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# Lived Leadership Experiences Of Nursing Clinical Instructors In A Prelicensure Nursing Program: A Phenomenological Study

Catherine Marin

LIVED LEADERSHIP EXPERIENCES OF NURSING CLINICAL INSTRUCTORS IN A

PRELICENSURE NURSING PROGRAM: A PHENOMENOLOGICAL STUDY

By

Catherine Marin

B.A. (University of California, Riverside) 1986
B.S. (Azusa Pacific University) 1991
M.S. (University of Phoenix) 2013

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and reviewed by

Gizelle Luevano, Ed.D., Lead Advisor
University of New England

Corey Berg, Ed.D., Secondary Advisor
University of New England

Regina Rico, Ph.D., Affiliate Committee Member
University of Phoenix

## Doctor of Education Program

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### This Dissertation was reviewed and approved by:

Lead Advisor Signature: _____*Gizelle Luevano*_____

Lead Advisor (print name): ____Gizelle Luevano_____

Secondary Advisor Signature: ___ *(signature)*

Secondary Advisor (print name): Corey Berg

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Catherine Marin
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Educational Leadership

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Abstract

The role of the nursing clinical instructor has evolved alongside the nursing profession. Nursing clinical instructors are expected to teach, coach, empower, and lead future registered nurses throughout their academic prelicensure journey. Although nursing clinical instructors possess at least the minimum required educational and clinical experience for their role as instructors, it is unclear how they obtain their leadership skills. The purpose of this qualitative phenomenological study was to understand how nursing clinical instructors attain self-empowerment and develop leadership skills. The theoretical framework was the integrated model of leader traits, behaviors, and effectiveness (IMoLB) developed by Derue et al. (2011).

The following research questions supported the study:

1.  What are the consistent leadership traits that clinical instructors within the nursing profession perceive as essential to effectively teach and lead?

2.  How do nursing clinical instructors perceive that they acquire the self-empowerment and leadership skills that shape their roles?

Seven nursing clinical instructors participated in the study using two data collection instruments: (a) the Multifactor Leadership Questionnaire, and (b) online interviews with the Zoom video conferencing platform. The REDCap platform was utilized to gather the MLQ survey data. Transcripts from the audio-recorded interviews were coded alongside the survey data to determine themes expressed by the nursing clinical instructors. Three prominent themes

emerged from the qualitative analysis: (a) ensuring students are competent, (b) possessing confidence when leading students and other nursing clinical instructors, and (c) establishing connections with followers. The results from this study may assist higher education leaders in creating leadership education and mentoring programs for current and future nursing clinical instructors.

*Keywords:* Community College, National Licensing, Registered Nurse, Clinical Nurse Instructor

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CHAPTER 1

INTRODUCTION

The nursing profession continues to grow globally and evolve as a profession. In response to the ongoing demand for qualified registered nurses, administrators of nursing schools realize the importance of implementing a high-quality nursing education program. To successfully implement a nursing curriculum, administrators must recruit qualified nursing clinical instructors to teach and lead prospective registered nurses.

**Role of Nursing Clinical Instructor**

Nursing clinical instructors are the frontline gatekeepers of nursing education who bridge the gap between didactic and clinical education. To teach in a clinical setting, nursing clinical instructors, at a minimum, are required to possess a current registered nursing license for the state in which they teach and a bachelor's degree in nursing or a related field. The amount of clinical/bedside experience varies among nursing schools, but most schools require instructors to have at least two years of bedside experience.

Carlson (2015) observed that clinical education consists of numerous facets. A nursing clinical instructor must possess various skills that include expert clinical skills, amiable working relationships with clinical interprofessional staff, ability to make appropriate student assignments, and ensure that the clinical objectives are attainable. An instructor, not matter how much teaching experience they may have, needs time to transition into the assigned role. However, after the nursing clinical instructor completes a transitional period, there is the expectation that the instructor will ensure delivery of high-quality clinical education to the students. A nursing student participates in clinical learning under the close guidance of a nursing

clinical instructor. "The clinical learning environment enables students to combine nursing theory, practice, and research while being immersed in the nursing culture. In the clinical setting, the student is considered an apprentice who is led by the clinical instructor" (Collier, 2018, p. 363). Therefore, students need teachers who will not only teach but serve as role models.

The role of the nursing clinical instructor is integral in ensuring that a nursing student successfully completes all of the clinical requirements prior to taking the National Council Licensing Examination (NCLEX). "The role of the clinical nurse faculty member is to coach the practice of a new learner in a 'human laboratory'" (Adelman-Mullally et al., 2013, p. 32). Nevertheless, the clinical nursing instructor coaches, inspires, and motivates the student to build a repertoire of knowledge and skills that they will use as a future registered nurse (Adelman-Mullally et al., 2013). Reciprocally, the students will integrate the knowledge they obtain from their instructors by consistently applying it in their nursing practices.

**Role of Nursing Clinical Instructors as Leaders**

According to Adelman-Mullally et al. (2013), a nursing clinical instructor must consciously decide to serve as a role model for students. The extent to which an instructor performs as a leader is dependent on a combination of factors such as clinical experience and education. "Clinical nurse educators who practice in healthcare and also guide clinical learning for students contribute greatly to the faculty team; experienced clinicians with knowledge, skills, and a deep understanding of contemporary nursing practice have great potential as educational leaders" (Adelman-Mullally, 2013, p. 29). Once a nursing clinical instructor accepts the responsibilities of serving as a leader, they adopt a leadership style that favors one's personality and experiential attributes.

A nursing clinical instructor's leadership role will evolve as the individual gains experiences in the clinical nursing instructor realm. When a nursing clinical instructor enters the academic arena for the first time, they may initially experience some uncertainties and reservations. For a clinical instructor to lead, they must first gain a sense of empowerment. "Psychological empowerment is a motivational construct and consists of the components of meaning, confidence, autonomy, and impact" (Wiens et al., 2014, p. 266). Nursing clinical instructors, through attainment of empowerment and academic experiences, will eventually discover leadership styles that suit their personalities.

There is a need for nursing clinical instructors to possess leadership traits and demonstrate leadership skills to serve as effective teachers. "Leaders' traits evolve over time and are expressed differently under different situations" (Xu et al., 2014, p. 1095). The degree to which traits are expressed depends on how nursing clinical instructors use the traits in decision-making situations. Eventually, instructors use traits that are inherited, express these traits in decision-making situations, and eventually these traits evolve into improved traits for decision-making (Xu et al., 2014). Nursing clinical instructors will attain improved leadership traits as they engage in decision-making experiences throughout their academia careers

### Statement of Problem

Nursing professionals are required to acquire evidence-based skills to remain competent in their specialty areas. To meet the growing demands of training future registered nurses, nursing instructors must dually demonstrate teaching and leadership effectiveness in their delivery of instruction. "Clinical nurse educators who practice in healthcare and also guide clinical learning for students contribute greatly to the faculty team: Experienced clinicians with knowledge, skills, and a deep understanding of contemporary nursing practice have great

potential as educational leaders" (Adelman-Mullally et al., 2013, p. 29). The clinical environment needs leadership to guide the delivery of education. Literature exploring competency to teach leadership skills within the didactic years of nursing students training abound, yet the vital role of training the nursing clinical instructor to teach and transfer leadership skills within the applied setting demands attention.

When a nursing clinical instructor begins teaching in academic nursing, there is a likelihood that they lack the leadership abilities to manage a class. According to Wiens et al. (2014), an instructor, especially a novice instructor, needs to adapt to functioning in an academic environment. Nursing clinical instructors are instrumental in successful delivery of nursing education (Parvan et al., 2018). Successful student learning in a nursing program is dependent on effective clinical teaching behaviors (Parvan et al., 2018). Additionally, nursing clinical instructors need effective leadership skills to lead students in becoming competent and safe clinicians (Saravo et al., 2017). Currently, newly hired nursing clinical instructors possess up-to-date technology skills and evidenced-based nursing knowledge (Johnson, 2016). However, these same instructors lack the empowerment to develop leadership skills (Wiens et al., 2014). Therefore, a gap exists between leadership skills and delivery of effective clinical education amongst nursing clinical instructors. Currently, little is known on how nursing clinical instructors gain empowerment to become the best leaders for their students.

