To Determine Awareness of Leadership Roles in Nursing Management among Nurses in Consolata Hospital Nkubu

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Abstract

The purpose of the study was to determine awareness of leadership roles in nursing management among nurses of all cadres in Consolata Hospital Nkubu. The study used descriptive cross sectional design, study area being Consolata Hospital Nkubu. The target population was a total of forty seven (47) nurses working in the hospital. Forty seven nurses were interviewed. Inclusion criteria were nurses who have worked at Consolata Hospital Nkubu for more than two months irrespective of the cadre. Census was used owing to the small number of nurses. Questionnaires were use to collect data. Data analysis was through descriptive statistics such as mean, media and percentage to describe results. Presentation of findings was done in form of tables, bar graphs and pie charts. All the cadres presented including; Bachelor of Science in nursing, Registered nurses at Diploma level and enrolled nurses at the Certificate level. Majority being registered nurses at Diploma level (58%), the nurses with formal education on leadership roles in nursing were on the lower boundary (15%). On the contrary, most of the respondents stated that they had adequate knowledge on leadership roles in nursing (85%), but had inadequate time to practice due to shortage of time as presented by 79% of the respondents.In conclusion it is evident that there is deficit in the knowledge of leadership roles in Consolata Hospital Nkubu. The researcher concluded there is need for further training of the nurses on leadership roles.

Keywords: Determine, awareness, leadership, roles, nursing, management

Introduction

Leadership fundamentally is about creating a long-term strategic vision enabling people to work towards change. It involves developing a shared sense of mission, tackling political, organizational and resources barriers, inspiring and motivating others (Kotter, 1996). Effective leadership management in complex environment requires management and leadership. In reality, leaders are not necessarily managers, but managers can be leaders. Management and leadership are taken as distinct concepts although in practice they significantly overlap and interconnect between management and leadership roles.

Nurses play an essential role of offering management whichis centrally concerned with operational aspects of planning, organizing and motivating service delivery. Hersey & Blanchard, ((1982) argued that the first distinction between management and leadership was a broad concept and could occur anytime the behaviour of followers was influenced. Centering more on leadership roles in nursing management, the researcher willdetermine awareness roles of leadership in nursing management among Nurses in Consolata Hospital Nkubu.

The researcher will clear any doubts that might lead to fear of giving the information that could expose knowledge deficit on leadership roles in nursing management and a degree of malpractice. The researcher will assure and maintain confidentiality to the whole population under study.

This is specifically to; assess the awareness, practice and challenges on leadership roles in nursing management among Nurses at Consolata Hospital Nkubu. This knowledge will assist in answering study questions like; what is the knowledge, practice and challenges faced by nurses working inConsolata Hospital Nkubu, on leadership roles in Nursing Management?

Ethical consideration

Permission to carry out the study was soughtfrom, and granted by the director of Consolata Nkubu Hospital through the Nursing Services Manager. An informed voluntary consent was obtained from the participants. Confidentiality of the information gathered from the subjects was maintained and no subject was required give personal identity Code numbers were used on the questionnaires instead of using the names of the respondents.

Summary

A total number of 47 nurses took part in the study and demographic data revealed that 15% of nurses were males and 85% were females (table 4.1). Age distribution showed that 21 years to 30 years were 36%, 31years to 40 years were 43% and 41 years and above were 21% (table 4.2). 38% of the nurses were enrolled nurses, 58% were registered community health nurses while only 4% were BScN nurses (fig.4.1). This is in agreement with a study done by AMREF (2011) on community virtue training where they observed that enrolled nurses in many health institutions hold a big percentage of the nursing staff as compared to degree nurses.

The total percentage of the nurses in this study formally trained in leadership roles were only 15% with majority (85%) not having any formal training.

