation. This confirms the presence of the conceptual framework in the participants experiences, reinforcing its integration into the leadership experience of the clinical practicum. Similar results are described in the literature.

Meyer (2002) studied the student characteristics and educational factors predicting the student’s perceived ability to provide spiritual care. Students in programs

in private schools with a religious affiliation showed significantly stronger religious commitment, reported more program emphasis on spirituality, and indicated greater perceived ability to provide spiritual care than students in programs at public institutions. Faculty in private school programs reported experiencing a greater percentage of time related to spirituality during informal interactions with students; however significant differences between public and private programs were not found regarding content in theory and clinical courses.

According to White (1952),

Every human being created in the image of God, is endowed with a power akin to that of the Creator—individuality, power to think and to do. The men in whom this power is developed are the men who bear responsibilities, who are leaders in enterprise, and who influence character (p. 17).

#### Highly Recommended for all Students

The participants described the lived experiences of their participation in the TL role. They expressed that the TL role had been a helpful experience during nursing school. After their graduation from nursing school the participants recognized that what they learned from the role had a positive influence in their professional work as RNs.

Some participants talked about the TL role as a positive experience and learning opportunity that would help them to be better RNs. Mia declared,

*And overall, it is a very, a very positive experience, and I highly recommend students to go through this team leadership experience in the clinical, so that they can not only learn more things in the hospital, but more by yourself, if you become a real nurse how you are going to be using these leadership skills, and incorporate this experience into being a better nurse, giving better patient care when you're on the floor (Recording #1).*

One of the participants recognized that the TL role made more sense once she was working as an RN, and she valued the training in nursing school. Arya stated,

*Or even just now as an RN, I see how important the charge nurse and the resource people are to you. And you see the benefit of training on that [TL] in nursing school. Where, as maybe in nursing school you always have your instructors, who is always that resource person who always can help you and give you the answers to things. The role of team leader seems sometime maybe unnecessary at that time to you, because why do you need the team leader if you have your instructor. When you start working and you kind of get more experience with the charge nurse, what they do and the resource they can be to you, then, it kind gives more value to why we would train on that in nursing school (Recording #2).*

Some of the participants emphasized that the TL role should be continued when nursing students are doing clinical practicum. Adalynn mentioned, “*I think [the TL role] is something that should be continued*” (Recording #4).

Participants stated that the role should be continued and, if possible nursing students should be able to have the experience more often during their clinical practicum rotation.

Avery expressed,

*Well, I would like, you know, for the students, to have to deal with that [being a team leader] very often in nursing school, but it is not really easy . . . Because it is very, very, very important, you are going to do it through your nursing career, because you do not know where you are going to end up working, you know, and so whenever can help. If they can practice it more, that will really be helpful (Recording #3).*

One of the participants asserted that the TL role was a valuable experience to which everyone should be exposed, because it provides a sense of confidence as a leader. Summer described her experience in detail, saying,

*Definitely, I think the team leader role is something everyone should experience; it gives you a sense of confidence about the way, obviously that you can be a leader, but also in the way to be a better worker; and being a leader with confidence, definitely is a positive experience. And I think having the experience or having the opportunity to be a leader is only a growing experience, even if you do not like it, it still a growing experience. ..I mean, I think I would just emphasize how valuable the experience is to be in charge of a team. It really does set you up to have a better experience when you are a nurse; an actual RN, you know. I think the experiences is just really valuable because before that point, like in Medical-*

*Surgical clinical, before that point you have never been a leader in nursing. And this is the first time and definitely not the only time; but the first time that we had any exposure to what it was like to be a leader in your field. And it is just really a good experience; that I think that everybody should have. And maybe I would even suggest that we did it more. . . . It was very positive; I definitely recommend it doing that again for students (Recording #8).*

The participants appreciated the TL role as a beneficial learning opportunity which gave them the opportunity to participate and learn about leadership concepts in nursing. According to Feldman and Greenberg (2005), educators should provide opportunities for students to develop skills and values in caring leadership, which is essential for graduating nurses who will be advocating for change, supporting collaborative teams, and accepting ambiguity.

Participants who emphasized the TL as highly recommended for all students in future clinical practicum rotations were nursing students from both the 2014 and 2015 cohorts. At the time of the interviews the participants had been working as RNs for one to one-and-a-half years after graduation from nursing school. By that time, they had had experience working with patients on different nursing units. They specified that they were able to fully appreciate the TL role once they were working as nurses. They agreed that the TL role helped them to be better nurses, able to give better patient care and to be a leader with confidence.

### **Summary**

Emerging findings discussed in chapter nine are comprised of two main themes. The theme describes negative aspects of the TL role as presented by the participants. One of the sub-themes of the Negative Aspects theme was that the participants missed building a relationship with patients. The TLs mentioned repeatedly that the responsibility of overseeing several patients did not allow them the opportunity and/or

enough time to develop a relationship with individual patients. Taking care of one patient permitted the nursing student to know and build a close relationship. This close relationship was what some TLs were unable to experience; they missed that experience. Some participants mentioned that they preferred to take care of their own patient instead of being the TL.

Another sub-theme that emerged as a negative aspect was the low patient census on the clinical practicum day. Low patient census is unpredictable in clinical practicum planning. The participants stated that they would have gained more experience regarding the TL role if there had been more patients in the nursing unit. According to the participants, the number and complexity of the available patients during clinical practicum seemed to affect the learning experience.

A few participants stated that they did not know what to expect from the TL role. The participants were assigned to the role at the beginning of the semester. Although there were worksheets designed to organize the TL workflow, because the participants were in the front line of the TL role experience, they suffered uncertainties about their role, creating a certain level of anxiety in the participants. This finding highlights that participants assigned at the beginning the semester should receive a more detailed orientation about the responsibilities of the TL role than those who have had an opportunity to observe others in the role.

Another set of negative perceptions of the TL role was that participants sensed that they might be a bother to the other students (classmates). Because they were checking constantly on their classmates, they were fearful of annoying their classmates. On the other hand, the same participants found that following up constantly with their

classmates was important, to prevent errors from happening, and for the benefit of the patient. This finding emphasizes that participants embraced the responsibilities of the TL role, focusing on the leadership expectations.

Among the results from this study were the unanticipated findings. The sub-themes identified here are helping classmates, starting the clinical day with devotional reflections, and stating their strong recommendations that the TL experience should be continued. Helping classmates was an important discovery in this study. All participants highlighted that they enjoyed helping their classmates during the clinical practicum, and that they were always available to help their classmates with anything.

Helping classmates with everything is a finding that was not expected; but is of high value. The participants remarked that helping their classmates was satisfying and nice. They viewed the experience of helping their classmates as being as important as being a good nurse. This is a learning achievement which can change the environment of the nursing unit where the student, now, and as an RN in the future will be working. The highest attainment of such an environment always improves patient care, guiding the team to excellent patient outcomes. Participants in the study emphasized that they learned about the importance of everybody combining their efforts and coordinating teamwork. This finding is supported by the IOM (2011) which states that we need a type of leadership that includes work with others in a respectful environment of mutual collaboration. Participants also stated that they appreciated learning about teamwork when they were still in nursing school.

One unanticipated finding included the practice of starting the clinical practicum day with devotional reflection. Some TLs mentioned that they had started their day as TL



with devotional reflections for their classmates. These reflections included encouraging thoughts. This finding illustrates initiative on the part of some TLs to integrate the institutional and departmental conceptual frameworks into the clinical practicum.

One of the most surprising unanticipated findings was the participants' statements that the TL experience should be continued during clinical practicums. They acknowledged that the TL role had been a positive experience. They acknowledged that they valued the experience more in retrospect, after they started working as RNs. They stated that the TL role should be included more often during the clinical practicum. Related to these participant remarks, Feldman and Greenberg (2005) wrote that recognizing what constitutes a proficient leader can give curriculum direction to faculty in colleges, schools, or nursing departments as they develop methods to prepare expert leaders.

## CHAPTER 10

### CONCLUSIONS, RECOMMENDATIONS AND IMPLICATIONS

#### **Introduction**

The goal of this study was to describe BN students' lived experiences of a leadership role during clinical practicum. The phenomenological research endeavor utilized student journals and interviews to investigate what students experienced during the TL role and how they experienced it. The data were organized and analyzed with the NVivo 12 Plus software program based on close readings of the journals and the interview transcripts.

According to Saldaña (2016), first cycle coding is a way to begin summarizing segments of data. During the first cycle of coding, I used two types of codes: the elemental method of *in vivo* coding and the affective method of emotion coding (Saldaña, 2016). First cycle coding was followed by a second cycle of coding.

The second coding cycle grouped codes from the first cycle of coding into a smaller number of categories, concepts, or themes. During the second coding cycle I used the pattern coding method. Pattern codes are explanatory codes identifying an emergent theme (Saldaña, 2016).

#### **Essence: Learning Through Experience**

The research method allowed me to conceptualize the mental processes used by students as they found meaning in living through their experience of a leadership role in

nursing. This process included identifying what students experienced during their TL role and how they experienced it. Key findings from the study revealed several themes. According to participant descriptions these themes are The Team Leadership Role, Introduction to Nursing Leadership, A Great Learning Experience, Learning Outcomes, Emotions, and Negative Perceptions and Unanticipated Findings.