**Purpose of the Study**

The purpose of this qualitative phenomenological study was to understand how nursing clinical instructors attain self-empowerment and develop leadership skills. "A large percentage of student contact time for most nursing faculty is spent in clinical settings" (Reeve, 1994, p. 15). Although students are not yet registered nurses, they are still practicing clinicians under the

supervision of nursing clinical instructors. Therefore, nursing clinical instructors should possess dual roles as teachers and leaders. However, nursing clinical instructors are primarily hired for their knowledge of nursing. To effectively lead students to attain a comprehensive nursing education the nursing clinical instructors must somehow gain self-empowerment and learn to lead students.

Nursing clinical instructors may possess inherent leadership traits that would enable them to execute leadership behaviors. Nevertheless, a nursing clinical instructor may need to gain leadership tools which would enable him or her to become a more effective teacher. Therefore, the researcher conducted a qualitative, phenomenological study which included asking clinical nursing instructors how they gain self-empowerment and leadership skills that shape their roles as nursing clinical instructors.

## Research Questions

The following research questions were used to guide this study:

RQ1. What are the consistent leadership traits that clinical instructors within the nursing profession perceive as essential to effectively teach and lead?

RQ2. How do nursing clinical instructors perceive that they acquire self-empowerment and leadership skills that shape their roles?

## Theoretical Framework

The integrated model of leader traits, behaviors, and effectiveness (IMoLB), developed by Derue et al. (2011), served as the theoretical framework for this study. This model contains three main divisions: (a) leader traits and characteristics, (b) leader behaviors, and (c) leadership effectiveness. Components of leader traits and characteristics are demographics, task competence

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and interpersonal attributes. These traits are composed of inherent traits and traits that evolved through life experiences.

Leader behaviors consist of (a) leader behaviors and attribution and (b) relational associations. Leader behaviors can be task-oriented, relational-oriented, change-oriented, or passive leadership. These behaviors represent task, servant, transformational, and laissez-faire theories of leadership, respectively. Nursing clinical instructors may exhibit either one behavior or a combination of behaviors which encompass their leadership styles. The relational association aspect of leader behaviors involves the elaboration of attributions and relational associations. The attribution processes include implicit leadership and leader prototypes, and identification processes include leader-follower perceived similarity, identification with leader, and group identification. These relational associations are dependent on how leader traits and characteristics are expressed.

Eventually, these relational associations yield leader effectiveness, the third aspect completing the model. As a nursing clinical instructor, leader effectiveness is dependent on student successes and self-evaluations of instructors' performances. Leadership effectiveness consists of content, level of analysis, and target of evaluation. Nursing clinical instructors evaluate their leadership effectiveness through self-evaluations and evaluations from supervisors and subordinates, including such as students.

## Limitations and Assumptions

One assumption is that nursing clinical instructors need to exercise leadership behaviors to assist students to become competent practitioners. "A well-directed clinical education promotes students' critical thinking, clinical judgments, decision making, clinical skills, clinical

knowledge, and attitudes" (Shahsavari et al., 2014, p. 132). A competent teacher should be able to implement these activities with an effective leadership style.

There were some limitations in the study. One limitation was that the participants in the study are all employed at the same educational institution. Another limitation was that the study was limited to nursing clinical instructors who were willing to share their lived experiences. The small sample size of seven participants was a limitation, but also ideal for a phenomenological analysis of leadership behaviors. An advantage of using small groups of faculty (or students) is garnering insight into leadership behaviors that are pertinent to clinical curriculum delivery effectiveness. The results from a small sample can serve as a pre-study of future research of nursing clinical leadership behaviors. The results of the study may also reflect a larger population of nursing clinical instructors. Clinical nursing instructors share commonalities when delivering curriculum instruction. According to Hou et al. (2010), nursing clinical instructors need to possess clinical teaching skills, clinical practice skills and personal model qualities to serve as competent educators. These essential attributes collectively contribute to the leadership behaviors and styles that these instructors chose to adopt.

## Rationale and Significance

It is imperative that nursing students learn how to provide adequate care to their patients prior to taking and passing the National Licensing Council Examination (NCLEX). Therefore, "clinical educators as leaders help students learn to act in patient care situations" (Adelman-Mullally et al., 2013, p. 31). The patient care setting is one where nursing students must pay close attention to detail especially because patients place their lives in the hands of these future registered nurses (RNs). "It is the role of faculty members within the academic unit to mentor and coach clinical educators in how to teach and develop novice nurses even while redefining

and expending their own leadership skills" (Adelman-Mullally et al., 2013, p. 33). Therefore, clinical nursing instructors must adapt their behaviors to the continuous, evolving changes in the nursing profession and healthcare. "Leaders must not only take the risk of challenging a process that is no longer working; they must create an environment in which the followers feel safe to take such risks" (Adelman-Mullally et al., 2013, p. 31-32).

The goal of administrators of prelicensure nursing programs is to ensure that their faculty delivers curriculum that meets program outcomes and Board of Registered Nursing school regulations. For nursing clinical instructors to incorporate the leadership components into their current roles, instructors must first recognize what behaviors they need to possess to serve as effective leaders. This researcher explored the literature in a search for research on leadership behaviors and nursing clinical instructors. Although there was research pertaining to clinical nursing instructor competencies, little research was found on leadership traits and behaviors impacting teaching effectiveness. Therefore, to close the research gap, the researcher explored leader traits and behaviors of nursing clinical instructors. Administrators of prelicensure nursing programs can use the results of this study for the future development of faculty leadership programs.

<div align="center">**Definitions**</div>

The following defines key terminology that was used in this study.

*Community College-* regionally accredited public two-year institution that awards associate degrees as the highest degrees conferred (Merriam-Webster, n.d.)

*National Licensing Council Examination (NCLEX)-* a standardized, national-administered examination candidates take for registered nurse licensure (National Council).

*Nursing Clinical Instructor*- "Clinical instructors are Registered Nurses that teach [nursing] students in a clinical environment to give them real-world training and enhance classroom education. Clinical nurse instructors are *essential* to the nursing curriculum." (Gaines, para. 1)

*Prelicensure Nursing Programs*- The Pre-licensure Track is designed for the applicant with or without a current LVN license. Graduates of the Associate Degree in Nursing (ADN) program are eligible to apply for registered nurse (RN) licensure by examination (College of the Mainland, n.d.)

*Professional development*- may be used in reference to a wide variety of specialized training, formal education, or advanced professional learning intended to help administrators, teachers, and other educators improve their professional knowledge, competence, skill, and effectiveness (Glossary of Education Reform, n.d., para. 1)

*Registered Nurse*- an individual who either graduated from an accredited prelicensure program or is approved to take the examination adminstered by the National Council of State Boards of Nursing (National Council, n.d.)

**Conclusion**

This study adds to the existing literature on nursing clinical instructors and leadership. Past studies consisted of exploration of competencies and teaching effectiveness of the nursing clinical instructor. Therefore, this researcher hoped to add to the current literature of nursing clinical teaching effectiveness with results of self-empowerment and leadership behaviors in nursing clinical instructors. Chapter 2 contains a review of literature that addresses clinical nursing instructor competencies, discussion of the integrated model of leader traits, behaviors, and effectiveness, and review of clinical instructor effectiveness instruments. Details concerning

methodology and ethical considerations are contained in Chapter 3. Chapter 4 presents the results of data collection and analysis. In Chapter 5 results are interpreted and discussed in relation to previously published literature, followed by recommendations for leaders and future research. Collectively, the researcher hoped to gain a clearer perspective on which leadership behaviors best support teaching effectiveness.

