

LEADERSHIP DEVELOPMENT IN UNDERGRADUATE NURSING STUDENTS

by

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Introduction

Leadership development in undergraduate nursing students is a foundational component of preparing future nurses for entry to practice (ANA, 2021). Leadership development facilitates the preparation of new graduate nurses to leaders of care at the bedside. The healthcare industry is an increasingly complex and requires new graduate nurses to have leadership skills and execute a range of abilities such as adaptability, communication, delegation, and professional responsibility (Ha & Pepin, 2018). There have been many different strategies implemented to provide students with proper instruction in development of these skills such as dedicating entire courses to leadership and others that identify the key dimensions of leadership that can be taught to nursing students across curricula with reliable tools to assess outcomes (Fuster et al., 2020). A better understanding of the application of leadership development and its associated outcomes is vital for nursing educators to understand the strategies nursing programs need to prepare new nurses with necessary skills to adapt to ever changing needs of patients.

Literature Review

A literature review was conducted in June of 2021. Searches completed for research were done in the ProQuest Central and PubMed databases using key words such as leadership, development, nursing, students, and undergraduate within a date range of 2014-2021 in English that is full text and peer reviewed. Articles were then chosen based on relevance to the topic of leadership development in undergraduate nursing students and the process of evaluating leadership courses as well as the methods that are used within them. Articles chosen included information and evaluation of specific leadership courses as well as new methods of developing leadership in nursing students that were being assessed for success, proposed for trial, or both. A

matrix for review was composed to aid in gathering data from the research studies and articles and to organize the information. The matrix includes the purpose of the studies, the study design type, methods for data collection, details about samples used, the main findings, and smaller details found to be significant such as strengths and weaknesses of the studies. The articles were later organized into two separate groups based on their topic within leader development.

A total of 20 articles were collected, analyzed, and organized based upon their content. The articles were published in various places around the world in nursing schools and healthcare centers. There are eight research articles from within the United States (Bright, 2019; Brown & Rhode, 2018; Colley, 2018; Foli et al., 2014; Knight & Hamilton, 2019; Miles & Scott, 2019; Read et al., 2016; Stacciarini & McDaniel, 2019). Five of the articles came from Canada (Andersen & Watkins, 2018; Clancy, 2017; Ha & Pepin, 2018; Ha & Pepin, 2017; Ross et al., 2018). There are two articles published in England (Edwards et al., 2018; Francis-shama, 2016). Another two articles were published in Turkey (Göktepe et al., 2018; Sönmez et al., 2019). There is one article that was published in India (Marath & Ramachandra, 2015). There is a singular article from Spain (Fuster et al., 2020). There is another individual article that was published in Poland (Gotlib et al., 2018). Most of the study designs take on qualitative approaches such as interviews and focus groups, but six of them were multi-method studies that had qualitative and quantitative aspects (Brown & Rode, 2018; Clancy, 2017; Göktepe et al., 2018; Gotlib et al., 2018; Read et al., 2016; Ross et al., 2016). A total of four studies found only used a strictly quantitative study designs that used surveys and tests (Foli et al., 2014; Fuster et al., 2020; Marath & Ramachandra, 2015; Sönmez et al., 2019). Two of the articles are description of a newly developed model (Miles & Scott, 2019; Read et al., 2016). These articles were analyzed

and organized into two main groups: the evaluation of current leadership development courses and the evaluation of new leadership development approaches.

Leadership Development Strategies

The development of leadership is the gradual process of gaining and refining skills that are needed to expand an individual's capability to act proficiently in leadership roles (Fuster, 2020). Within leadership development, individuals are learning how to better understand themselves as leaders and how they can effectively impact others around them. Being able to use one's knowledge, experience, and understanding of the skills and abilities of those around them to complete a task or improve a situation as a team is part of leadership (Knight & Hamilton, 2019). Recognizing personal limitations and the skills of peers is a necessary skill for nurses and contributes to the importance of understanding leadership development in nursing students.