Research findings were presented throughout Chapters 4 through 9 alongside discussions and analysis in the context of existing literature and evidence-based research. From these gathered participant experiences the essence of the findings emerged as *Learning Through Experience*. Nursing accreditation bodies have recommended that nursing education programs prepare graduates who display competence in leadership. (AACN, 2008, IOM, 2011). Nursing students need to reach important milestones during nursing school. Many concepts, skills, procedures, and attitudes need to be learned and mastered, together with application of effective critical thinking skills to provide excellent patient care, aiming towards the best possible patient outcomes.

Throughout the participant descriptions of their lived experiences of a leadership role in nursing, they highlighted the different experiences that had enriched their learning and increased their knowledge about nursing leadership and the nursing profession, through overseeing classmates and helping take care of several patients during the role.

The participants shared that the TL role not only helped them to learn about leadership in nursing, it gave them fundamental knowledge about the nursing profession and patient care. This was an important support after graduation when they worked as RN's.

According to their descriptions, the participants expressed how they learned about the intricate role of leadership, including working with others, helping fellow classmates, correcting and helping to solve problems, in addition to learning about specific nursing skills and procedures, as examples of important learning outcomes which are essential for the nursing profession.

Nursing educators anticipate that their students will be excellent nurses after graduation, providing outstanding patient care, actively involved in leadership endeavors promoting improvement of healthcare practice. Benner et al. (2010) assert that new nurses need to be ready to practice nursing safely, precisely, and with compassion in different situations and in a setting where knowledge and innovation increase with overwhelming intensity.

Introducing leadership concepts during the Medical-Surgical clinical practicum and establishing specific conditions within the clinical setting exposed nursing students to practical knowledge about leadership in nursing. BN-prepared students must be ready to lead and participate in the improvement of the quality of patient care through teamwork, both with the rest of the nursing staff and with other healthcare team members. The IOM (2011) stated that leadership from nurses is needed at each level and throughout all healthcare settings; nurses must understand that their leadership is essential to ensure quality patient care as they deliver bedside care in a safe and effective manner. Feldman and Greenberg (2005) pointed out the importance of providing opportunities for students to develop leadership skills.

BN-prepared students are the designers, coordinators, and managers of care (AACN, 2008). Nursing students are expected to achieve the assimilation and practice of

the knowledge and skills needed to fulfill these roles. Theoretical knowledge is essential; however, the students need to practice these skills, procedures, and attitudes; most critically, they need to learn how to apply that knowledge while they are performing patient care. The best environment in which nursing students can affirm and strengthen their knowledge is during clinical practicum, where they can learn through experience. Therefore, as emphasized by Dale et al. (2013), the quality of the clinical placement is a crucial factor to facilitate student development into competent professional RNs.

Participants highlighted that the TL role experience during clinical practicum was “*a great learning experience.*” They emphasized numerous learning outcomes they were able to achieve while participating in the role. The impact of the experience, as described by the participants, was related not only to the many specific leadership skills learned, but highlighted also as a long-lasting learning experience, projected into their future nursing career. The findings from the participant descriptions of their learning experiences and learning outcomes were described in the previous chapters. Below is a description of factors which may have facilitated the learning process, enhancing student understanding and integration of their leadership knowledge and skills into nursing practice.

### Elements Contributing to Student Learning

#### **Non-threatening Environment**

Learning through experience was the essence of the findings of this study. In describing their lived experiences of the leadership role; participants described the environment as “*non-threatening*” The clinical practicum arrangement where the participants were assigned their leadership role was among their classmates. According to the participant descriptions, they felt that accomplishing the responsibilities of the

leadership role while among their classmates created an atmosphere which made them feel more relaxed and therefore more confident about achieving the responsibilities the role expected.

Being introduced to a position of leadership without prior experience can be difficult for nursing students. However, the presence and involvement of their peers was seen as a particularly important benefit to their learning experience about leadership, enabling a safe environment, leading toward an improved learning experience. These findings were supported by Lister (2012), who stated that the learning environment and interactions with others have an impact in learning. Likewise, Qalehsari et al. (2017), and Gehosky (2013) corroborated the concept that lifelong learning strategies in nursing should include a suitable and positive learning environment.

### **Hands-on Experience**

Experience is vital in the learning process. Nursing students need to integrate what they learn, transferring that into their clinical practice, and learning how to navigate the complexities of the healthcare environment. According to these findings, the hands-on and direct involvement of the participants with patients, classmates, clinical instructors, and healthcare team members provided essential exposure which helped them learn about nursing leadership and the nursing profession.

Involvement in the TL role gave participants access to a broader view of the different components of the complex healthcare environment. According to Ambrose et al. (2010), mastery in learning requires that students know when and where to apply what they have learned.

Throughout the TL role, the participants applied knowledge previously obtained in the classroom and the clinical environment. This gave them a bigger-picture perspective, which demonstrated the importance of putting individual skills together in the work environment. Thus, they learned through experience how to navigate the complexities of the nursing profession. One important conclusion of the study was that practice is vital in the learning process.

### **The Extent of the Experience**

The extent<sup>2</sup> of the learning experience was particularly important in the learning process to help students apply and strengthen the concepts they had learned. This concept is emphasized because it influences learning outcomes directly, facilitating the development of qualifications that will last a lifetime. Nursing students are exposed to a set number of weeks of practicum during a school term. If each student is assigned one patient each week, the experience they have will be limited to the number of weeks of clinical practicum in the curriculum.

The TL experience gave each participant the responsibility to oversee the care of many patients and to help several classmates during one or two weeks during the semester. During the other weeks of clinical practice each student was responsible for the care of one patient. This clinical arrangement was an important part of the TL experience, requiring an increased amount of exposure to different patients with a variety of difficult situations related to patient's complexity and the challenging healthcare environment.

<sup>2</sup> "Extent of the experience" refers to the increased number of patients participants were overseeing, providing an increased amount of experience, including the opportunity to oversee the care of many patients with many health problems.

BN students should be prepared during their educational endeavors to apply leadership skills, oversee a team, and make decisions about high quality nursing care. The TL role allowed the participants to be part of a team, and oversee their classmates care of patients. This facilitated active interactions with healthcare team members in the nursing unit at the clinical practicum site. Being able to have that interaction within the healthcare environment revealed and demonstrated the intricate responsibilities of a leadership position. Therefore, the participants were able to learn and participate in activities which applied leadership skills.

The TL role enhanced the learning opportunities of participants by increasing the number and quality of experiences to which the participants were exposed. According to Di Vito-Thomas (2005), students described that increased clinical time and experience was the best strategy to facilitate development of clinical judgment. Clinical time is one of the most important learning experiences because performing a skill or procedure allows one to understand and remember.

### Learning About Leadership in Nursing

Through reading and analyzing the results from this research an important discovery emerged. Participants described the different aspects of their experience which implied and demonstrated a leadership role in nursing. Leadership in nursing is essential in different settings at all levels and contributes to patient safety and quality of care (IOM. 2011). Descriptions of the details of the leadership role and responsibilities was embedded throughout the descriptions of participant experiences.

We should note that participants did not have a class related to leadership prior to the experience of being TL. The only exposure of participants to a leadership experience



was during their sophomore year in nursing during a clinical practicum experience, when they were involved in a simple, informal TL role. Yet, without experiencing a previous formal experience or class related to leadership in nursing, participants in the current study were able to perceive, act accordingly, and describe the responsibilities involved in a leadership position.

When I analyzed and organized the results of the study, I observed that the participants constructed an understanding of leadership through the experience. They described the responsibilities of a nurse leader, grasping the importance of making the right decisions regarding aspects of patient care and the healthcare organization system in general. All this was done at the level of knowledge the participants had at that time, as students at the junior level in the nursing program.

According to the data, participants understood the importance of maintaining good relationships with their classmates, offering feedback when needed, and maintaining respectful communication and interaction. They assumed the responsibility of guiding and helping their classmates with different skills and procedures, and at the same time reminded them of the expectations and responsibilities they had to assume. In addition, being the TL put them into a position to see what their classmates were doing; they could observe when someone did not fulfill their responsibilities, but the TL was able to approach them with respect, intervening with specific help or correction at the correct time, supporting the best care of patients.

The findings of this study, according to the participants' descriptions, emphasized several important and basic elements of leadership in nursing, including the responsibilities that a leadership role entails. The role placed participants in a position

where they were able to observe classmate's behaviors and patient care. They described the value of recognizing classmates' excellent patient care, making many comments highlighting those accomplishments. Their recognition of their classmates' excellent nursing care is important to note. An important part of leadership is recognizing staff members for a job well done (Studer Group, 2010).

All these aspects of leadership were discovered and applied during the TL role. The experience helped participants discover important information related to leadership beyond the instructor's intentions. The results revealed a sequence within the leadership experience, from an introduction to the numerous responsibilities of nursing leadership to the intrinsic details involved in the different circumstances resulting from the role. According to the AACN (2008), "Leadership skills are needed that emphasize ethical and critical decision making, initiating and maintaining effective working relationships, using mutually respectful communication and collaboration within interprofessional teams, care coordination, delegation, and developing conflict resolution strategies" (p. 13).

In the AACN draft of the e-envisioned Essentials (AACN, 2020), domains are described as "broad distinguishable areas of competence that, when considered in the aggregate, constitute a descriptive framework for the practice of nursing" (p. 11). The domains provide a robust framework for competency-based education. In that document Leadership is presented in Domain 10 as "Personal, Professional, and Leadership Development" (p. 12). The Domain descriptor states "Participation in activities and self-reflection that foster personal health, resilience, and well-being, and career-long learning, and support the acquisition of nursing expertise and assertion of leadership" (p. 12).