Nurse leadership can be powerful forces for shaping health policy. Nurse leaders can bring deep experience and understanding of the health care sector to their roles (Shariff 2014). It is essential that decision makers recognize the need for nursing expertise and nurse leadership roles at the health system levels, since failure to effectively utilize nurse leaders across the health system limited the system capacity to meet the demands for health care in future

Nurse leadership is essential to securing an appropriately sized and skilled workforce, designing innovation models of care delivery, securing strong financial performance and ensuring that patients' safety is embedded throughout the health system (Garling 2008). This concurred with the results in Consolata Hospital Nkubu, where by 85% of respondents admitted to get support from authority while only 15% did not get support from authority. It was also reported by many respondents (96%) that they are aware of leadership styles and only 4% did not respond to it.

Salanova et al,.argued that transformational leadership in particular, tends to support nurses self-efficacy and sense of competence in the work place. However 21% of the nurses in Consolata Hospital Nkubu, felt the same, while the majority (42%) felt democratic leadership is better. Effective leadership styles have also been linked to lower patients mortality as well as shorter patients stay and higher patients satisfactory rates (Havig et al,. 2011).

Importance/ relevance of the study

Leadership roles and management is a process of social interest, which minimizes the effort of others to accomplish goals or working with others to accomplish goals. Although in practice there is significant overlapping, and interconnection between management and leadership roles, management is centrally connected with operational aspects of planning, organizing and monitoring service delivery (Kotter, 1996).

Nurses are responsible for implementing nursing services, which determines the quality of care offered to the patients.

The nurse training institutions, especially those training of certificate holders (Enrolled Community Health Nurses) do not include leadership in nursing management. This leaves them without knowledge of management, despite the fact that research studies on leadership began around the twentieth century (Marriner- Toney, 1993).Since that time many ideas have emerged regarding the concept of leadership.

According to Davidson et al., 2006; leadership roles are broadly accepted to be about influencing others to accomplish common goals. This provoked the researcher to determine the roles for nurses to improve nursing management among nurses in Consolata Hospital Nkubu.

Magnetic hospitals which adopted transformational leadership style reported decreased satisfaction among nurses (Kramer and Schmalenberg1991) and this is why the researcher was interested in determining nurses' awareness of their leadership roles in nursing management.

Background of the study

Leadership roles existed since time immemorial; they can be traced back in 1950s during the time of Florence Nightingale who is a model of nurses. Fundamentally, leadership is about creating a long-term strategic vision enabling people to work towards change. It involves developing a shared sense of mission, tackling political, organizational and resources barriers inspiring and motivating others (Kotter, 1996). Effective leadership management in complex environment requires Management and leadership, but leaders are not necessarily managers, but managers can be leaders. Nurse leaders have a unique role in promoting patient safety because they lead and manage a workforce which has the highest level of contact and most diverse range of interactions with patients Nurses are central to delivering high-quality patient care and securing positive patient outcomes Strong leadership at all levels, Positive leadership styles have been directly correlated with patient outcomes and complications across range of clinical settings (Wong et al., 2007).Nursing units with strong leadership have also been shown to have lower rates of medication errors and patient falls (Houser 2003; Capuano et al. 2005). Nurses play an essential role of offering management which is centrally concerned with operational aspects of planning, organizing and motivating service delivery.In 2008,the Report into Acute Care Services in NSW Public Hospitals(the Garling Report) noted, with concern, that the importance of nurse leadership positions has been recognized internationally in a number of key documents including the Institute of Medicine's report, The Future of Nursing and the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (the Francis report). Despite the recognition of the need for nurse leadership at the highest levels, nurse leadership positions are not always secure within health care organizations and the wider health system. Nurse leaders currently occupying formal leadership positions at all levels sometimes lack the resources, visibility or formal authority to be optimally effective. In the current economic climate, there is a risk that the redesign of health care organizations' management structures may result in the removal of nurse leadership roles at the executive level, as happened in Canada in the mid-2000s (Storch et al., 2013). There must be organizational support for visible and influential nurse leadership roles at the level of the nursing unit, middle management and the executive leadership team. In a system that is facing workforce challenges, financial imperatives and questions, at times, on the quality of care, the key contribution that nurse leaders can make must not be ignored. For those in nurse leadership roles there are other threats that undermine their capacity to contribute to the fullest possible extent.