There have been many different strategies implemented to develop leadership among nursing students (Ha & Pepin, 2018; Marath & Ramachandra, 2015; Foli et al., 2014). These attempts mostly consist of varying forms of individual courses and programs (Ha & Pepin, 2018; Foli et al., 2014) or integrating teachings on leadership throughout a nursing program without a specific class on the subject (Marath & Ramachandra, 2015). Variation in these differences is due to a lack of a universal definition of leadership development in nursing and thus, a lack of a standardized methodology for teaching leadership skills to nursing students. A consistent method must start with developing proper definitions of leadership in nursing as well as understanding different methods for education. Miles and Scott (2019) provide a model for leadership development which consists of several phases that included providing varying definitions of nursing leadership, understanding one's potential capability as a leader, the synthesis of varying development models (including those of other fields), understanding the "knowing and doing in

leadership development,” and the understanding of one’s own actual capability of being a leader in nursing. One strategy for teaching leadership has placed more emphasis on hands-on learning of undergraduate nursing students through service-learning, simulations, and team-based activities that are implemented in a course taken early on in a nursing students’ education (Knight & Hamilton, 2019). It is important to understand the outcomes of various leadership development courses and their methods to understand how future methods can be created to better leadership development in nursing students.

Evaluating Current Leadership Development Courses

In order to better understand the development of leadership among nursing students, the current courses that nursing students are taking within programs need to be evaluated and assessed. The classes that are being utilized now and in recent years can be broken down into what is done well and what can be done better to increase the overall success of producing nurses with well refined leadership skills. The courses are evaluated in several different ways that define the method of the studies done on them. There are some that use a survey at the beginning and the end of the leadership course, and the students rate themselves on leadership skills (Foli et al., 2014). One study within a program did not include a specific leadership course but allowed specific clinical situations and experiences to act as leadership education. This course used service-learning in clinical settings as a method for developing leadership and showed that students found an improvement in themselves and their leadership skills after the hands-on experience (Foli et al., 2014). A different study did include an actual class meant for educating the students on leadership skills. It included service-learning experiences along with simulations and team-based learning exercises (Knight & Hamilton, 2019). This was exclusive to first semester nursing students with first semester as the set time for the leadership course in this

program and the results were similar to the first study: students showed improvement (Knight & Hamilton, 2019). The purpose of this study was to show the value of giving students training in leadership early on in their nursing education. The study fails to show how this early training affected their skills later in their nursing education or career. Research done by Marath and Ramachandra (2015) further supports the success of leadership courses making a difference for nursing students. The difference for this study is the reference to the course as a “leadership development package” as well as providing the teachings to fourth semester nursing students (Marath & Ramachandra, 2015). Evidence suggests that providing leadership courses to nursing students has positive effects on their skills and capabilities in leadership roles.

While it is important to gain numerical data with methods such as surveys and questionnaires to assess leadership courses, the students themselves are a great resource where insight from the recipients can be gained. Certain studies have made great use of this resource in a manner that allows for the students to give their honest opinion of their leadership training and how they feel about entering nursing with the skills they have learned (Francis-Shama, 2016). One of the most significant findings was that student’s felt the programs leaned too heavily on clinical experiences as leadership training and they were exposed to poor role models in real life situations that undermined training they had received (Francis-Shama, 2016). This information came from a smaller sample size as well from a program that did not appear to dedicate an entire course to teaching leadership skills (Francis-Shama, 2016). This shows the importance of including a course designated to leadership training as depending on the clinical experiences to provide this knowledge leaves too much room for human error in the form of poor role modeling. A similar study was done but with a purpose of gaining the insight of self-classified introverted nursing students and their views of the leadership education they were given in the

form of full courses (Colley, 2018). The individuals interviewed had a wide range of ages and had all graduated and or finished a nursing leadership course. These students felt that current leadership education was designed only for the extrovertedly minded and that it harmed their training as they were forced to learn how to adapt to leadership roles in beginning of their nursing careers after they had already graduated (Colley, 2018). This further shows the importance of evaluating these courses to constantly identify faults and take steps to correct them and better the education. An important next step here would be to investigate methods and activities that could be used to better provide leadership training to introverted individuals. The students can also give specific insight to the areas of leadership development that need more focus within the courses and reflect their success. Areas that have been highlighted by nursing students that have been through leadership development training include strategic thinking, teamwork skills, impact and influence, and emotional intelligence (Fuster et al., 2020). A different study conducted a similar series of interviews and questionnaires to assess areas of leadership that students felt were weaker than others (Gotlib et al., 2018). These students felt weak in areas such as ethics, balanced processing, and transparency within relations which provided good insight for this program and their course, although only 24% of the students even felt they had enough competency in self-awareness on the subject to properly evaluated themselves (Gotlib et al., 2018). This will vary among different programs but what can be learned from this study is how important it is to assess the course and find what areas need improvement and the best ways to go about that can be provided by the students as well as the faculty. The use of the students to assess and evaluate the courses can also be done in terms of the methodology and the operations of the class. A study into this using individual interviews, group interviews, as well as quantitative surveys among almost 200 undergraduate nursing