In the current healthcare environment, the nursing profession faces a crucial moment. Nursing professionals must assume both broad and detailed responsibilities for patients and communities facing multiple health situations within a complex healthcare system, which is experiencing rapid implementation of solutions to improve individual and community health (IOM, 2011). Nurses can influence these improvements. “Strong leadership is critical if the vision of a transformed healthcare system is to be realized” (IOM, 2011, p. 9). Grossman and Valiga (2017) agree that nurse leaders are critical for the processes of changing healthcare. The findings of this study emphasize how the participants developed valuable understanding of the need for leadership skills in nursing.

#### Learning About the Nursing Profession

According to these findings, the TL role introduced participants to learning opportunities which allowed them to develop a deeper understanding of the responsibilities of the nursing profession.

One recurring narrative was that the TL had the responsibility of overseeing several classmates and, consequently, participating in the care of several patients. This introduced additional learning opportunities and exposed the participants to the reality of the nursing profession. Participants stated that they were able to participate in new and previously experienced nursing procedures and skills. They were able to understand and apply the theoretical knowledge acquired in the classroom, recognizing how diseases learned in the classroom presented in the patients under their care. Learning about nursing procedures described in books but which are new to nursing students can be a challenge. The TL had the opportunity to participate in multiple nursing interventions and medical procedures, reinforcing their classroom and textbook education.

Participants shared their enthusiasm about learning about the charge RN role. Charge RNs have an important role in the organization of the work of the nurses in the units, overseeing and helping with patient care. Charge RNs are in a position of leadership during their shift. The participants acknowledged the importance of learning about the responsibilities and the work of charge nurses. The study revealed that the participants highlighted how important this was for their future insertion into the workplace. This finding is relevant to nursing education, guiding nursing programs about enhancement of student learning experiences that develop competencies they will need to apply after graduation.

Among the learning experiences from the clinical experience, participants emphasized the increase in their knowledge about medications. Medication-related errors occur frequently in hospitals (Kohn et al., 2000). One TL responsibility was to check their classmates' knowledge of medications and organize the administration of medications to patients. This responsibility added motivation and an increased sense of responsibility for the TL to know more about medications; they recognized that accurate medication administration is an important part of RN responsibilities. Nurses are responsible for preparing, administering, and evaluating the effects of medications in the hospital setting (Potter et al., 2017).

According to these findings, the leadership role helped participants to understand the importance of providing excellent patient care, which in turn resulted in greater patient satisfaction. I want to highlight how committed the participants were to provision of high quality patient care and improvement in patient health outcomes. The high-

quality patient care did not go unnoticed by the patients, who appreciated the excellent work of the nursing students.

The participants highlighted how, during the experience, they were able to observe and begin to understand the multiple responsibilities of the nursing profession and the complicated and highly demanding healthcare environment. The findings suggest that the nursing students education opportunities had an important effect on their learning experience.

#### Further Important Findings

##### **Participants' Descriptions of Their Emotions**

The clinical practicum setting where the TL was responsible to help take care for several patients and assume a leadership role, exposed them to several emotions. These findings drew attention to the importance of the affective way in which the participants experienced the role. The participants described multiple emotions and feelings they experienced during the TL role. They expressed feelings of stress, nervousness, and anxiety. They said the role caused them to feel overwhelmed and challenged because of the multiple responsibilities; added to these was the newness of the role they faced.

Nursing students do not express these feelings openly or very often. This discovery about participant feelings is important and deserves special attention. Emotions affect the learning process; according to Zull (2002) "It is hard to think and make good decisions when we feel afraid" (p. 72). Learning does not happen in a vacuum; as stated by Ambrose et al. (2010), a connection exists between classroom climate and student development. This applies especially in the clinical environment; nursing students are learning continuously during clinical practicum; therefore, instructors need to foster an

environment supportive of the learning experience, making it enjoyable. As faculty acknowledge the real or potential problem of student emotional distress they can make a difference in how well students learn. Reeve et al. (2013), in a study about perceived stress and social support in undergraduate nursing students' educational experiences, concluded that educators have the potential to influence the development of their students as they transition into professionals who are capable of handling the rigors of the nursing profession.

Narratives from the participants also highlighted positive emotions, suggesting an enjoyable and fulfilling experience. Some comments emphasized how participants appreciated the learning opportunity, helping and working together with their classmates, and taking care of more than one patient. The opportunity to learn and/or practice new skills and procedures was amazing, according to the participants; they enjoyed the leadership aspect of the TL role.

Mixed feelings were reported, such as being nervous and challenged at the same time as feeling excited and enjoying a sense of high achievement because they had a rewarding learning experience. We must remember when we are involved in teaching nursing students that emotions are important in the learning environment. According to Zull (2002), “There are two fundamental things that brains want: To be safe and happy” (p. 49).

### **Helping Classmates**

All participants made comments regarding the concept of helping each other. They stated that the leadership role gave them the opportunity to help their classmates.

This attitude fosters teamwork and collaboration, which is fundamental in the nursing profession, enabling excellent patient outcomes and worker satisfaction.

Mickan (2005) described the benefits of effective healthcare members' teamwork, which included reduced patient hospitalization time, reduced unanticipated admissions, improved coordination of care, enhanced communication and professional diversity, enhanced patient satisfaction scores, and improved health outcomes. According to Kalisch et al. (2010), within nursing teams and acute care patient units higher levels of teamwork and perceptions of adequate staffing lead to greater job satisfaction with nurse current position and occupation.

### **Devotional Reflections**

One unanticipated finding was the descriptions by participants of starting their clinical day with presentations of devotional reflections. This discovery speaks to the impact of the educational environment and its influence on the students. When participants take concepts and values they learned and were influenced by, and incorporate them into their future career as professional nurses, it makes a difference in both their patients' lives, and their own. Kelly (2008) highlighted the importance of spiritual health in nurses.

On the other hand, Potter et al. (2017) assert that spirituality helps individuals accomplish balance in life, which is needed to sustain health and well-being and deal with health problems. Integrating patient spirituality into nursing practice is now recognized as an important component of healthcare; nurses are professionally and ethically responsible for providing spiritual care. According to a study by Yilmaz and Gurler (2014), spirituality should be included in nursing education more widely. Caldeira

et al. (2016) stated that spirituality seems to be addressed poorly in clinical practice. These research findings revealed that some participants deliberately integrated devotional reflections into the preconference meeting as part of the clinical practicum experience.

Spirituality is vital in today's professional nursing work regarding high quality patient care; we must consider the influence of spirituality on an individual's well-being. Therefore, I would like to emphasize the importance of spirituality in a nurse's personal life, and how it may help a nurse cope with the high demands of the profession.

Nurses work in a highly demanding and fast-paced environment which can frequently lead to burnout and job dissatisfaction, having the potential to affect patient care. (Kelly, 2008). According to the Nurses' Code of Ethics, in Provision 5, "The nurse owes the same duties to self as to others, including the responsibility to promote the health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth" (American Nurses Association [ANA], 2015, p. 19). Nurses are affected by fatigue, including compassion fatigue, which influences their professional and personal life. "To mitigate these effects, nurses should eat a healthy diet, exercise, get sufficient rest, maintain family and personal relationships, engage in adequate leisure and recreational activities, and attend to spiritual or religious needs" (ANA, 2015, p. 19).

From a leadership perspective, nurses in a leadership position can support their staff by acknowledging that a holistic environment includes spirituality; for example, the nurse leader can pair a nurse who requests Sunday off with a nurse who requests Saturday off to attend religious services, so that one nurse works every Saturday, and the other nurse works every Sunday (Kelly, 2008).



At the same time spirituality can influence the nurse's life and therefore the patients for whom the nurse is responsible, which can create an environment that affects the outcomes of patient care in positive ways.

According to Akbar et al. (2016), healthcare authorities can plan and adopt measures to improve nurse self-control in stressful situations, encouraging self-administered stress management techniques, thus creating an atmosphere of support and cooperation. Administrator attention to spiritual growth among the nursing staff can improve nurse ability to cope with professional stress. This can help nurses adapt to their jobs, promoting their health, both of which are essential elements in achieving quality nursing care.

### **Conclusions**

Learning through experience increased participant exposure to different circumstances which enriched their knowledge about leadership and professional nursing. The results highlighted findings about what the participants experienced related to leadership in nursing, and it underlined specific learning outcomes related to professional nurse responsibilities. The participants stated they were able to appreciate the TL role even more deeply after they started working as nurses. They agreed the TL role had helped them to the leadership role helped participants to understand the importance of providing excellent patient care and be a leader with confidence. Therefore, according to participants' statements, the TL role should be incorporated in future clinical practicum experiences.

### **Limitations**

A limitation of the present study is that during some weeks of the semester of clinical practicum, nursing units had fewer patients than usual. This affected the experience of the TL during that specific week. Some students (classmates) did not have an assigned patient, or the patient was discharged early in the shift. This gave the TL fewer patients to oversee, thus decreasing their opportunity to manage multiple patients with complex health problems and decreasing the number of learning possibilities the TL had during the only week they were assigned as TL that semester. This limitation could not be avoided, because the number of patients in a nursing unit will always fluctuate. The clinical instructor was unable to know ahead of the clinical practice time about the range and number of patients who would be in the nursing unit.