CHAPTER 2

LITERATURE REVIEW

To meet the growing demands of training future registered nurses, nursing clinical instructors must dually demonstrate teaching and leadership effectiveness to help students achieve acceptable clinical learning outcomes. "It is the role of faculty members within the academic unit to mentor and coach clinical educators in how to teach and develop novice nurses even while defining and expanding their own leadership skills" (Adelman-Mullally et al., 2013, p. 33). Specifically, an effective clinical nursing instructor must possess a leadership style that is conducive to assisting students in meeting learning outcomes. This literature review addressed areas that are pertinent to identification of leadership behaviors in nursing clinical instructors. The areas of focus for the literature review included (a) nursing clinical competencies, (b) an exploration of the development of an integrative model of leadership behavior, and (c) analysis of instruments used to measure clinical instructor effectiveness. Therefore, the literature review included an identification of leadership behaviors that instills effectiveness in clinical nursing instruction.

The review begins with a discussion of the evolution of the role of nursing clinical instructor to provide a context for the study. Nursing clinical instructors possess a variety of leadership traits, educational backgrounds, and teaching experiences necessary to teach and mentor nursing students. The second section contains a discussion of the IMoLB theory that was the lens through which the investigation was viewed for how nursing clinical instructors develop their own leadership styles to teach and mentor nursing students.

## Nursing Clinical Instructor Competencies

For a nursing instructor to be deemed effective, they must possess a set of behaviors and traits that proves competence. Kring et al., (2013) described characteristics of clinical effectiveness as "the degree to which a nursing instructor successfully demonstrates a professional manner, functions as a role model, provides appropriate feedback, serves as a competent resource, exhibits good interpersonal skills, demonstrates respect for students and applies appropriate teaching strategies" (p. 34)

Allen et al., (2012) studied emotional intelligence (EI) in clinical nursing instructors. They concluded, "EI helps to determine a person's ability to adapt within an environment of interactions with oneself and with others" (Allen et al., 2012, p. 231). Five categories that are instrumental in EI include teaching ability, nursing competence, evaluation, interpersonal relationships, and personality trait. Nursing faculty who reported a higher EI also reported higher degrees of teaching ability, greater competency, and a higher level of nursing competence (Allen et al., 2012). "The findings also support the belief that to facilitate student learning in the clinical setting, nursing faculty members must be competent in understanding their own emotions and the impact of their behaviors on students" (Allen et al., 2012, p. 239). Therefore, this study must consider EI when identifying leadership behaviors in clinical instructors.

In a study of leadership behaviors exhibited by frontline staff nurses, Fardellone et al., (2014) closely examined attainment of an advanced degree in nursing, a specialty nursing certification, and possession of approved non-relevant certifications. Fardellone et al. (2014) used a Kouzes and Posner's (2003) Leadership Practice Inventory that consists of a 30-item assessment survey. The results indicated that the nurses attained higher scores in the areas (a) *enabling others to act* (collaboration and building group strength by helping nurses to develop

competence and self-determination), (b) *modeling the way* (allows nurses to clarify values and set examples with shared values) and (c) *encouraging the heart* (behavior that recognizes contributions and creates a feeling of community). However, the lowest response from nurses was *inspiring a shared vision* (enlisting others to imagine the future, share possibilities, and communicate with recommendations). The low response result for *inspiring a shared vision* indicated a deficit in leadership behaviors from these nurses. "Clinical nurses need to be aware of their own leadership behaviors and have the opportunity to transform through leadership, training, and development" (Fardellone et al., 2014, pp. 510-511). This result also indicated that "strengthening leadership capabilities within nursing is important as health care continues to evolve and grow" (Fardellone et al., 2014, p. 512).

In a study encompassing clinical instructors' clinical and teaching competency as well as leadership abilities, Adelman-Mullally et al. (2013) identified five leadership skills and strengths that clinicians transfer from clinical practice to academic settings. Five overarching themes that demonstrate ways in which clinical nursing educators exemplify leadership included role modeling, providing vision, helping students to learn, challenging the system or status quo, and seeking relationship integrity.

Staying current and updated on nursing evidenced-based practices is essential for clinical nurse educators. "Nursing instructors should thrive to maintain these three dominant themes while teaching in a clinical setting. Remaining competent while developing an interpersonal relationship and being approachable is necessary for effective clinical education" (Collier, 2018, p. 369). Stevens and Duffy (2017) collaboratively assembled a toolkit for nursing clinical instructors with three components: transition, collaboration, and organization. In transition, instructors need to prepare for their courses and find ways to bridge the gap between teaching

and practice. "One key component to a successful transition is open and transparent communication between clinical nursing instructor and nursing staff" (Stevens & Duffy, 2017, p. 171). After orienting to a new unit, collaboration would involve identifying strategies for how to simultaneously incorporate delivery of clinical instruction and collaborate with the unit's interprofessional staff.

Saravo et al. (2017) addressed transformational, transactional, and passive leadership traits in medical school residents. The residents participated in a leadership program and answered leadership behavior questions from the German version of Avolio and Bass' 2004 Multifactor Leadership Questionnaire (MLQ) consisting of 40 items. Saravo et al. found residents felt that they gained transformational skills (exemplified in appreciating good efforts from nurses) and transactional skills (exemplified by delegating responsibilities to other colleagues). The residents' scores were stronger regarding the transactional traits.

Collier (2018) conducted a comprehensive review of research related to nursing clinical instructor effectiveness to determine characteristics that were deemed effective in the delivery of nursing care. The study began in 1985 because that was the first year that the Nursing Clinical Teaching Effectiveness Inventory (NCTEI) was formally initiated by Morgan and Knox (1987). After reviewing 37 articles, Collier (2018) identified three characteristics that are most important to consider a nursing clinical instructor effective: competency, ability to develop interpersonal relationships, and particular personality traits, especially approachability.

**Leadership Trait Theory**

In a case study of corporate leaders in China, Xu et al. (2014) studied traits over time and identified dynamic patterns in the evolution of leader traits, the patterns of the expression of leader traits, and the relationship between trait evolution and trait expression over a leader's life

span. Before Xu et al. engaged in their study they conducted an extensive literature review on the evolution of leader trait theory. The researchers observed that in the previous and ongoing longitudinal studies the effects of traits on leadership has been treated as stable and static phenomena rather than the dynamic process Xu et al. considered leadership traits to be.

The development of traits in a leader's life occurs at childhood, adolescence, and adult stages of life. At the childhood stage, traits and skills are being formed and developed at a rapid pace (Xu et al., 2014). During adolescence, individuals gain knowledge and intelligence through formal education. Acquisition of formal education has an impact on leadership potential (Xu et al., 2014). At the adult stage, an individual's introspection as well as learning play a role in developing their leader roles (Xu et al., 2014). At this stage, adults can change or adapt their traits according to situations or life events they face (Xu et al., 2014).

Xu et al., (2014) proposed a dynamic view of leader trait development that consists of two evolutionary trends: (a) how traits can change in intensity and (b) a trait changing in nature. Results showed three patterns of trait evolution: homological, converse, and composite. A homological evolution consists of the former trait and a newly-created trait continuously being formed and involves strengthening of the former trait (Xu et al., 2014). A converse evolution of traits occurs when existing traits are replaced by diametric ones (Xu et al., 2014). A composite evolution of traits occurs when two random traits combine and create a new, more effective trait (Xu et al., 2014).

Xu et al. (2014, p. 1110) summarized their study with propositions as follows:

- Changes in the nature of leader's traits over the evolution process usually include changes in intensity;

- The evolution of a leader's traits usually involves all three principles: homological, converse, and composite; and

- Major events in the social process, subtle cultural influence, and leaders' learning and introspection or the internal driving force, are the primary factors influencing the formation and evolution of leader traits.