Centering more on leadership in nursing management the researcher will also integrate planning and staffing as key functions of management among others, in nursing management determining awareness roles of leadership in nursing management among nurses in Consolata hospital Nkubu.

Study methodology

Study design

A descriptive cross – sectional research design was used in this study. According to Mugenda and Mugenda (2008), the major purpose of descriptive research design is to describe the state of affair as it exist henceits most appropriate in determining the knowledge, practice challenges faced by Consolata Hospital Nkubu nurses in implementation of leadership roles in nursing management.

Study area

The study was carried out at Consolata Hospital Nkubu which is a Catholic Hospital situated in Imenti South district in Nkubu town along Meru – Nairobi highway about 14 km, from Meru town. The hospital has different departments and almost all receive patients who are in need of care. These departments include Out- patient, maternity department, Maternal Child Health (MCH), Medical department, surgical department, comprehensive care centre (CCC) department and Tuberculosis department.

Sampling design and procedure

Census was used where every member of the population was part of the sample. This was appropriate since the sample population is small. All forty seven (47) nurses were part of the sample size.

Inclusion criteria

All nurses on duty during the months of data collection irrespective of cadre, and who have worked in the hospital for more than two months.

Exclusion criteria

1.   Any nurse irrespective of cadre who has worked in the hospital for a period of less than two months.
2.   Any nurse who refuse to consent.
3.   Any nurse not on duty during the month of data collection.

Study instruments

Self- administered questionnaires were used to collect data.

Pretesting of study instruments

The study which instrument was tested in Medical ward has many staffs with similar characteristics with the main research study site. The pre- testing involved 20% of the whole population was randomly selected who totaled 10 respondents.

Data collection

The prospective respondents were briefed about the purpose of the study and their informed written consent requested for participation. Those who consented were issued with numbered questionnaires. Data collection took one month and questionnaires were administered in the Continuing profession development seminars, morning and evening so as to capture nurses working during day shift and night shift.

Data analysis

Data was analyzed using computer application software, statistical package of social sciences (SPSS) version 2007, which entails data coding where the responses were given number codes for easy data entry followed by data input, analysis and report writing. Descriptive statistics suchpercentages and fractions were used to describe the results. Presentation of the findings was done in form of tables, bar charts, pie charts and linear graphs as appropriate.

Table 1. Demographic Distribution

Gender	N	%
male	7(n=7)	15%
Female	40(n=40)	85%

85% (n=40) of the respondents were females, while 15% (n=7) were male nurses.

Table 2. Age distribution

| Age	n	%
21 years – 30 years	17(n=17)	36%
31years – 40years	20(n=20)	43%
41 years and above	10(n=10)	21%

43% (n=20) of the respondents were between ages 31 to 40 years, 36% (n=17) aged between 21 to 30 years while 21% (n=10) aged between 41 years and above.
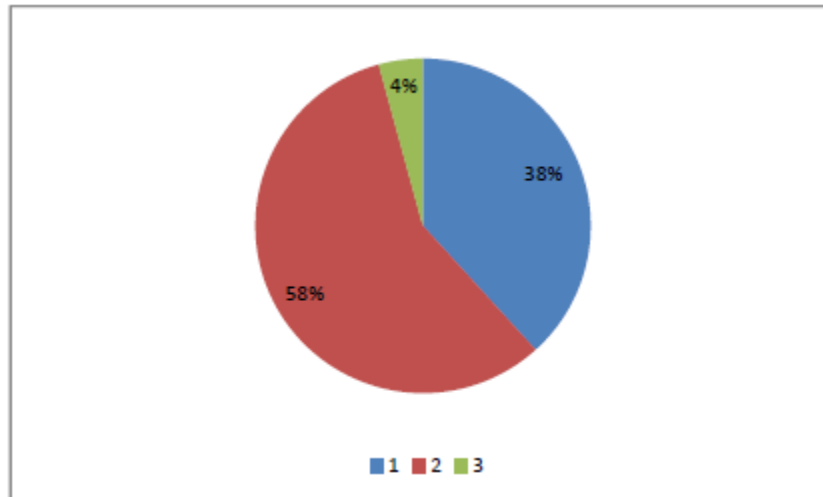
Figure 1.1. Distribution of Professional qualifications by category