### **Recommendations for Future Research**

These findings show there is potential for further research about the implementation of a TL role and its potential influence in educating about leadership in nursing. This study was conducted in a nursing program with small number of students. The data collected are valuable, but would be difficult to generalize to all nursing programs. Only a small portion of the totality of nursing education is addressed. For future research and broader generalizability of the findings, specific nursing programs can be used to provide data relevant to each program. Thus, nursing programs could evaluate the effectiveness of such a practice on the students' perspectives on how they were prepared for the role of leadership in nursing. Another recommendation is to reach out to the participants in the TL role after they worked as RNs for eighteen to twenty-four

months after graduation to discover whether the experience prepared them for a leadership role in their workplace as nurses.

### **Implications for Practice**

Strong leadership in nursing is essential if the vision of a changed healthcare system is to be achieved. Leadership in nursing is a crucial component of nursing practice. The problem addressed in this study focused on the need to include leadership experiences during nursing school to prepare BN students with effective leadership skills to fulfill the expectations of the nursing profession. A leadership role was included in a Medical-Surgical class to give the students an opportunity to learn about leadership through the TL role. The purpose of the study was to describe the nursing students lived experiences of the leadership role. From the findings important implications about teaching the nursing practicum emerged that may yield significant applications for nursing programs seeking to integrate leadership experiences in their curriculum.

### **Significance to Nursing Education**

#### **Leadership in Nursing**

Nurse leaders are important to the changing healthcare field. Developing leadership in nursing is indispensable to improve patient outcomes within the complex healthcare system. The IOM (2011) recommends preparing more nurse leaders at different levels of healthcare delivery. Following that call to prepare nurse leaders, nursing education programs should introduce nursing students to such a learning experience throughout the time the students are in the nursing program. Experiences gained as a student before entry into practice are significant in the development of a professional identity. Nursing accreditation bodies recommend that nursing education

programs prepare graduates with competence in leadership. The AACN (2008) and the IOM (2011) express their expectations for nursing educators at the baccalaureate level about the provision of leadership for nursing students.

In the present study participants were introduced to a leadership role during a clinical practicum. Students learned and were able to apply leadership principles and skills in nursing. The descriptions by the participants of their lived experiences during their leadership role gave me the understanding that they learned about the skills and responsibilities of leadership in nursing during the clinical practicum experience. What made the experience unique and supported an appropriate learning environment was highlighted by the participants. They described how the clinical practicum was done within a group of peers, and that implementing cooperation and teamwork helped them to learn about leadership in nursing. Thus, the experience was transformed into a positive one because it provided a non-threatening learning environment. Peer learning promotes the learning process (Vuckovic et al., 2019), and peer learning increases satisfaction, promoting more in-depth learning with less stress than conventional learning methods. (Ravanipour et al., 2015).

From the analysis of the descriptions by the participants in the study, the TL experience helped the participants learn about leadership in nursing. The role promoted a peer learning experience between the TL and the classmates. According to the participants, peer learning helps reinforce positive learning experiences in a non-threatening environment. This finding could support nursing student learning and engagement in leadership practice, providing innovative educational opportunities for leadership in nursing competences and nursing program improvements.

## **Realistic RN Experience**

The TL role as a learning experience revealed important and specific characteristics related to the responsibilities of an RN. The participants highlighted that the experience of the TL role exposed them to a realistic learning experience. Learning activities which enhance nursing students' learning should prepare the graduate for real work experiences (Billings & Halstead, 2009).

Descriptions by the TLs indicate that the experience of overseeing the care of several patients and making informed decisions about patient care reflected the responsibilities of an RN. Being involved in the care of several patients during the clinical practicum exposed the participants to the reality of how a day of work by an RN would be organized and what it would entail. The responsibility of making decisions about patient conditions and making decisions about which patients under their care need immediate or complex care are important skills a nursing student needs to master. A practical, realistic environment resembling a realistic work environment made an impact in the participants, showing them what is expected once they are the RN needing to make decisions about their patients' lives.

Under the same concept of providing a realistic learning experience during the clinical practicum, descriptions by the participants delineated that what they observed, learned, and practiced; supported their later work as an RN after graduation. The TL role placed the participants in a realistic RN work routine which guided and reinforced their knowledge after graduation. Participants stated that what they learned during their TL role about RN responsibilities endured beyond their clinical practicum day. This is a relevant contribution to nursing education.

Nursing programs have the responsibility to prepare students to face the challenges of a fast-paced and highly demanding healthcare environment. According to the previous findings, student learning experiences will endure when the learning experience was performed in an environment resembling a nursing environment the students are likely to encounter after graduation. Application of knowledge in a practical clinical setting providing experiential clinical learning are fundamental to nursing education (Ard and Valiga, 2009). Experiential learning incorporates real-world situations (Svinicki and McKeachie, 2014).

### **Overseeing the Care of Several Patients**

An important implication for practice came to light from the results was that the TL role allowed nursing students (participants) to oversee and contribute to the care of several patients. This result was presented previously, but I would like to highlight here what the participants stated about their learning because they were inserted into that specific clinical practicum arrangement. There are indications of important learning achievements.

Taking care of several patients implies knowing the patients, their inherent health problems, their multiple medical diagnoses, and, therefore, the ability to multitask and solve problems in an ongoing manner. The participants described that having many problems to solve at once demonstrated that they needed to be able to prioritize; they learned that prioritizing is critical to patient care outcomes. To be able to prioritize, the participants needed to apply critical thinking skills. Critical thinking skills are described widely in nursing education literature, as important to include in nursing program curricula (AACN, 2008; Burgess, 2003).

The participants recognized and made pertinent decisions using professional nursing knowledge-based judgments applying critical thinking skills. They observed the importance of applying critical thinking during their leadership role. The significance for nursing practice is that critical thinking skills are essential for ensuring outstanding patient outcomes. Nursing faculty could consider the TL role experience as a learning experience which focuses on real life nursing experiences involving prioritization, critical thinking, and decision making.

### Significance to Nursing Students

#### **Communication**

Communication in nursing is fundamental and influences patient outcomes, including intraprofessional and interprofessional communication. Excellent communication skills are essential for effective leadership (Grossman & Valiga, 2017). Participants highlighted the important, positive components of good communication in nursing, what they learned about communication in nursing, and how important it is to the nursing profession. A negative aspect was expressed by participants; they experienced a certain level of difficulty in their communication with the nurses on the hospital unit.

The participants stated that they were “*Left out of the loop*” regarding patient care and information. This finding is important for nursing education practice in that the clinical instructor needs to actively attempt to identify communication problems between the nursing students and the nurses in the unit and help to resolve that fracture in communication. Such efforts will not only benefit patient outcomes, but will facilitate nursing student open communication with the nurses, reducing stress levels for both.

## **Emotions**

As noted in the findings, emotions described by the participants emerged throughout their descriptions. Participants highlighted feeling stressed, anxious, nervous, overwhelmed, and challenged. This was an important finding, because sometimes we award the greatest value to academic achievements, forgetting to recognize the student as a human being who has feelings.

On the other hand, the participants mentioned that the TL role was an enjoyable, exciting, and a fulfilling experience; with some participants highlighting their mixed feelings. A valuable implication for practice would be that clinical instructors should not underestimate nursing students' feelings, because feelings influence learning. Open communication and understanding may help to improve this important, but sometimes not recognized or valued, component of nursing education. Nursing students' learning experiences may be affected by negative emotions.

## **Not Knowing What to Expect**

One unexpected finding was the participant mentions of "*Not knowing what to expect.*" They described how they did not know what was expected from them as the TL. One of the first nursing students to perform the TL role at the beginning of the clinical practicum gave participants a feeling of uncertainty, causing a certain level of anxiety in them. This situation warrants an implication for practice. A specific implication for practice is that the participants who are TLs at the beginning of the semester should receive more detailed guidance and extra preparation for the TLs role. Clinical instructors need to be aware of situation at the beginning of the semester, and be in close contact



with the TL before and during the clinical practicum day, providing special guidance and support to the TL during their experience.

Finally, we can affirm that the descriptions of the lived experiences of BN students of a leadership role during a clinical practicum demonstrated that experience is critical in the learning process. This study offers potential benefits to nursing education, promoting an alternative practice which can maximize the introduction to and learning about leadership in nursing. Nursing students need to develop leadership skills prior to entering the workforce to ensure they are able to meet the challenges associated with the highly demanding healthcare environment. At the same time, it is important to remember that nursing students need to be acknowledged as people with feelings; and that feelings affect the learning process.

Learning about nursing practice happens over time, requiring engagement and depending on the knowledge and skills introduced throughout the nursing program. Student learning is enhanced most when nursing faculty help students integrate classroom learning with real-life clinical experiences. (Ard and Valiga, 2019).

### **Revised Conceptual Framework**

Figure 2 presents the conceptual framework with the addition of the themes discovered during the study. As shown, the theories and practices of constructivism, peer learning, cooperative learning, and the essentials of baccalaureate education, integrate to support the major themes discovered in the lived experiences of nursing students engaged in a leadership experience during their clinical practicum experience in a Medical-Surgical Nursing course.

**Figure 2.**

*Conceptual Framework, Revised*



## APPENDICES

APPENDIX A

COURSE INFORMATION AND CHECKLISTS

## SYLLABUS DESCRIPTIONS OF TEAM LEADER ROLE AND CLINICAL OBJECTIVE RELATED TO TEAM LEADER ROLE

2014

**Department of Nursing  
Spring Semester 2014  
NRS-332-001 Medical-Surgical II**

### **Clinical Objectives**

#### **Objective # 3**

Demonstrates the use of leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in the acute care settings. (Team Leader experience).