Xu et al. (2014, p. 1110) also concluded that there are extrinsic and intrinsic traits in which a "leader's extrinsic traits can be situationally activated [and] intrinsic traits can promote the evolution of an extrinsic trait." The key element in making Xu et al., 2014's study dynamic was that "the evolution and expression of leader traits are not isolated but interactive." For example, a leader expresses a certain trait gained in childhood, but the trait evolves as the leader gains confidence and effectiveness in situations, thereby making the trait richer in meaning. In determining which pattern of trait evolution strongly correlates to trait expression, Xu et al., (2014), concluded that "expression of a trait leads to all patterns of evolution of the trait" (p. 1111). Of the three patterns of trait evolution, "only composite evolution makes the expression of the trait possible" (p. 1111). This study is pertinent as the results informed later studies that integrated personality trait and behavior theories.

**Integrative Model of Leadership Behaviors**

An integrative model of leadership behaviors (IMoLB) was developed by Derue et al., (2011) to demonstrate the relationship among (a) leader traits and characteristics, (b) leader behaviors, attributes, and relational associations, and (c) leadership effectiveness. Derue et al. (2011) address the lack of integration between personality trait and leadership behavior theories. Specifically, Derue et al. (2011) examined the relative validity of leader traits (gender, intelligence, personality) and behaviors (transformational-transactional, initiating structure-

consideration) across four leadership effectiveness criteria (leader effectiveness, group performance, follower job satisfaction, and satisfaction with leader.

Behrendt et al. (2017) conducted research on perceived leadership behaviors and observed leadership behaviors. "IMoLB has the advantage of being broad and comprehensive as well as rich in detail, thereby counteracting the criticism of grand theories as being too shallow to be empirically testable" (p. 242). One criticism Behrendt et al. (2017) offered was that past researchers had made observation errors that contributed to the differentiation between leadership behavior and behavior perception. They concluded that leadership behavior models "fail to differentiate between leadership behavior and perceptions of leadership behavior" (Behrendt et al., 2017, p. 231). This researcher interprets this finding as a need for a study that involves perceptions of leadership behavior and their interactions with IMoLB components.

## Theoretical Framework

The evolution of leadership theories stemmed from the study of leadership trait and behavior theories. Numerous researchers have studied either leadership trait or behavior theories but not both. Eventually, integrated models of leadership with integrated traits and behaviors were created.

Derue et al.'s (2011) theory is an integration of three domains (a) leader traits and characteristics, (b) leader behaviors and (c) leadership effectiveness. One of the unique features of this framework is that it is a culmination of an extensive review of established leadership trait and behavior theories resulting in the integration of several theories. The leadership traits and characteristics of Derue et al.'s (2011) theory represent three types: demographic, task competence, and interpersonal attributes. Interpersonal attributes can yield attribution processes of the type of leadership and leader prototypes. Leader behaviors are analyzed according to task-

oriented, change-oriented, relational-oriented, and passive leadership categories. These categories represent transactional, transformational, servant, and laissez-faire leadership theories, respectively. Depending on the leader behaviors that are identified, leadership effectiveness can be measured on the basis of content and level of analysis. The target of evaluation of a leader is dependent on the identification processes with which the individual identifies. In appreciation of how all components of Derue et al.'s (2011) theory attempt to measure leadership effectiveness, the IMoLB model served as the theoretical framework for this study.

### Conclusion

Adelman-Mullally et al.'s (2013) study on leadership skills and transference of skills from bedside nursing to academic instruction is an example of the limited research on leadership in clinical nursing instruction. To develop sufficiently rich data, the researcher adopted the Multifactor Leadership Questionnaire (MLQ) by Avolio and Bass (2004) as one of the data collection instruments focusing on leadership traits and behaviors. The researcher hoped that the phenomenological study would result in continuous research dialogue concerning leadership behavior and clinical nursing instructor effectiveness.

CHAPTER 3

METHODOLOGY

This qualitative study explored how leadership behaviors of clinical nursing instructors impact teaching effectiveness in an associate degree of nursing (ADN) prelicensure program. The discovery of leadership behaviors in nursing instructors can lead to enhanced clinical nursing performances from prelicensure students. Although there was research pertaining to clinical nursing instructor competencies, little research was found on leadership traits and behaviors impacting teaching effectiveness. Therefore, an exploration of leadership traits and behaviors may lead to discovery of leadership styles that coincide with teaching effectiveness. An introspective look at leadership behaviors can lead to faculty development programs that incorporate leadership training.

A phenomenological approach was implemented in this qualitative study to focus "on the relationship of the person to the world" (Leonard, 1994, p. 46) as the philosopher Martin Heidegger favored. A Heideggerian approach would be to analyze problems from the human being standpoint rather from an epistemology standpoint (Leonard, 1994). Therefore, a researcher undertaking a phenomenological approach looks beyond the cause and effect of a problem and instead explores meanings and interpretations from the individual's perspective.

It was appropriate for the researcher to incorporate an interpretive phenomenological analysis (IPA) of leadership traits and behaviors of clinical nursing instructors. Heideggerian phenomenology consists of encouragement of researchers to use imaginative abilities to generate questions for their participants (Leonard, 1994). One of the ways to collect data from participants is the implementation of interviews. An advantage of interviews is that "the interviewer can

observe as well ask questions" (Babbie, 1990, p. 188). The interviews consisted of carefully structured questions that addressed leadership traits and behaviors. In addition to the interviews, the participants were provided opportunities to elaborate on their experiences relating to leadership. The interviews were based on these research questions:

1. What are the consistent leadership traits that clinical instructors within the nursing profession perceive as essential to effectively teach and lead?

2. How do nursing clinical instructors perceive that they acquire self-empowerment and leadership skills that shape their roles?

**Setting**

A prelicensure ADN program at a community college located in the Western portion of the United States served as the setting for this study. In the selected prelicensure program, the pre-licensure nursing student will simultaneously obtain an ADN and become eligible to take the licensure exam, the NCLEX. The program consisted of approximately 200 nursing students. Nursing students acquire their clinical experiences with the guidance of a nursing clinical instructor. A nursing clinical instructor has a maximum of 10 students per class. Nursing students underwent clinical experiences which included caring for clients in the geriatric, medical-surgical, mental health, obstetrical, and pediatric nursing specialties in medical and simulation centers.

The researcher sought to obtain between five to 15 nursing clinical instructors. The instructors that were selected for the study possessed an array of educational and teaching experiences. Carlson (2015, p. 42) pointed out the qualities a clinical educator must have, "expert practice skills, a good working relationship with staff, the ability to make appropriate student assignments, and knowledge of clinical objectives. To meet the faculty development needs for

future instructors and follow-up research on nursing clinical leadership, the researcher explored nursing clinical leadership.

## Participants

Seven nursing clinical instructors were recruited for this study and participated on a volunteer basis. Instructors can provide invaluable feedback on the instructors' leadership traits and behaviors. Each instructor was asked to complete the MLQ by Avolio and Bass (2004). The same instructors were invited to be interviewed on leadership experiences which contained questions that represented characteristics of transactional, servant, transformational, and Laissez-faire leadership style theories.

## Data Collection Procedure and Instrumentation

Two data collection processes ensued: semi-structured questions in interviews (see Appendix A) and the MLQ, an online survey of leadership traits and behaviors. Together, both instruments provided complimentary glimpses and patterns of participants' leadership behaviors and perceptions on their leadership capabilities. The interview data was collected and analyzed to gather a baseline picture of existing leadership behavior. Semi-structured interviews were the most appropriate way of obtaining data about the clinical nursing instructors' lived experience. The interview questions were semi-structured to obtain consistent but thorough data from the participants, because in semi-structured interviews the researcher can maintain the focus on the research topics of interest while also encouraging the participant to share all aspects of their experience as they wish. The individual interviews were conducted on the Zoom video conferencing system. Seven participants were recruited under the authorized guidelines from the University of New England and University of Hawaii Institutional Review Boards. During the data collection process, the researcher explored nursing clinical instructors' perceptions of their

leadership capabilities. The MLQ survey was administered electronically in the REDCap online platform. The researcher made every effort to ensure the confidentiality of the instructors' responses in interviews and the survey.