students revealed a great desire for there be better communication and collaboration between educational institutions and clinical sites to better leadership training (Ross et al., 2018). These are all supporting reasons for why it is important to assess the current leadership courses and find ways to improve them as well as proving that they are still effective and achieving their goals. The method of developing leadership through specific courses is very effective in itself, it just needs to be continuously tested and improved upon. A study done to compare leadership skills between healthcare providers in Turkey showed that nursing students scored higher overall in a provided assessment than medical students after both receiving their prospective leadership training from their different programs (Sönmez et al., 2019). This speaks highly of the quality that is already in present in the leadership courses that is expected of nursing students.

Evaluating New Leadership Development Strategies

Inside of the courses themselves, it is vital that the individual methods being used to develop leadership in nursing students be evaluated. There are many new methods being attempted and studied with successful results. Entirely new models have been research, created, and proposed in hopes of creating a standard for leadership development in undergraduate nursing education. Miles and Scott (2019) created a model that they based upon synthesized leadership theories, reviewed nursing trends, content analysis of various leadership education packages, and with their own summarized definitions of what nursing leadership is. Their model highlights areas of leadership in nursing that research in the subject has shown to be most vital but also leaves room for improvement and changes to follow evidence-based practice, much as is the way within nursing itself (Miles & Scott, 2019). The model is yet to be implemented within a leadership course in a nursing program, but it is well backed up and in need of being attempted. Other models have been researched, created, and attempted but only because they were not on a

large scale with the purpose of creating a new standard such as the previous model discussed. One model is referred to as the “Social Change Model” and revolves around the central idea of teaching leadership to nursing students in the perspective of bringing positive social change as well as being prepared for social change that is going to naturally occur in society (Read et al., 2016). The current times are those of great social change and the nursing world needs to be prepared to roll with these changes. This proposed model is mostly research into why nursing students need to be taught this in their leadership training as to show others how to positively adapt to as well as support social change (Read et al., 2016). Another similar model by the name of “EMBRACE” circles the important of being inclusive in leadership in nursing and making points to provide equality and equity among all (Stacciarini & McDaniel, 2019). EMBRACE stands for “Engaging Multiple-communities of BSN students in Research and Academic Curricular Experiences” and presents underrepresented nursing students with large leadership opportunities to provide the proper leadership education needed to members of nursing programs that may be overlooked otherwise (Stacciarini & McDaniel, 2019). This model was successfully used and implemented and gave 19 diverse nursing students large leadership opportunities such as summer internships and positions on research projects during their time as nursing students.

Other studies go further into very specific methodologies that have and are being evaluated. The use of role models has always been a well perceived way for teaching others, but it is usually done with having specific role models in mind such as well seasoned nurses. This method is a co-constructed educational intervention that involves using some of the students themselves as role models for their peers (Ha & Pepin, 2018). The students that show some proficiencies were proven to be effective role models to their peers, especially those in closer age ranges, as they could better connect and communicate in familiar language and be in a more

comfortable position to listen and take in information (Ha & Pepin, 2018). This idea is being researched in multiple areas and has been backed up by other studies where it is referred to as “peer mentorships” (Andersen & Watkins, 2018). This term was found again in another study in which the peer mentors were approached by faculty and assisted in clinical and classroom settings with positive results in leadership skills for the peer mentors and mentees (Bright, 2019). The idea behind this is that allowing students to teach other on subjects they excel at, it gives the mentor proper leadership experience and knowledge as well as helping the mentee student better understand the material along with getting a peer role model for leadership. This method is being researched in other ways by having student-led simulations. Some have had entirely led student-led simulations that yielded mixed results of success and failure but regardless reported leadership experience for the students leading the simulation (Edwards et al., 2018). This study allowed an entirely student-led simulation that was followed up with a debrief by faculty to cover any confusing aspect (Edwards et al., 2018). This was also done in another study with a mixture of student-led parts of the simulation and faculty interventions throughout that seemed to ease student’s confusion when it would arise instead of only having access to faculty at the concluding debrief session (Brown & Rode, 2018). This method is similar to peer mentorship in providing the leading students with leadership experience within a learning exercise that gives their peers a possibly less stressful environment while also providing a peer role model for leadership. Simulations are a common method for education and assessment purposes within nursing programs and has been continuously assessed itself for success. This was done recently and taken a step further to include similar team-based learning in leadership courses themselves (Göktepe et al., 2018). The outcome showed increased confidence among the students in their

leadership skills along with an overall boosted enjoyment of the course in learning how to work together in various exercises that promoted leadership (Göktepe et al., 2018).