### **Syllabus Description**

#### **Team Leader of the day:**

To be able to develop leadership skills in nursing, one student will be assigned to be the team leader and assist the Instructor with prioritizing and organizing responsibilities of the fellow nursing students. Each week it will be a different student.

The team leader will be in charge of helping his or her peers prioritize the activities, assisting with tasks requiring more than one person, identifying students who are available to help other students, will be responsible for a checklist that summarizes all the required paperwork/and/or/computer tasks (diet, activities, report to the nurse, safety measures as the bed in low position, side rails up, check medication knowledge, prioritize students activities, lead post-conference meetings), and organize students break/lunch time. The student will write a detailed journal with the description from the experience and send it per drop-box in Moodle Monday of the following week of the specific clinical experience.

**Department of Nursing  
Spring Semester 2015  
NRS-332-Medical Surgical II**

**Clinical Objectives**

**Objective # 2**

Demonstrates the use of leadership concepts, skills, and decision making in the provision of high quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in the acute care settings. (As evidenced by team Leader experience).

**Syllabus Description**

**Team Leader of the day:**

To be able to develop leadership skills in nursing, one student will be assigned to be the team leader during the clinical practicum and assist the Instructor with prioritizing and organizing responsibilities of the fellow nursing students. Each week it will be a different student. The team leader will be in charge of helping his or her peers to prioritize the activities, prioritize patient care according to patient's status, will assist with tasks requiring more than one person, identifying students who are available to help other students. The team leader will help peer student to solve immediate problems within their knowledge. The team leader will be responsible to fill a checklist that summarizes all the required paperwork/and/or/computer tasks (diet, patient activities, safety measures as the bed in low position, side rails up), report to the nurse, prioritize students activities, check the students' knowledge of the medication that will be given to the patients, lead post-conference meetings, and organize students break/lunch time. The team leader is responsible to fill the check list with the most important information about the patients the group of students had during the clinical practicum day. The student will write a detailed journal with the description of the experience, what they learned from the experience, highlighting important decisions they needed to make, task prioritization, successful and respectful communication implementation among peers, and within interprofessional teams. The journal will include general leadership skills that they learned during the clinical rotation, for example: delegation, patient safety, decision making, and application of critical thinking. What did they learn from the experience of being responsible of the care of several patients. The team leaders are instructed to avoid any reference to patients' name or any details in their journals that may lead to personal identifications. The clinical grade for the nursing student clinical practicum experience is done according to detailed objectives, which are related to patient care and leadership proficiencies. The journal needs to be sent per drop-box in Moodle Monday of the following week of the specific clinical experience.

## NRS332 MEDICAL SURGICAL II TEAM LEADER RESPONSIBILITIES CHECKLIST

NRS332 MEDICAL SURGICAL II TEAM LEADER RESPONSIBILITIES							
Student Name							
Patient's #							
Room #							
Report from RN							
Patient identification, allergy band, etc.							
1 <sup>st</sup> Vital Signs done/documented							
1 <sup>st</sup> Assessment: done/documented							
Morning care, hygiene, patient comfortable							
Rounds: Every hour							
Answer call lights							
Bed in safe position							
Side rails up							
Call light in reach							
Room clean/bathroom clean							
Reposition patient every 2 hours							
2 <sup>nd</sup> Vital Signs done/documented							
2 <sup>nd</sup> Assessment done/documented							
1130 Accucheck +							
Insulin given							
Patient's meals: assist and documented							
Student lunch time							
Medication given/documented							
Medication knowledge							
Report given to the nurse (SBAR)							
Hand washing							

## NRSG332 MEDICAL SURGICAL II PATIENT INFORMATION CHECKLIST FOR TEAM LEADER

NRSG332 MEDICAL SURGICAL II – Patient Information for Team Leader

Patient #	Medical Diagnosis	Patient Information							
		VS-	Weight-	Activ.-	O2-	Neuro-	Cardiac-	Musk.-	Skin-
		IV-	Diet-	TELE-	Pain-	Resp.-	Abd.-	Pulses-	I/O
		VS-	Weight-	Activ.-	O2-	Neuro-	Cardiac-	Musk.-	Skin-
		IV-	Diet-	TELE-	Pain-	Resp.-	Abd.-	Pulses-	I/O
		VS-	Weight-	Activ.-	O2-	Neuro-	Cardiac-	Musk.-	Skin-
		IV-	Diet-	TELE-	Pain-	Resp.-	Abd.-	Pulses-	I/O
		VS-	Weight-	Activ.-	O2-	Neuro-	Cardiac-	Musk.-	Skin-
		IV-	Diet-	TELE-	Pain-	Resp.-	Abd.-	Pulses-	I/O
		VS-	Weight-	Activ.-	O2-	Neuro-	Cardiac-	Musk.-	Skin-
		IV-	Diet-	TELE-	Pain-	Resp.-	Abd.-	Pulses-	I/O
		VS-	Weight-	Activ.-	O2-	Neuro-	Cardiac-	Musk.-	Skin-
		IV-	Diet-	TELE-	Pain-	Resp.-	Abd.-	Pulses-	I/O
		VS-	Weight-	Activ.-	O2-	Neuro-	Cardiac-	Musk.-	Skin-
		IV-	Diet-	TELE-	Pain-	Resp.-	Abd.-	Pulses-	I/O



# TEAM LEADER CLINICAL EVALUATION TOOL

2014

**MEDICAL SURGICAL II NURSING**  
**EVALUATION CRITERIA FOR SPECIAL ROTATION – JUNIOR**

Student: \_\_\_\_\_ CLASS: NRSJ \_\_\_\_\_

Semester/Year \_\_\_\_\_

QSEN Core Competencies & Clinical Performance Criteria and Relevant Learning Outcome (S.L.O.)	Grading Criteria : Students in Black Faculty in red	U= Unsatisfactory D= Developing NA=Not Applicable NI= Needs Improvement S= Satisfactory
Specific clinical rotation: Team Leader	Clinical evaluation tool area evaluated	Grading criteria
Provides patient-centered care	1. Displays therapeutic communication in the nurse-patient relationship	U-NI-D-S-NA U-NI-D-S-NA
	2. Practice cultural competence by demonstrating sensitivity to personal and cultural influences on the individual and family reactions to the illness experience, and or end of life, when providing care	U-NI-D-S-NA U-NI-D-S-NA
	3. Demonstrate competency in nursing skills within a caring context	U-NI-D-S-NA U-NI-D-S-NA
	4. Apply ethical decision-making frameworks to explain conflicts in clinical situations	U-NI-D-S-NA U-NI-D-S-NA
	5. Advocate for clients and support their right to safe, compassionate and holistic nursing care	U-NI-D-S-NA U-NI-D-S-NA
Exhibits Teamwork and Collaboration	6. Demonstrates effective communication skills with patients, inter and intra professional team members and family	U-NI-D-S-NA U-NI-D-S-NA
	7. Participate in gathering and sharing relevant data for communication in pre and post conferences	U-NI-D-S-NA U-NI-D-S-NA
Promotes safety	8. Protects the safety and privacy of patients in relation to the use of health care and information technologies	U-NI-D-S-NA U-NI-D-S-NA
	9. Provides safe patient care based on National Patient Safety Goals	U-NI-D-S-NA U-NI-D-S-NA
	10. Demonstrates appropriate clinical decision-making	U-NI-D-S-NA U-NI-D-S-NA
	11. Manages multiple responsibilities and prioritizes care	U-NI-D-S-NA U-NI-D-S-NA
Professionalism	12. Arrives to clinical experiences at assigned times, exhibiting professional appearance and behavior.	U-NI-D-S-NA U-NI-D-S-NA
	13. Promotes a positive attitude and interacts with other health care team members in a positive, professional manner	U-NI-D-S-NA U-NI-D-S-NA
	14. Assumes a leadership role within one's scope of practice	U-NI-D-S-NA U-NI-D-S-NA
Spirituality	15. Demonstrates 'Restoration to the Image of God' in planning and implementing care	U-NI-D-S-NA U-NI-D-S-NA
Total /Total Possible points		/15

## EVALUATION CRITERIA FOR SPECIAL ROTATION - JUNIOR

Student: \_\_\_\_\_ CLASS: NRSG \_\_\_\_\_  
Semester/Year \_\_\_\_\_

QSEN Core Competencies & Clinical Performance Criteria and Relevant Learning Outcome (S.L.O.)		Grading Criteria S=Satisfactory U= Unsatisfactory NA=Not Applicable	
Specific clinical rotation: <b>Team Leader</b>	Clinical evaluation tool area evaluated	Grading criteria	
<b>Provides patient-centered care</b>	1. Displays therapeutic communication in the nurse-patient relationship	U- S-NA	
	2. Practice cultural competence by demonstrating sensitivity to personal and cultural influences.	U- S-NA	
	3. Demonstrate competency in nursing skills within a caring context	U- S-NA	
<b>Exhibits Teamwork and Collaboration</b>	4. Demonstrates effective communication skills with patients, inter and intra professional team members and family	U- S-NA	
	5. Identifies and relate relevant data for communication in pre and post conferences	U- S-NA	
<b>Promotes safety</b>	6. Provides safe patient care based on National Patient Safety Goals	U- S-NA	
	7. Performs multiple responsibilities and provides care in a timely manner	U- S-NA	
<b>Professionalism</b>	8. Arrives to clinical experiences at assigned times, exhibiting professional appearance and behavior.	U- S-NA	
	9. Promotes a positive attitude and interacts with other health care team members in a positive, professional manner	U- S-NA	
	10. Assumes a leadership role within one's scope of practice	U- S-NA	
	11. Demonstrates individual responsibility and accountability for nursing interventions, outcomes, and other actions	U- S-NA	
<b>Spirituality</b>	12. Demonstrates 'Restoration to the Image of God' in planning and implementation of care	U- S-NA	
<b>Total /Total Possible points</b>		<b>/12</b>	