## Analysis

Responses from the MLQ were sorted out in categories as identified from Derue et al.'s (2011) IMoLB theory. Responses from instructors who volunteered to be interviewed were coded after multiple readings of the interview transcripts as Leonard, (1994) advised. A thematic analysis from each instructor's interview transcripts was completed. Both responses from MLQ and interviews addressed nursing clinical instructor effectiveness. Following analysis of the data, the researcher formulated an interpretation using Derue et al. (2011)'s IMoLB theory.

## Participant Rights

All participants were selected on a voluntary basis. The researcher did not guarantee anonymity for each participant but ensured each participant that sufficient safeguards of confidentiality were in place during the study. Written informed consent forms were provided to each participant. Potential participants had the option of choosing their own identifying pseudonym. After the conclusion of this study, all interview transcripts and surveys were confidentially destroyed. All participants were informed of integral developments during the course of the study. Every participant was provided the opportunity to voluntarily opt out at any time. All responses and personal identifying information were maintained in the strictest confidence according to requirements of the IRBs of the University of Hawaii Educational System and University of New England.

## Potential Limitations and Biases

A unique feature of conducting a qualitative phenomenological study is that the researcher must not bring preconceived notions into the study. The participants in this study were instructors teaching at the same prelicensure nursing program as the researcher. There is a tendency for people to work with individuals possessing similar attributes as themselves. Therefore, the participant representation of this study could potentially lack heterogeneity. The researcher attempted to avoid any preconceived biases she may have brought to the study, taking special care to not let preconceived notions of leadership cloud her interpretation of the data that was yielded. One way to ensure unbiased conclusions was to use methods such as bracketing and épche in conducting the study. The researcher took great care in not treating participants with special consideration compared to other instructors who did not participate in the study.

## Conclusion

Use of the IMoLB theory can yield specific information on leadership traits, attributes, behaviors, and effectiveness. The researcher ensured that conditions in which surveys and interviews were conducted included confidentiality. It was imperative that the researcher communicate with the participants with transparency. The researcher carefully monitored and ensured that researcher bias minimally occurred, including use of the bracketing and épche methods. Responses from the MLQ were sorted and placed in respective categories of the IMoLB theoretical framework.

CHAPTER 4

RESULTS

The purpose of this qualitative phenomenological study was to understand how nursing clinical instructors attain self-empowerment and develop leadership skills. To explore leader traits and behaviors of nursing clinical instructors, a sample of faculty at a community college in Honolulu, Hawaii participated in the study. Data collection occurred in two phases: (a) online administration of the Avolio and Bass (2004) MLQ in which participants responded to questions about their own leader behaviors and characteristics, followed by (b) interviews about their nursing clinical leadership experiences. Information from both phases was collected and analyzed for common themes related to the research questions. According to Babbie (1990), analysis of data should occur using various methods to ensure consistency and reduction of bias during the analysis process.

**Data Preparation**

Each participant answered the same questionnaire from Avolio's and Bass's (2004) MLQ and answered the same semi-structured questions during each interview. All MLQ survey responses were collected in the REDCap research platform and displayed in a spreadsheet containing simple statistics of the responses to each questionnaire item on each of the five measurement scales. Interview data were coded and stored using the MAXQDA Analytics Pro 2020 platform. The rationale of confining data in several places was to ensure that data were categorized appropriately.

The MLQ data tables were placed into the MAXQDA Analytics Pro 2020 platform alongside the interview transcription data to break down the statements and yield codes. During

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the coding process, the original coding changed throughout the data clustering process. In an attempt to reduce personal bias, words, statements, and themes from the data were deconstructed and clustered through the MAXQDA coding program. A Google Doc spreadsheet contained MLQ data and themes of the interviews. The spreadsheet was organized and sorted by the topic of each interview question.

### Trustworthiness

The researcher established trustworthiness of data instrumentation in several ways, including creation of summary tables, a spreadsheet with coded information, and additional journaling. The researcher took great care and effort in documenting the MLQ responses in the Google Doc spreadsheet. Each interview recording and written transcription of each interview underwent careful review. The researcher also validated the results and newly discovered themes with the theoretical framework and literature pertinent to the study. Therefore, dependability was established through triangulation that was validated when data from interviews and MLQ responses were evaluated and found to be consistent with theory found in the literature review. Transferability and credibility were established when expressed lived experiences and the MLQ responses of nursing clinical instructors yielded phenomena that confirmed Derue et al.'s (1995) integrated model of leader traits, behaviors, and effectiveness.

### Rich Description of Themes

Rich descriptions of the participants' lived experiences lent themselves to the continued evolution of how nursing clinical instructors acquire leadership skills. Detailed descriptions explained the meaning of their experiences. The themes yielded from this study paralleled the key components found in leadership theories.

## Data Analysis Results

### Demographic Information

All seven consenting participants consisted of faculty currently teaching nursing for Pacific Community College (PCC), at Honolulu, HI. PCC is one of several institutions in the University of Hawaii educational system. Five participants possessed a master's degree in nursing and two participants possessed a doctorate in nursing practice. Collectively, the average time these faculty had taught at PCC was 12.5 years. Four of the respondents were tenured with the remaining three faculty currently seeking tenure.

### Multifactor Leadership Questionnaire (MLQ) Responses

#### *Relational-Oriented Leader Behaviors*

Questions relating to leader behaviors, classified as relational-oriented, yielded the strongest results from the respondents. For example, when asked if there is an emphasis in the importance of possessing a sense of direction, the respondents overwhelmingly provided a strong consensus in answering *frequently if not always*. A question that addressed placing importance on the moral and ethical ramifications when making decisions yielded strong consensus, answering *fairly often* and *frequently if not always*. When asked the importance of treating individuals as a priority over treatment of a group, participants showed a strong consensus in answering *fairly often* and *frequently if not always.*

#### *Task-Oriented Leader Behaviors*

One question addressed the importance of ensuring followers met minimum competency. The response to this question showed a strong consensus by answering *frequently if not always*.

*Change-Oriented Leader Behaviors*

One question addressed the importance of possessing enthusiasm and conveying a sense of hope and optimism for the future. The response to this question yielded a strong consensus in answering *fairly often* and *frequently if not always*. Another question addressed the importance of possessing an outlook for the future. The response to this question yielded a consensus in answering *fairly often*.

*Passive Leader Behaviors*

Overall, respondents did not answer with consensus to questions addressing passive leader behaviors. Strongest responses were negative toward passive behaviors such as (a) not modifying processes if the processes function without problems, (b) waiting to take action on problems, (c) decision-making, and (d) waiting to respond to questions that need immediate action.

**Themes Emerged from MLQ Survey**

Themes emerged that reflect each type of leader behavior: the task-oriented, relational-oriented, and change-oriented categories. Questions in each category were identified to express the common theme of participants' experience in a clinical nursing leadership role. Table 1 shows the themes and outcomes of responses using the MLQ measurements of *not at all, once in a while, fairly often, frequently,* and *frequently if not always*.

Table 1

*Emerging Themes from Multifactor Leadership Questionnaire (MLQ) Responses*

| Behavioral Orientation | Focus of MLQ Items | Responses with Strong Consensus |
|---|---|---|
| Task-Oriented Leader Behavior | • Ensuring that followers meet at least minimum competency | Frequently if not always |
| Relational-Oriented Leader Behavior | • Teaching takes time | Frequently if not always |
| | • The interests of the group are priority when leading group | Frequently if not always |
| | • Confidence plays a factor when leading a group | Fairly often |
| | • Enthusiastic and often convey optimism of the future | Fairly often and frequently |
| Change-Oriented Leader Behavior | • Enthusiastic and often convey optimism of the future | Fairly often |
| Passive Leader Behavior | • Not taking action when issues arise | Not at all and once in awhile |

**Interview Data: Responses to Interview Questions**

The researcher engaged each participant into an individual interview using the Zoom video conferencing platform. Ten questions were asked during each session (see Appendix A). All interview sessions were recorded after the researcher received consent from each participant. Additionally, the researcher wrote down notes during each interview. The quality of the interview process steadily improved as the researcher became more proficient in asking questions in an organized manner. Participants were provided opportunities to answer open-ended questions and some elaborated with additional information that further enriched the study.