Getting away from utilizing the students as leaders in nursing exercises and scenarios, other methods that are being considered are varying patterns of co-teaching. This has been done with having two instructors to a course which yielded increased success as well as student satisfaction as they felt they had professionals more readily available to them and had faculty available in-person with questions and worries (Clancy, 2017). The alternative to this was co-construction of activities and methods for instruction in clinical experiences and the classroom by the instructors and the students (Ha & Pepin, 2017). This gave the students the chance to propose their ideas as well as give their opinion on the methods of the course, but it does not take away control from the faculty that overall knows the material best and how it should be delivered to the students. The results were two shared activities that were agreed upon by instructors and students that were reported to be mutually enjoyed (Ha & Pepin, 2017).

Purpose of the Study

The purpose of this study is to describe the impact of an active learning approach to leadership development in senior nursing students.

Methods

This study used a quality improvement approach to understand the outcomes associated with one nursing programs implementation of an active learning course on leadership within their undergraduate curriculum. Data for this study is a subset of a dataset that has been collecting student outcomes since 2019. This study used only data collected during the Spring 2021 cohort of students. Surveys are administered using Qualtrics at the beginning and end of the semester. Surveys measure student comfort and experience participating in various leadership

activities such as political advocacy, quality improvement activities, and group leadership (see Appendix A). A post survey was distributed at the end of the semester after course activities were complete. The course is titled “Nursing Leadership” and covers a variety of topics meant to provide nursing students with knowledge about leadership roles, theories, skills, and how these are applicable to professional nursing. Topics in the course that are covered include the transition into leadership roles, building teams through communication and partnerships, relationships and conflict, staffing, delegation, legality and ethics, cultural diversity, career management, translating research into practice, and how this content is effective within healthcare organizations. Teaching strategies include in-person lectures, virtual instruction, lectures, online videos, supplementary scholarly articles. Course assignments consist of active learning strategies such as experiential activities, group projects, and projects that required students to apply leadership concepts to their concurrent clinical setting. Across all semesters approximately 540 students have completed pre and post surveys.

Results

This study explored the impact of an active learning approach on the leadership development of undergraduate nursing students in their senior year. The results were collected with the use of a pre- post- survey from a cohort of 114 nursing students in their third semester during the Spring of 2021. The pre-survey had 114 responses to each question. See table 1 for student demographics.

Table 1

Student Demographics Spring 2021

Demographic	<i>N</i>	<i>%</i>
Gender		
Female	95	83
Male	19	17
Race		
Black or African	14	4
Hispanic	12	11
White	75	66
Other	11	3
Age		
20 - 22	100	88
23 or greater	14	12

The pre-survey was taken within the first month of the course. The results from the pre-survey reflected a low-knowledge base of leadership topics among the senior nursing students. The first four questions are assessing students experience with specific leadership topics they would be seeing the course. Only 4% of the nursing students stated they had experience in root-cause analysis (see Table 1). Anywhere around 15-30% of the students had participated in a quality improvement process or training to develop leadership skills (see Table 1). A higher amount of nearly 50% of the students reported having experience in team-based skills training (see Table 1).

Table 2*Students with Experience Using Leadership Topics Introduced in Nursing Leadership Course*

Items	Pre-Assessment	
	<i>N</i>	<i>%</i>
QI Process	114	27
Root Cause Analysis	113	4
Leadership Skill Development Training	114	17

The final part of the pre-survey questions determined the students' knowledge level and comfort level with leadership topics. This was a range of 1-5 with a score of 1-2 reflecting the student reporting above an average level of knowledge or comfort with the topic while a score of 3-5 was an average or lesser level of knowledge or comfort. These questions once again reflected an overall low-knowledge base for the topics presented. There were only three topics where more than 60% of the students felt that they were more than knowledgeable or comfortable (see Table 2). The highest of these was patient safety projects in which over 80% considered themselves very comfortable (see Table 2). Nearly 80% gave positive responses to improvement of team-based care (see Table 2). This is similar to the post-survey question and students have had many group-projects as well as been instilled with the knowledge of the importance of team-based patient care. Many students also felt comfortable discussing the role of the professional nurse. The rest the topics reflected around 50% or less of the students feeling knowledgeable or comfortable with the discussed leadership content in the beginning of this course (see Table 2).