APPENDIX B

IRB CORRESPONDENCE

## IRB INITIAL APPROVAL



February 17, 2015

Gisela Schmidt  
Tel: (269) 876-0826  
Email: [gisela@andrews.edu](mailto:gisela@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
**IRB Protocol #: 15-009 Application Type: Original Dept.: Nursing**  
**Review Category: Expedited Action Taken: Approved Advisor: Larry Burton**  
**Title: Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.**

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB application of research involving human subjects entitled: *"Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section"* IRB protocol number 15-009 under Expedited category. This approval is valid until February 17, 2016. If your research is not completed by the end of this period you must apply for an extension at least four weeks prior to the expiration date. We ask that you inform IRB whenever you complete your research. Please reference the protocol number in future correspondence regarding this study.

Any future changes made to the study design and/or consent form require prior approval from the IRB before such changes can be implemented. Please use the attached report form to request for modifications, extension and completion of your study.

While there appears to be no more than minimum risk with your study, should an incidence occur that results in a research-related adverse reaction and/or physical injury, this must be reported immediately in writing to the IRB. Any project-related physical injury must also be reported immediately to the University physician, Dr. Reichert, by calling (269) 473-2222. Please feel free to contact our office if you have questions.

Best wishes in your research.

Sincerely

  
Mordekai Ongo  
Research Integrity & Compliance Officer

Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355  
Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: [irb@andrews.edu](mailto:irb@andrews.edu)

## IRB MODIFICATION, RENEWAL, OR FINAL REPORT FORM

**ANDREWS UNIVERSITY**  
**Institutional Review Board**  
irb@andrews.edu Phone: (269) 471-6361

### MODIFICATION, RENEWAL OR FINAL REPORT FORM

This form is for (check one):

- ☒ **Modification** of investigators or protocol, or to report adverse events  
☐ **Renewal** of approved protocol  
☐ **Final Report** of completed protocol

**PROJECT TITLE:** Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section

**AU IRB Protocol Number:** 15-009

**IRB Approval Expiration Date:** February 17, 2016

#### PRINCIPAL OR STUDENT INVESTIGATOR

Last Name: Gisela First Name: Schmidt  
E-Mail Address: gisela@andrews.edu Phone number: (269) 876- 0826  
Department: School of Health Profession, Nursing Department

#### CO-PRINCIPAL INVESTIGATOR OR ADVISOR

Last Name: Burton First Name: Larry  
E-Mail Address: burton@andrews.edu Phone number: (269) 471- 6674  
Department: School of Education, Curriculum and Instruction

#### CURRENT STATUS OF RESEARCH PROJECT

Please answer questions 1-2 to determine if this project requires renewal by the IRB.

1. Data collection is complete. ☐ Yes ☐ No (Project must be reviewed for renewal.)
2. Analysis of data is complete. ☐ Yes ☐ No (Project must be reviewed for renewal.)
- If you have answered "Yes" to BOTH of the above questions, the project may be closed.
3. Have there been changes in Principal or Co-Principal Investigators? ☐ Yes ☒ No  
(If yes, indicate the current Investigators on an attached sheet.)
4. Has the approved protocol been modified or added to with respect to:  
a. Procedures ☐ Yes ☐ No  
b. Subjects ☐ Yes ☐ No  
c. Design ☐ Yes ☐ No  
d. Data collection ☒ Yes ☐ No  
(If yes to any item, provide the details on an attached sheet.)
5. Have there been any adverse events that need to be reported to the IRB? ☐ Yes ☒ No  
(If yes, provide details on an attached sheet.)

Gisela Schmidt GISELA SCHMIDT  
Principal/Student Investigator Signature (name)

4-24-15  
Date

Larry D Burton Larry D Burton  
Co-Principal Investigator or Advisor Signature (name)

4/22/15  
Date

**Approval by the AU IRB:**

\_\_\_\_\_  
Date

## IRB APPROVAL FOR MODIFICATION, RENEWAL, OR FINAL REPORT FORM



August 12, 2015

Gisela Schmidt  
Tel: (269) 876-0826  
Email: [gisela@andrews.edu](mailto:gisela@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
**IRB Protocol #:** 15-009 **Application Type:** Original **Dept.:** Nursing  
**Review Category:** Expedited **Action Taken:** Approved **Advisor:** Larry Burton  
**Title:** Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB modification application of research involving human subjects entitled: *"Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section"* IRB protocol number 15-009 under Expedited category. This approval is valid until February 17, 2016. If your research is not completed by the end of this period you must apply for an extension at least four weeks prior to the expiration date. We ask that you inform IRB whenever you complete your research. Please reference the protocol number in future correspondence regarding this study.

Any future changes made to the study design and/or consent form require prior approval from the IRB before such changes can be implemented. Please use the attached report form to request for modifications, extension and completion of your study.

While there appears to be no more than minimum risk with your study, should an incidence occur that results in a research-related adverse reaction and/or physical injury, this must be reported immediately in writing to the IRB. Any project-related physical injury must also be reported immediately to the University physician, Dr. Reichert, by calling (269) 473-2222. Please feel free to contact our office if you have questions.

Best wishes in your research.

Sincerely

Mordekai Ongo  
Research Integrity & Compliance Officer

Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355  
Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: [irb@andrews.edu](mailto:irb@andrews.edu)

## IRB APPROVALS FOR RENEWAL

2016



February 17, 2016

Gisela Schmidt  
Tel: (269) 876-0826  
Email: [gisela@andrews.edu](mailto:gisela@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
**IRB Protocol #: 15-009 Application Type: Original Dept.: Nursing**  
**Review Category: Expedited Action Taken: Approved Advisor: Larry Burton**  
**Title: Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.**

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB renewal application of research involving human subjects entitled: *"Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section."* IRB protocol number 15-009 under Expedited category. This approval is valid until February 17, 2017. If your research is not completed by the end of this period you must apply for an extension at least four weeks prior to the expiration date. We ask that you inform IRB whenever you complete your research. Please reference the protocol number in future correspondence regarding this study.

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Best wishes in your research.

Sincerely

Mordekai Ong  
Research Integrity & Compliance Officer

Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355  
Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: [irb@andrews.edu](mailto:irb@andrews.edu)



2017



June 12, 2017

Gisela Schmidt  
Tel: (269) 876-0826  
Email: [gisela@andrews.edu](mailto:gisela@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
IRB Protocol #: 15-009 Application Type: Original Dept.: Nursing  
Review Category: Expedited Action Taken: Approved Advisor: Larry Burton  
Title: Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB renewal application of research involving human subjects entitled: *"Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section"* IRB protocol number 15-009 under Expedited category. This approval is valid until **February 17, 2018**. If your research is not completed by the end of this period you must apply for an extension at least four weeks prior to the expiration date. We ask that you inform IRB whenever you complete your research. Please reference the protocol number in future correspondence regarding this study.

Any future changes made to the study design and/or consent form require prior approval from the IRB before such changes can be implemented. Please use the attached report form to request for modifications, extension and completion of your study.

While there appears to be no more than minimum risk with your study, should an incidence occur that results in a research-related adverse reaction and/or physical injury, this must be reported immediately in writing to the IRB. Any project-related physical injury must also be reported immediately to the University physician, Dr. Reichert, by calling (269) 473-2222. Please feel free to contact our office if you have questions.

Best wishes in your research.

Sincerely

Mordekai Ongo  
Research Integrity & Compliance Officer

Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355  
Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: [irb@andrews.edu](mailto:irb@andrews.edu)



2018



April 11, 2018

Gisela Schmidt  
Tel: (269) 876-0826  
Email: [gisela@andrews.edu](mailto:gisela@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
IRB Protocol #: 15-009 Application Type: Continuation Dept.: Nursing  
Review Category: Expedited Action Taken: Approved Advisor: Larry Burton  
Title: Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB renewal application of research involving human subjects entitled: *"Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section"* IRB protocol number 15-009 under Expedited category. This approval is valid until **February 17, 2019**. If your research is not completed by the end of this period you must apply for an extension at least four weeks prior to the expiration date. We ask that you inform IRB whenever you complete your research. Please reference the protocol number in future correspondence regarding this study.

Any future changes made to the study design and/or consent form require prior approval from the IRB before such changes can be implemented. Please use the attached report form to request for modifications, extension and completion of your study.

While there appears to be no more than minimum risk with your study, should an incidence occur that results in a research-related adverse reaction and/or physical injury, this must be reported immediately in writing to the IRB. Any project-related physical injury must also be reported immediately to the University physician, Dr. Reichert, by calling (269) 473-2222. Please feel free to contact our office if you have questions.

Best wishes in your research.