All interviews were transcribed through the TranscribeMe service. Following the interviews, the results were analyzed using horizontalization and triangulation. Themes were extracted from the subjective lived experiences. Participants applied task-oriented and relational-oriented leader behaviors when mentoring other faculty, as indicated in the following discussion of the interview data.

### Most Important Values in Nursing Clinical Education

Several of the participants agreed that integrity and being a role model are important values in nursing clinical education. Participant 3 commented that to serve as a role model you must "walk the talk and check your ego at the door." Participant 4 stressed the importance of having a clear vision of goals before implementing a plan in clinical education. As reflected in the responses, all participants valued developing relationships with students.

### Example of When You Believed You Failed to Lead

Three participants attributed poor communication as the cause of failing to lead. For example, Participant 1 recounted an experience that surprised her. A cohort of students were unable to perform a gastrointestinal feeding tube procedure on their first attempt despite the instructor's use of teaching strategies that had been successful with previous cohorts. Participant 2 described a situation where she directed another instructor on the essentials of teaching an assigned course. She stated that the situation was a failure because the other instructor did not provide consistent communication and performed inconsistent actions with the course. Participant 3 stated she failed when she did not receive evaluations for a course in which she was the lead instructor. She attributed the failure to working with several instructors that were new to the course. As a result, there was inconsistency in course implementation. Both participants demonstrated aspects of passive leader behavior.

### Greatest Strengths as a Leader in Nursing Clinical Education

All leaders state, either partially or extensively, that possessing strong communication skills is one of their greatest strengths. For example, when Participant 1 was asked what her greatest strength was, she stated, "being a good listener, great communicator, and patience." Participant 3 stressed the importance of providing a safe environment conducive for learning. Finally, several participants state that being fair and approachable were their greatest strengths. Participant 5 elaborated that "I can be a good follower if you are a good leader. A leader must know how to follow." Participant 4 shared, "being calm and having vision of where to go." The responses offered from the participants reflected aspects of relational-oriented and task-oriented leader behaviors when they lead students and other stakeholders.

### Providing Feedback to Students

Every participant stated that feedback, positive or negative, must be provided to students promptly and immediately. Participant 2 elaborated that she sets up expectations prior to the clinical session. She stated that establishing expectations at the beginning of clinical sessions helps the students understand clinical performance behaviors that are expected of them. Participant 6 stated she is confident in providing feedback to her students. When participants provided feedback to students the instructors demonstrated a tendency toward exercising task-oriented leader behaviors.

### Strategies Used to Motivate Students

All participants stated they use both extrinsic and intrinsic strategies to help students learn. Extrinsic strategies included using games and "stars" during a nursing skills check-off process. Most of the participants used intrinsic strategies to motivate learning. Participant 4 stressed that to motivate students to learn she takes her time in getting to know her students. She

further explained that all students start with an "A" grade. She stressed to the students what the students must do to keep their "A." Participant 4 provided students tools such as study guides and other visual materials to motivate students to learn. Finally, Participant 7 pointed out the importance of performing needs assessments before implementing motivation strategies. Participants demonstrated aspects of relational-oriented and task-oriented leader behaviors when applying strategies to motivate students.

### Role Model Examples in Nursing Clinical Education

Several participants stressed the importance of meeting the managers at the nursing clinical units prior to bringing the students and establishing strong relationships with the clinical staff. Participant 7 stressed the importance of being organized and thoughtful in nursing actions. For example, she stated that her students, "saw me be very careful with medications because I did not know the computer system well at the time." All participants, in general, provided responses that helped the students witness responsible behaviors demonstrated by the nursing clinical instructors while mentoring them.

### Mentoring Other Nursing Clinical Instructors

Two out of the seven participants described negative experiences when mentoring other nursing clinical instructors. Participant 2 stated, "Everybody has a little different style and comfort level. So that's why it's a little more difficult. But I tried to mentor another clinical instructor as to my expectations or my style." Participant 6 expressed that a person needs to accept mentorship for mentoring to be a success. She stated, "to mentor someone they have to want to be mentored. I cannot force myself [on them] even if I want to be the mentor because some professors have pride." Participant 5 spoke about mentorship beyond the minimum training period. Gradually, their relationship evolved from mentorship to a continuing friendship.

Participant 5 stated that her friendship is still strong, and it includes mentoring aspects integrated in the relationship.

### *Motivation to serve as Nursing Clinical Instructors*

Two participants stated that their main motivator for teaching was to ensure that the students are safe in the clinical setting. Participant 2 stated, "the fact that they will be taking care of patients in a short period of time [motivates me]. So, I think I've always said and I think it's all ingrained in us that we are the gatekeepers to public safety." Participant 7 also stressed upholding the nursing school's reputation: "I just feel this is a small community. We know the faculty and we know most of all the employers. So, if we graduate somebody who is not good, we're probably going to know about it."

There were other participants who considered the students' learning needs over the school's reputation. Participant 4 stated, "The students motivate me. Seeing the students develop and passing the torch." Two participants expressed motivations revolving around their personal needs. Participant 5 stated, "I teach for the Lord; It's my mission". Interestingly, Participant 6 stated that, "I had nursing instructors that were terrible. They made me cry. I will never be like them." Subsequently, she was motivated to become a professor unlike the professors that taught her in her nursing studies.

### *Training that Shaped Leadership Roles*

Participants were asked if they underwent any specialized training that shaped their leadership roles and five out of the seven participants did not answer the question. Participant 7 stated she had taken various continuing education courses and lectures at conferences that have supplemented her knowledge for her role. Participant 3 stated that she did not have any training prior to her nursing clinical leadership role. The findings reflect that nursing clinical instructors,

in general, have not taken advantage of opportunities to participate in leadership education and training.

*Experiences that Shaped Leadership Roles*

With passion, Participant 2 answered this question. She stated, "I have always identified as a leader from an early age. As the first-born child I believe I grew up with confidence to step into the spotlight and lead by example." Two participants attested their previous experiences as a clinical nurse specialist and a nurse practitioner shaped their current roles as nursing clinical instructor leaders. Participant 7 stated she becomes a better leader when she receives positive feedback from administration and is always open in her role. She stated, "We operate better with positive feedback than negative. . . . [It affects the willingness to] being open to becoming better leaders." The leadership role is comprehensive and consuming. The participants' responses reflected their willingness to be open to experiences that would help shape their roles.

**Thematic Analysis of Survey and Interview Data**

Three themes emerged after reflecting on all clusters and synthesizing MLQ survey and interview data. These themes captured the central aspects of nursing clinical instructors' leadership behaviors. Three themes emerged: (a) ensuring students are competent, (b) making connections with followers (students and mentees), and (c) possessing confidence when leading students and other nursing clinical instructors.

*Theme 1: Ensuring Students Are Competent*

All participants stated in the MLQ responses and individual interviews that their mission was to ensure students are safe and competent after successful completion of the nursing program. Participant 3, when asked about her greatest strengths as a leader in nursing clinical courses, stated "I provide a safe, conducive environment for my students to learn in." When

asked the most important value in leading and teaching students in the clinical setting, Participant 7 stated, "I think the most important one [value] is trying to gather as much information as possible when making decisions about education and looking to the research for best practices."

Participant 2, when asked what is the motivator that keeps her in her nursing clinical leadership role, stated "the fact that they [students] will be taking care of patients in a short period of time. So I think it's ingrained in us, that we are the gatekeepers to public safety. And to me that's the biggest motivator." Participant 2, when asked how she provides feedback to her students, stated "I tried to set up the expectations prior to getting to the clinical setting, like, "on day one, you will fail if you touch those pumps, for example, or you will fail if you do a shot or Foley [catheter] without me present."