Table 3

Positive Responses to Leadership Course Pre- and Post-Assessments

Items	Pre-Assessment		Post-Assessment		% Change
	<i>N</i>	%	<i>N</i>	%	
Knowledgeable in					
QI Principles and Processes	113	7.96	110	92.72	84.76
Patient Safety Principles and Processes	112	43.75	110	94.55	50.80
Team-based Care Principles	114	26.32	110	93.64	67.32
Effective Leadership Strategies	114	21.05	110	94.55	73.50
Comfortable with					
QI Projects	114	52.63	109	95.41	42.78
Patient Safety Projects	113	80.53	108	96.30	15.77
Improvement of Team-based care	114	77.19	109	94.50	17.31
Discussing Role of Professional Nurse	113	78.76	109	94.50	15.74
Discussing Politics Involving Nursing	113	48.67	109	86.24	37.57

The post-survey was given at the end of the leadership course and averaged 113 responses per question. There was a large increase in the positive responses for all leadership topics questioned. Nearly all knowledge or comfort level concepts increased from below 50% to over 90% (see Table 3). The greatest increase seen was in the knowledge level of quality improvement principles and processes as it went from approximately 8% to nearly 93% (see Table 3). There was also improvement in the topics where a majority of students already felt

comfortable with the material such as patient safety projects which went from 80% to 96% (see Table 2). The findings of this study suggest that the strategies used in this leadership course had a positive effect on both the knowledge and comfort level of senior nursing student's leadership skills.

Discussion

The purpose of the study was to describe the impact of an active learning approach to leadership development in senior nursing students. This study found that through the use of active learning approaches, there was an improvement in all measured areas of knowledge and comfort with leadership concepts. Additionally, there was exceptional growth in areas such as quality improvement principles and processes as well as effective leadership strategies. While the study design does not measure the direct effect of teaching modalities and content on leadership, the results can be largely attributed to the design and application of the course material.

There were points in the data that appeared out of line with the rest of the results that may have been the result of some outside factors. Only 4% of the nursing students stated they had experience in root-cause analysis on the pre-survey, but this was most likely due to a lack of understanding of the term and not a completely accurate depiction of how many students had participated in root-cause analysis. A higher amount of nearly 50% of the students reported having experience in team-based skills training. This is likely a reflection of students participating in group projects throughout their education and considering this to be development in team-based skills. This also could correlate to the high scores for discussing the role of the professional nurse and improving team-based care as students feel well educated on these topics at this point in their education as they near their final semester of their undergraduate degree in

nursing. While prior experience is evident, students showed a 15% increase in both topics after the leadership course was completed, displaying increased levels of comfort among students. The highest score on the pre-survey was patient safety projects in which over 80% considered themselves very comfortable. This is likely due to students feeling that they have been educated well on patient safety by their senior year of nursing school and feel competent in this area in comparison to other topics questioned. Quality improvement was also over 50% in positive responses in terms of comfort, although this is not only a topic covered in the leadership course but a research course that most of the students are taking within the same semester. This study shows the importance of quality improvement projects that takes place during the leadership course that could have played a role in increasing the knowledgebase of many students on this topic. The increase across all the included leadership concepts is evidence that this course is an effective method for teaching leadership. This program has succeeded in productively developing leadership in undergraduate nursing students via this method of course execution.

Limitations

This study used a faculty developed survey that does not have documented reliability and validity. This is a newly developed survey not previously analyzed for effectiveness. All students had to take the survey as a part of the leadership course so voluntary completion may not have been assumed by participants. COVID-19 had an impact on the forms of course delivery and influenced reception of course material. Due to an inability to be taught in-person, the course material was covered in recorded lectures alongside course assignments and projects as an online course. This study does not address or compare these semesters responses with those that were collected pre-pandemic. There could be a difference in leadership development with an in-person course versus an online course, although this is not explored or discussed in this study.

Conclusion

Leadership development is vital for nursing students to continuously improve their ability to provide high quality care in the ever-changing nursing field and health care landscape.

Acquiring leadership skills prior to entering the work force provides nursing students with a basis for abilities that they will inevitably need throughout their career. By measuring the outcomes of courses and programs designed to establish these skills we are able to contribute to the knowledge base of the most effective methods of educating nursing students on leadership. As a result, this understanding will aid us in recognizing the decisive actions and measures that need to be taken to best assure the success of nursing students with regards to leadership development.

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