Sincerely

Mordekai Ongo  
Research Integrity & Compliance Officer

Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355  
Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: [irb@andrews.edu](mailto:irb@andrews.edu)

2019



March 4, 2019

Gisela Schmidt  
Tel: (269) 876-0826  
Email: [gisela@andrews.edu](mailto:gisela@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
**IRB Protocol #: 15-009 Application Type: Continuation Dept.: Nursing**  
**Review Category: Expedited Action Taken: Approved Advisor: Larry Burton**  
**Title: Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.**

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB **renewal** application of research involving human subjects entitled: *"Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section"* IRB protocol number 15-009 under Expedited category. This approval is valid until **March 4, 2020**. If your research is not completed by the end of this period you must apply for an extension at least four weeks prior to the expiration date. We ask that you inform IRB whenever you complete your research. Please reference the protocol number in future correspondence regarding this study.

Any future changes made to the study design and/or consent form require prior approval from the IRB before such changes can be implemented. Please use the attached report form to request for modifications, extension and completion of your study.

While there appears to be no more than minimum risk with your study, should an incidence occur that results in a research-related adverse reaction and/or physical injury, this must be reported immediately in writing to the IRB. Any project-related physical injury must also be reported immediately to the University physician, Dr. Reichert, by calling (269) 473-2222. Please feel free to contact our office if you have questions.

Best wishes in your research.

Sincerely

Mordekai Ongo  
Research Integrity & Compliance Officer

Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355  
Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: [irb@andrews.edu](mailto:irb@andrews.edu)

2020



March 31, 2020

Gisela Schmidt  
Tel: (269) 876-0826  
Email: [gisela@andrews.edu](mailto:gisela@andrews.edu)

**RE: APPLICATION FOR APPROVAL OF RESEARCH INVOLVING HUMAN SUBJECTS**  
**IRB Protocol #: 15-009 Application Type: Continuation Dept.: Nursing**  
**Review Category: Expedited Action Taken: Approved Advisor: Larry Burton**  
**Title: Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.**

This letter is to advise you that the Institutional Review Board (IRB) has reviewed and approved your IRB renewal application of research involving human subjects entitled: *"Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section"* IRB protocol number 15-009 under Expedited category. This approval is valid until **March 30, 2021**. If your research is not completed by the end of this period you must apply for an extension at least four weeks prior to the expiration date. We ask that you inform IRB whenever you complete your research. Please reference the protocol number in future correspondence regarding this study.

Any future changes made to the study design and/or consent form require prior approval from the IRB before such changes can be implemented. Please use the attached report form to request for modifications, extension and completion of your study.

While there appears to be no more than minimum risk with your study, should an incidence occur that results in a research-related adverse reaction and/or physical injury, this must be reported immediately in writing to the IRB. Any project-related physical injury must also be reported immediately to the University physician, Dr. Reichert, by calling (269) 473-2222. Please feel free to contact our office if you have questions.

Best wishes in your research.

Sincerely

Mordekai Ongo, PhD.  
Research Integrity & Compliance Officer

**Institutional Review Board - 4150 Administration Dr Room 322 - Berrien Springs, MI 49104-0355**  
**Tel: (269) 471-6361 Fax: (269) 471-6543 E-mail: [irb@andrews.edu](mailto:irb@andrews.edu)**

APPENDIX C

PARTICIPANT COMMUNICATION: JOURNALS

## CONSENT FORM FOR JOURNAL USE: 2014

### INFORMED CONSENT FORM- 2014

I am conducting a research study as part of my dissertation project, in partial fulfillment for my PhD in Curriculum and Instruction at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly appreciated.

**Research Title:** Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section

**Purpose of Study:** The purpose of this study is to describe baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

**Duration of participation in study:** I understand that I can review the journal content from the team leader experience from the clinical practicum experience which will take approximately two hours of my time. I understand that the contents from the journal describing the team leader role experience will be used in the dissertation project.

**Procedures:** Each student during the clinical rotation is assigned to be a team leader performing a leadership role with specific responsibilities, which are described in the syllabus and check lists that guide the specific activities.

**Benefits:** Equipping nursing students during their school years with leadership theory and practice will prepare them for an increasingly demanding health care system. Leadership is an essential component of nursing practice in many aspects of the nurse's role.

**Risks:** There are no risks to the participating individuals

**Voluntary Participation:** I have been informed that my participation in this study is completely voluntary, refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled; that I may discontinue participation at any time without penalty or loss of benefits to which I may otherwise be entitled. I was also informed that I could review my journal content from the Medical Surgical II class clinical practicum section to make a truly informed consent.

**Confidentiality:** Data used for the present study will be secured and only the lead researcher has access to the data. Information that might divulge the students' identity will not be entered in the files. No data or references that may lead to specific identifications of individual student will be revealed in future presentations or reports that pertain to this study. Data will be encrypted and backed up for security measures. Student journals and records will be kept locked in a secured area with not access, except to the lead researcher. Dissertation committee members will have access to the original data. They will only have access to anonymized data.

I understand that my identity in this study will not be disclosed in any published document, and that the researcher will keep the records in a secured area for a period not less than 3 years

**Contact:** I am aware that I can contact the supervisor of the dissertation project Dr. Larry Burton, email: [lburton@andrews.edu](mailto:lburton@andrews.edu), office phone: (269) 471-6674 or myself at [gisela@andrews.edu](mailto:gisela@andrews.edu), phone number: (269) 876-0826 for answers to questions related to this study.

I have read the contents of this Consent and received verbal explanations to questions I had. My questions concerning this study have been answered satisfactorily. I hereby give my voluntary consent to participate in this study. I am fully aware that if I have any additional questions I can contact Gisela Schmidt, and or the advisor Dr. Larry Burton.

Signature	(Subject)	Date
Researcher Signature	Phone	Date

## CONSENT FORM FOR JOURNAL USE: 2015

### INFORMED CONSENT FORM- 2015

I am conducting a research study as part of my dissertation project, in partial fulfillment for my PhD in Curriculum and Instruction at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly appreciated.

**Research Title:** Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

**Purpose of Study:** The purpose of this study is to describe baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

**Duration of participation in study:** One week. I understand that the contents from the journal describing the team leader role experience will be used in the dissertation project. Writing the journal after the clinical practicum will take approximately two hours of my time.

**Procedures:** Each student during the clinical rotation is assigned to be a team leader performing a leadership role with specific responsibilities, which are described in the syllabus and check lists that guide the specific activities. After the team leader clinical rotation the student needs to write a journal describing the experience of the team leader role.

**Benefits:** Equipping nursing students during their school years with leadership theory and practice will prepare them for an increasingly demanding health care system. Leadership is an essential component of nursing practice in many aspects of the nurse's role.

**Risks:** There are no risks to the participating individuals.

**Voluntary Participation:** I have been informed that my participation in this study is completely voluntary, refusal to participate will not affect my grade in the clinical or theory part of the class, my relationship with the professor, nor will it result in any penalty or loss of benefits to which I am otherwise entitled; that I may discontinue participation at any time without affecting my grade in the class, my relationship with the professor, other any other penalty or loss of benefits to which I may otherwise be entitled.

**Confidentiality:** Data used for the present study will be secured and only the lead researcher has access to the data. Information that might divulge the students' identity will not be entered in the files. No data or references that may lead to specific identifications of individual student will be revealed in future presentations or reports that pertain to this study. Data will be encrypted and backed up for security measures. Student journals and records will be kept locked in a secured area with not access, except to the lead researcher. Dissertation committee members will have access to the original data. They will only have access to anonymized data.

I understand that my identity in this study will not be disclosed in any published document, and that the researcher will keep the records in a secured area for a period not less than 3 years.

**Contact:** I am aware that I can contact the supervisor of the dissertation project Dr. Larry Burton, email: [burton@andrews.edu](mailto:burton@andrews.edu), office phone: (269) 471-6674 or myself at [gisela@andrews.edu](mailto:gisela@andrews.edu), phone number: (269) 876-0826 for answers to questions related to this study.

I have read the contents of this Consent and received verbal explanations to questions I had. My questions concerning this study have been answered satisfactorily. I hereby give my voluntary consent to participate in this study. I am fully aware that if I have any additional questions I can contact Gisela Schmidt, and or the advisor Dr. Larry Burton.

Signature	(Subject)	Date
Researcher Signature	Phone	Date

EMAIL SENT WITH THE JOURNAL ATTACHED FOR REVISION OF THE  
JOURNAL: COHORT 2014

On xxxx, <[gisela@andrews.edu](mailto:gisela@andrews.edu)> wrote:

Good morning xxxx,

I am sending the team leader journal from the Medical Surgical II clinical from Spring 2014.

I am sending the journal so you can read it and if everything in the journal reflects your experience as the team leader you can sent it back as it is; or if you want to make some corrections to the journal before sending it back.

The journal content (without any identifications) will be used for the dissertation. The consent with the specific clarifications was signed, where it mentions that only the journal descriptions will be used.

The purpose of the study is to describe Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section. The study is very important because leadership is an essential component of nursing practice in many aspects of the nurses' role.

I highly appreciate your participation.

Blessings

gs

APPENDIX D

INTERVIEW PROTOCOL



## EMAIL TO STUDENTS REQUESTING PARTICIPATION IN THE INTERVIEW

Good morning/evening xxxx

How are you? Working hard as an RN and saving lives every day. I am writing the email to ask if you would be willing to participate in an interview, it can be by phone or personal. The interview is about the role of the team leader that you and the students in the Medical Surgical II class did. Maybe you remember that you signed a consent (for the journal use) about the research project I am doing about the team leader role. The research is part of the requirements for the PhD program I am doing; and I am using and analyzing the journals and will be doing interviews to some of the students who participated in the class. The title of the research is "Baccalaureate Nursing Students' lived experiences of the team leader role experience in the Medical Surgical II class clinical practicum section".