1. Enrolled Community Health Nurses
2. Registered Community Health Nurses
3. Bachelor of Science Nurses

The qualifications of the respondents were as shown above out of the 47 respondents, 4% were BScN nurses, 58% KRCHN and 38% enrolled nurses.
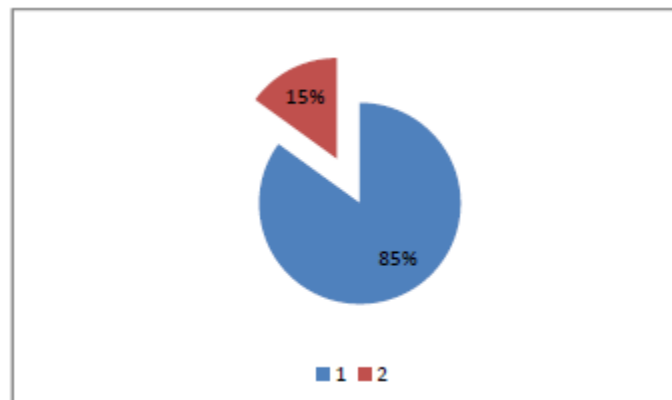

Figure 1.2. Distribution of formal and non-formal education

1. No formal education on leadership roles in nursing management
2. Formal education on leadership roles in nursing management

85% (40) of the respondents had not received any formal education on leadership roles in nursing management while 15% (n=7) had received formal education on leadership roles in nursing management.

The respondents who had received formal education 70 % (n=7) received from basic training in nursing college while 30% (n=3) received in seminars.

100% of the respondents had not attended any continuous profession development on Leadership roles during their work period at Consolata Hospital Nkubu
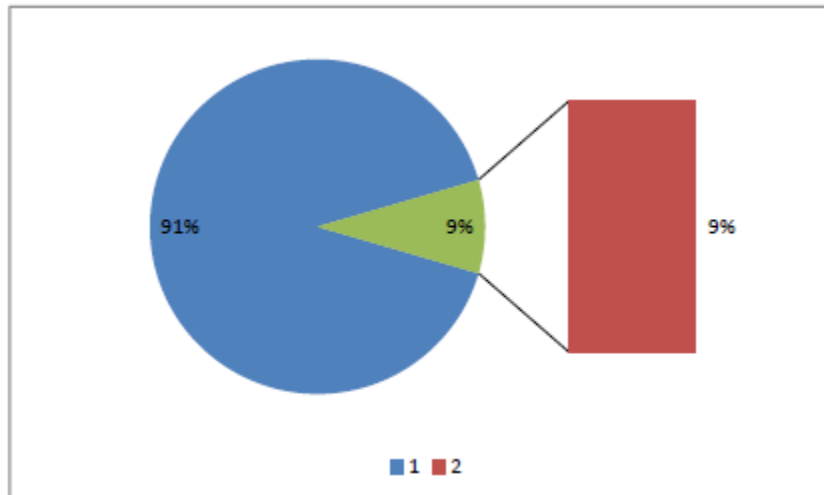
**Figure 1.3.** Continuing profession development

91% of the respondents were faced by distressing situation where they knew what was supposed to be done in nursing management and were unable to do it. 9% of the respondents have never been in such a situation.