### Theme 2: Establishing Connections with Followers (Students and Mentees)

Participants indicated in MLQ and interviews that making connections with followers is the key to effective teaching and leading in the nursing clinical arena. Participant 4, when asked about her most important value as a nursing clinical leader, she stated "you have to really listen and always be thinking of the end picture of where you want to go, like how do you want these students to be when they leave your class . . . try to get them to that point because the reason they're there, they're doing nursing is first of all, they're expecting you to give them that chance." When Participant 3 was asked about the most important value in serving as a nursing clinical instructor she mentioned integrity and being a role model, and to: "vary and adjust the plan with the follower's life experiences, walk the talk, check your ego at the door, look at the student holistically, [and] teachers can learn from students."

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Participant 1, when asked about her greatest strength as a clinical nursing leader stated, "being a good listener, great communicator, and patience. Also, I care what happens to the students." Caring for students' and other followers' well-being leads to establishment of meaningful relationships.

### *Theme 3: Confidence When Leading Students and Other Nursing Clinical Instructors*
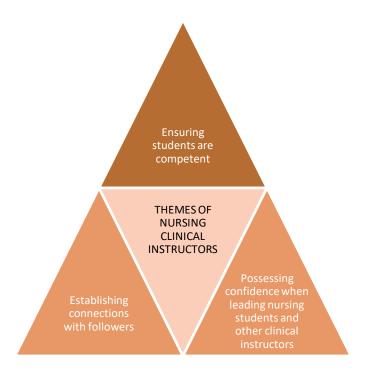
Responses from the MLQ and individual interviews indicated that nursing clinical instructors need to possess an adequate amount of confidence as a prerequisite for leadership. Participant 4, when asked about her greatest strength as a leader, stated, "being calm and having vision of where to go." The same respondent, when asked to describe how she serves as a role model she stated, "I interact with patients, do scenarios, and engage in role-playing with the students." Participant 3, when asked what motivates her to serve as a nursing clinical leader on a daily basis stated, "integrity, responsibility, making sure that the nursing students have the best learning experience. I will work till the job gets done." This participant continued to stress her motivation as a leader stemmed from meeting students' learning needs to ensure they will be competent nurses.

### **Triangulation of Themes from Multiple Data sources**

The themes were validated amongst the MLQ, individual interviews, and Derue et al. (2011) IMoLB theoretical framework as a triangulation strategy. "Validating findings means that the researcher determines the accuracy or credibility of the findings through strategies such as member checking or triangulation" (Creswell, 2015, p. 258). The IMoLB theoretical framework consists of leader traits and characteristics, behaviors, and effectiveness. Each participant possessed characteristics that include adequate communication skills, intelligence, and adequate emotional intelligence. Each theme represented a combination of task-oriented and relational-

oriented leader behavior characteristics. Leadership effectiveness is achieved when each of the themes is established. In Figure 1, the three themes are depicted in relationship to one another.

Figure 1

*Themes of Nursing Clinical Instructors. Copyright 2021 by Catherine Marin. All rights reserved.*



## Summary

A phenomenological approach to this study was used when developing the research protocol and identifying themes from seven nursing clinical instructors' responses to the MLQ survey and individual interview questions. Responses were coded, sorted, and placed on a Google Doc spreadsheet. After all of the responses were analyzed, there were clustered in appropriate categories. The categories were grouped according to the respective research questions. Tables were created and explanatory meanings of responses were created. As result, three themes emerged from the interview descriptions and MLQ responses of the participants.

Triangulation of themes involved analysis of Derue et al.'s (2011) IMoLB theoretical framework that validated the phenomena of nursing clinical instructors' leadership behaviors. Chapter 5 will include in-depth interpretation and explanation of the study's findings. The chapter concludes with reflections and implications for future research on nursing clinical leadership behaviors.

CHAPTER 5

DISCUSSION

The emphasis on the delivery of clinical education serves as the core for nursing education (Pavan et al., 2018). To provide quality nursing education to future registered nurses, competent nursing clinical instructors need to be equipped with leadership skills to lead future nurses and other stakeholders. To successfully guide students, nurse educators need to possess knowledge and abilities to practice in contemporary nursing and have potential as educational leaders (Adelman-Mullally, 2013). Administrators of nursing schools have expressed the need for nursing clinical instructors to possess clinical expertise and leadership skills to function as successful clinical instructors.

The purpose of this qualitative phenomenological study was to understand how nursing clinical instructors attain self-empowerment and develop leadership skills. The researcher examined lived leadership experiences of nursing clinical instructors at a community college in Honolulu Hawaii through use of Derue et al.'s (2011) integrated model of leader traits, behaviors, and effectiveness (IMoLB) theoretical framework. Data were collected through a leadership survey, Avolio and Bass's (2004) Multifactor Leadership Questionnaire (MLQ), and individual interviews conducted using 10 interview questions designed by the researcher.

A phenomenological approach which includes disclosure of instructors' lived experiences was applied in attempts to capture accurate depictions of leadership processes. Participants completed the MLQ first, followed by interviews that addressed current and past experiences as clinicians, teachers, and administrators. The triangulation of the MLQ, interviews, and analysis of Derue et al.'s (2011) IMoLB model, generated the following themes: (a) ensuring students are competent, (b) establishing connections with followers, and (c) possessing confidence when

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leading students and other nursing clinical instructors. The following section includes a discussion of the findings as they related to the two research questions and research literature. Recommendations for cultivating leader development education for nursing clinical instructors were offered.

## Review of Research Questions and Summary of Responses

The first phase of the study involved collection and analysis of data from the MLQ. The MLQ yielded responses attributed to leader behaviors from all participants. Following completion of the MLQ, each participant engaged in semi-structured interviews that addressed other facets related to participants' leader behaviors. The following research questions were addressed in this study:

RQ1: What are the consistent leadership traits that clinical instructors within the nursing profession perceive as essential to effectively teach and lead?

RQ2: How do nursing clinical instructors perceive that they acquire self-empowerment and leadership skills that shape their roles?

### Research Question 1: Leadership Traits

The first research question concerned essential leadership traits of clinical nurse instructors. The MLQ items addressed how the seven nursing clinical instructors in the study perceived their own leadership traits. Additional information addressing this question was extracted from the interviews. The extent of responses varied, as some participants disclosed an abundant amount of information pertaining to their leadership traits in contrast to others who had little to offer.

### *Example of When You Believed You Failed to Lead*

All participants offered various responses when asked this question. Participant 1 shared a situation when her entire class failed to follow instructions and as a result, they were not prepared to perform the skill of gastrointestinal tube feeding. Initially, she let her emotions get the best of her and felt she had created the situation. Eventually, the students were redirected and provided a second chance to perform the skill. Participant 1 demonstrated task-oriented behavior and management by active exception. Participant 6 was presented with a difficult situation when the student was apparently offended by the responses she offered to that student. "So I'm wondering, maybe I wasn't the only one that failed." This statement reflected passive leadership leader behavior and she demonstrated management by passive exception.

One explanation for why participants found themselves in circumstances where they failed to lead could be insufficient emotional intelligence in those situations. Allen et al. (2012) defined emotional intelligence (EI) as a person finding the "ability to adapt within an environment of interactions with oneself and with others" (p. 231). When Participant 1 shared her scenario, she was surprised that this event occurred because she had successfully taught in a similar manner with previous clinical cohorts without complications.

Participant 6, in subsequent statements following her initial admission of failing to lead, never expressed self-accountability for her situation. She stated, "Apparently things I said offended her, so I don't know what I could have done." The researcher believes Participant 6 faced a situation in which she lacked experience, insight, and possibly the emotional intelligence to properly address the situation. According to Allen et al. (2012), "EI could have implications for clinical nursing education because its acquisition could facilitate the distinct skills that

constitute effectiveness of clinical teaching" (p. 232). Applying EI to interactions with students and other instructors is essential to be effective in the delivery of nursing clinical education.