The interview may need from 45 minutes to 1 hour, and the questions in the interview will be directly related to your experience when you were the team leader of the day. If you are willing to participate I will send a consent form that needs to be signed before we are doing the interview. All the information will be absolutely confidential and your name will be separated from the information.

The study will provide significant insight about the Baccalaureate Nursing students' perceptions of the team leader role experience in the medical surgical II class clinical practicum section. Please let me know if you would be willing to participate in the interview and after that we can delineate the details about the time and place if necessary. I know that you have a very busy schedule and appreciate your time.

Regards

Gisela Schmidt

## INFORMED CONSENT: INTERVIEW

### INFORMED CONSENT FORM- INTERVIEW

I am conducting a research study as part of my dissertation project, in partial fulfillment for my PhD in Curriculum and Instruction at Andrews University, Berrien Springs, Michigan. Your participation in this study is greatly appreciated.

**Research Title:** Baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

**Purpose of Study:** The purpose of this study is to describe baccalaureate nursing students' perceptions of the team leader role experience in the Medical Surgical II class clinical practicum section.

**Inclusion Criteria:** I understand that for me to participate in the study I must have served as a team leader in the clinical practicum section of the Medical Surgical class during the Spring semester 2014 or Spring semester 2015.

**Duration of participation in study:** I understand that I will be required to complete a interview. The interview will take approximately forty five (45) minutes to one (1) hour of my time.

**Procedures:** Each student during the clinical rotation is assigned to be a team leader performing a leadership role with specific responsibilities, which are described in the syllabus and check lists that guide the specific activities.

**Benefits:** Equipping nursing students during their school years with leadership theory and practice will prepare them for an increasingly demanding health care system. Leadership is an essential component of nursing practice in many aspects of the nurse's role.

**Risks:** There are no risks to the participating individuals.

**Voluntary Participation:** I have been informed that my participation in this study is completely voluntary, refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled; that I may discontinue participation at any time without penalty or loss of benefits to which I may otherwise be entitled.

**Confidentiality:** Data used for the present study will be secured and only the lead researcher has access to the data. Information that might divulge the students' identity will not be entered in the files. No data or references that may lead to specific identifications of individual student will be revealed in future presentations or reports that pertain to this study. Data will be encrypted and backed up for security measures. The interview responses are confidential. This interview will be recorded to ensure accuracy in transcription. All responses will be used only for the purpose of this project. If at any point in this interview process you feel compromised, you have the right to refuse participation in this interview. The records will be kept locked in a secured area with no access, except to the lead researcher. Dissertation committee members will not have access to the original data. They will only have access to anonymized data.

I understand that my identity in this study will not be disclosed in any published document, and that the researcher will keep the records in a secured area for a period not less than 3 years.

**Contact:** I am aware that I can contact the supervisor of the dissertation project Dr. Larry Burton, email: [burtonl@andrews.edu](mailto:burtonl@andrews.edu), office phone: (269) 471-6674 or myself at [gisela@andrews.edu](mailto:gisela@andrews.edu), phone number: (269) 876-0826 for answers to questions related to this study.

I have read the contents of this Consent and received verbal explanations to questions I had. My questions concerning this study have been answered satisfactorily. I hereby give my voluntary consent to participate in this study. I am fully aware that if I have any additional questions I can contact Gisela Schmidt, and or the advisor Dr. Larry Burton.

\_\_\_\_\_  
Signature (Subject)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

## INTERVIEW PROTOCOL

### Interview Protocol

Baccalaureate Nursing Students' lived experiences of the team leader role experience in the Medical Surgical II class clinical practicum section		
Time of Interview:	Date:	Place:
Interviewer:	Interviewee: #	
<p><b>Brief description of the project:</b>          The purpose of this study is to describe the Baccalaureate nursing students' lived experiences of the team leader role in the clinical practicum section of the medical surgical II class.          The present phenomenological study will investigate the lived experiences of the students in the team leader role while in the Medical Surgical II class clinical practicum section of the Baccalaureate Nursing Program through written journals of the students and interviews.</p>		
<p>1. Tell me about your experience as a team leader.</p> <p style="margin-left: 40px;">a. What were your personal expectations during your rotation as a team leader?</p> <p style="margin-left: 40px;">b. What emotions did you experience as your prepared for and served as team leader?</p> <p style="margin-left: 40px;">c. What were your responsibilities as a team leader?</p>		
<p>2. What did you learn during the team leader experience?</p> <p style="margin-left: 40px;">a. Potential probes:</p> <p style="margin-left: 80px;">i. Did the experience of being responsible for the care of several patients aid your learning? If so, how?</p> <p style="margin-left: 80px;">ii. Did you learn about prioritizing patient care according to patient's status? If so, what did you learn?</p> <p style="margin-left: 80px;">iii. Tell me about your successes or difficulties in professional communication with the team members, the instructor, and other members of the healthcare team.</p>		
<p>3. Did the team leader role influence your sense of being responsible for your fellow nursing students? If so, how?</p> <p style="margin-left: 40px;">a. Their learning experience</p> <p style="margin-left: 40px;">b. Providing excellent patient care</p> <p style="margin-left: 40px;">c. Their knowledge about medication</p> <p style="margin-left: 40px;">d. e. Nursing care documentation</p>		
4. Did you experience any benefits or positive aspects by being a team leader?		
5. Did you experience any difficulties or negative aspects by being a team leader?		
6. Do you believe the team leader role helped prepare you for future work with responsibilities as a charge RN? If so, how?		
7. Is there anything else that you think would be important for me to understand about your experience and learning as a team leader?		

APPENDIX E

THEME AND SUB-THEME FREQUENCIES

## THEME AND SUB-THEME FREQUENCY

FILES AND REFERENCES: FROM NVivo12

Name of Theme, <i>Sub-theme</i>	Files	References
<b>Communication</b>	12	32
<b>Critical thinking</b>	6	11
<b><i>Emotions</i></b>	0	0
Being team leader was a fulfilling, exciting, and enjoyable experience	20	27
Mixed feelings. Stressful and fun	6	7
Stressful	8	14
Challenging	6	7
I felt very nervous	8	13
Overwhelming	6	6
<b>Gold Dust</b>	38	110
<b><i>Great learning experience</i></b>	0	0
Good learning experience, positive experience	13	22
Learn how charge nurses work	12	27
Learning new procedures	14	22
Medication knowledge	13	16
<b><i>Helping classmates</i></b>	0	0
Helping classmates with everything	30	48
Teamwork, cooperation	6	13

<b>Name of Theme, <i>Sub-theme</i></b>	<b>Files</b>	<b>References</b>
<b>Highly recommend students to go through this team leader</b>	5	8
<b><i>Leadership</i></b>	0	0
Delegation	3	3
Fine line on knowing when to step in	5	8
I had to be the problem solver	7	9
I reminded students of their expectations	6	9
Introduction to nursing leadership	18	24
Learn about each student style of patient care, different personalities	6	9
Observing students not doing their job	5	7
Recognizing fellow students excellent nursing care	12	13
Sense of responsibility	14	28
<b>My role as a team leader</b>	25	38
Check documentation	14	19
Organize medication administration	6	8
Team Leader Sheet	6	8
<b><i>Negative aspects</i></b>	0	0
Being a bother to other students	3	4
Did not really know what to expect	3	6
Low patient census in the unit	5	5
Miss building a relationship with my own patient	7	8
<b><i>Patient care</i></b>	0	0

<b>Name of Theme, <i>Sub-theme</i></b>	<b>Files</b>	<b>References</b>
High quality patient care	12	12
Patients perceptions of nursing care	6	8
<b>Prioritization</b>	18	36
<i>Taking care of many patients</i>	0	0
Big picture overview	4	4
Know everybody's patient	15	18
Multitasking	9	12
Patient with multiple medical diagnoses	5	7
<b>Worship Presentation</b>	8	8

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## VITA

Gisela E. Schmidt

### EDUCATION

Andrews University	2021	Ph.D., Curriculum & Instruction
Andrews University	2008	M.S., Nursing Education
River Plate Adventist University Argentina	2001	M.A., Post-secondary Education
University of Rosario, Argentina	1994	Bachelor of Science in Nursing
River Plate College	1980	Associate Degree in Nursing

### PROFESSIONAL EXPERIENCE

#### Teaching

Andrews University	2004-2016 2015-2015 2003-2004	Assistant Professor of Nursing Interim Chair, Dept. of Nursing Clinical Nursing Instructor
River Plate Adventist University	1994-1997	Professor of Nursing
River Plate Adventist Hospital Argentina	1981-1981	Clinical Instructor (Internship)

#### Healthcare Employment

Spectrum Health Lakeland	2017-Present	Senior Staff RN, ICU
Saint Joseph Regional Medical Center, Mishawaka, IN	2014-2016	RN, PRN, ICU, SICU
Lakeland Hospital	2004-2005	RN, ICU
Adventist GlenOaks Hospital Glendale Heights, IL	1999-2012	RN, charge nurse, ICU, CCU
River Plate Adventist Hospital Argentina	1982-1994	Nurse, Charge Nurse, ICU
River Plate Adventist Hospital Argentina	1981-1982	Nurse, Medical-Surgical, Neonatology