### *Explain Greatest Weakness as a Leader*

One aspect of effective leadership is when nursing clinical instructors possess the self-concept to recognize strengths and weaknesses in their leader behaviors. Participant 2 stated, "I think sometimes what I perceive as being a confident leader, that can speak freely and openly and perhaps loudly, can also be interpreted as just wanting to drive the bus myself and not letting people on." She demonstrated relational-oriented behavior which is reflected in servant leadership. Participant 2 acknowledged that her passion to lead is sometimes misinterpreted and has worked on toning down her emotions behind the intent. Participant 6 admitted "sometimes I think I try to be too nice maybe or too much to please others. But it's hard for me to handle conflict. Participant 6's statement reflects passive leadership and a demonstration of laissez-faire behavior.

In longitudinal studies, Xu et al. (2014) found that traits are dynamic as they evolve over time and change in nature and intensity. For nursing clinical instructors, this explanation of traits supports the assertion that instructor leadership traits are enhanced in decision-making situations such as confronting a low-performing student or choosing to lead other stakeholders by using leadership styles they have previously implemented. The premise of Derue et al.'s (2011) IMoLB theoretical framework is that "leader behaviors [are] one possible mechanism through which leader traits influence leadership effectiveness" (p. 12). When integrating the IMoLB framework with the study, the exploratory meanings behind the instructors' actions support Derue et al.'s (2011) theoretical premise.

**Research Question 2: Empowerment and Leadership**

The second research question addressed how nursing clinical instructors perceive they acquire self-empowerment and leadership skills that shape their roles. Information addressing this question was extracted from the interviews. Some participants disclosed an abundant amount of information pertaining to their self-empowerment in contrast to others who had little to offer in regard to attainment of their leadership skills.

Participant 7 expressed her acquisition of leadership skills and empowerment stemmed from her many years teaching at PCC. She shared having seen numerous administrations step in and attempt to shape the current academic environment that exists at PCC. One aspect keeping her at the institution has been her openness to improving as a leader and attaining self-empowerment stemming from her natural tendency to ensure all students are competent when they reach graduation. This style of leadership reflects task-oriented and servant leadership behaviors.

When asked about experiences that shaped her leadership role, Participant 2 shared extensively how she was exposed to leadership at a very young age. She stated, "My father was the same way and I believe I have learned how to be an effective and collaborative leader by his example." Early influence of a mentor reflects Xu et al.'s (2014) assertion that leader traits can be strengthened and change when the person is exposed to decision-making situations as a leader. Participant 2 demonstrated task-oriented and servant leadership behaviors. Derue et al. (2011) asserted "that behaviors can also serve as a key mediator in the relationship between leader traits and effectiveness" (p. 12). Participant 2 demonstrated that her leader traits originated from childhood, and the traits heightened when she assumed her various leadership roles in administration and as a nursing clinical instructor.

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Derue et al. (2011) proposed an integrated model that incorporates portions of Xu et al.'s (2014) leader trait theory, which spoke to how followers attribute and identify with leader traits. For example, Participant 2 deeply connected with her father and identified with his leader behaviors. The IMoLB framework explains how nursing clinical instructors gravitated to leadership styles that yielded the intended results for their goals. For example, when explaining the theme of ensuring students are competent, nursing clinical instructors overwhelmingly answered questions that contained task-oriented attributes on the MLQ. One questionnaire item on the MLQ which contained task-oriented attributes addressed meeting expectations. The overwhelmingly positive response to this question supports the natural tendencies of nursing clinical instructors to gravitate to task-oriented leadership. According to Derue et al. (2011), task-oriented behaviors involve structure and other transactional leader characteristics such as contingent reward and management by exception-active (MBEA). Primary components of task-oriented leader behavior is establishment of standards and ensuring members of a group demonstrate competence in adherence to those standards.

## Implications

This study incorporated Derue et al.'s (2011) integrative model of leader traits, behaviors and effectiveness (IMoLB) with evidence-based support with from Xu et al.'s (2014) leader trait theories. Derue et al. (2011) IMoLB explained and answered research questions. The results of this study can serve as an impetus for other researchers to engage in an exploration of nursing clinical instructors. The responses synthesized from the study supported acknowledgement of the importance of studying nursing clinical behaviors.

Results from this study may heighten awareness of nursing school administrators to devote time to leadership training and continuing education. The background and past

experiences of nursing clinical instructors going into academia can vary like the participants in this study. Nevertheless, the participants' data and other researchers (Derue et al., 2011; Xu et al., 2014) suggest that nursing clinical instructors must attain leadership empowerment. As the participants expressed, nursing clinical instructors possess strong task-oriented and relational-oriented leader behaviors. This finding was unexpected for the researcher because prior to the study she assumed that most nursing clinical instructors gravitate to relational-oriented and change-oriented leadership styles. The assumption stemmed from the general public's assertion that nurses (including nursing clinical instructors) focus on relationships with patients and other stakeholders. However, two themes of the study, ensuring students are competent and establishing connections with followers, reflected the attributes of task-oriented and relational-oriented leader behaviors.

### Recommendations for Practice

Findings from this study suggest that formal leadership programs for nursing clinical instructors would strengthen their present roles. Nursing school administrators can develop and implement leadership development strategies for the instructors based on the evidenced-based findings from this research study. The creation of leadership education for nursing clinical instructors can result in stronger roles for nursing clinical instructors and stakeholders. Graduates of the nursing programs would possess strong leadership foundations.

Nursing schools can benefit from implementation of mentorships amongst nursing clinical instructors. Based on the interview findings that addressed mentoring, nursing clinical instructors do not possess natural abilities for mentoring other instructors. For example, one participant served as mentor to another instructor because the instructor-mentee wanted to learn how to teach a specific course. Unfortunately, the result was a negative outcome, as the mentee

dismissed the mentor prematurely because of mentor-mentee conflict. However, mentoring, when properly executed, can result in a positive outcome. One participant stated that she experienced a positive mentoring experience, and her mentoring relationship transformed to a continuing friendship. The long-term ramifications of implementing mentoring programs include increased professional satisfaction and philanthropy amongst nursing clinical instructors.

## Recommendations for Future Research

Based on this study, the following research is recommended:

- This study should be replicated at other nursing schools and geographical regions.

- The Associated Degree of Nursing (ADN) program was used for this study. Other programs such as the Bachelor of Science of Nursing (BSN) should be used for replication of the study.

- Future studies should contain quantitative components delving deeper into nursing clinical instructors' leadership decision-making.

## Conclusion

It is vital that nursing clinical instructors and all stakeholders remain open to attainment of nursing empowerment. The nursing profession continues to evolve regionally and globally and is supported by evidence-based research. Leadership theories and theoretical frameworks such as Derue et al.'s (2011) integrated model of leader traits, behaviors and effectiveness (IMoLB) can result in the evolution of new leadership frameworks. Nursing clinical instructors who are armed with strong leadership behaviors will lead future registered nurses to also seek leadership opportunities.

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APPENDIX A

Interview Questions

1. What is the most important value(s) you possess as a leader in nursing clinical education?

2. As a nursing clinical instructor, can you provide an example(s) of when you believed you failed to lead?

3. What are your greatest strengths as a leader in nursing clinical education?

4. How do you provide feedback to students?

5. Can you list some strategies you use to motivate your students?

6. Can you describe some examples of how you serve as a role model as a nursing clinical instructor?

7. Have you ever served as a mentor to another nursing clinical instructor? Describe some strategies you instituted to develop the relationship?

8. Is there anything or a person that motivates you to serve as a nursing clinical instructor on a daily basis?

9. Can you recall any specific experiences or training that shaped your leadership role?

10. Is there a person(s) that has influenced/impacted your role to lead?