Of the 91% of the respondents who faced distressing situations 46% gave an example of the cause of distress being not given the authority. 41% gave example of cause of distress as not having updates in management 93% felt time shortage was the cause of distress due to workload in the ward. 53% gave example of cause of distress being staffs not cooperating as presented below.
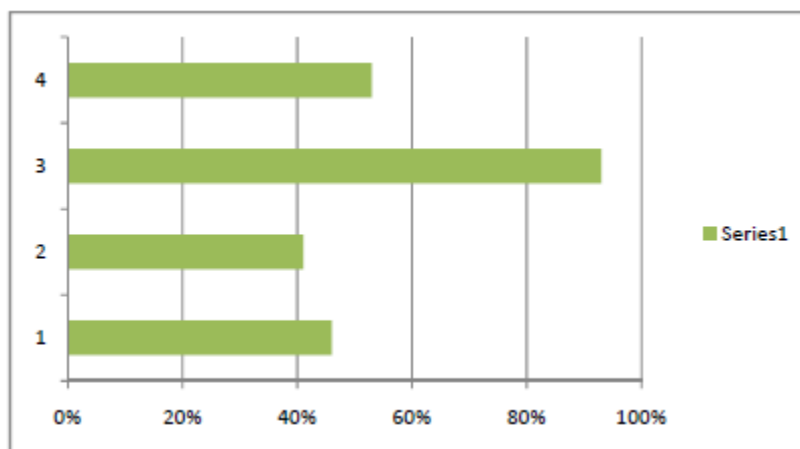
**Figure 1.4.** Distribution of distress in nursing management

1- Not given the authority
2- Staffs not cooperative
3- Time shortage in the ward
4- Shortage of staffs
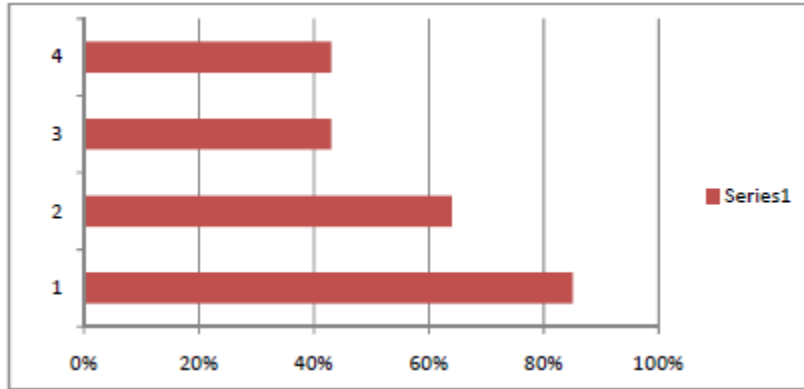
**Figure 1.5.** Distribution of knowledge in leadership roles

1. Adequate knowledge in leadership roles
2. Little knowledge in leadership roles
3. Inadequate knowledge in leadership roles

Lack of knowledge in leadership roles Awareness of leadership roles in nursing

85% (n=40) of the respondents cited adequate knowledge on nursing management 64% (n=30) cited little knowledge on nursing roles management, 43 %(n=20) cited inadequate knowledge while 43 %(n=20) cited lack of knowledge on nursing leadership roles.
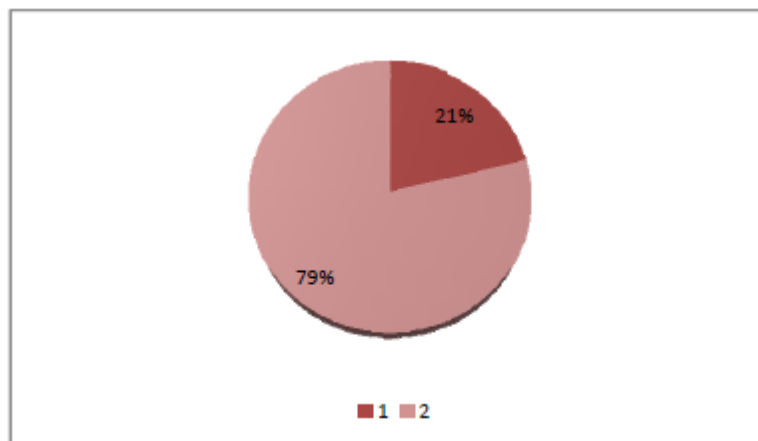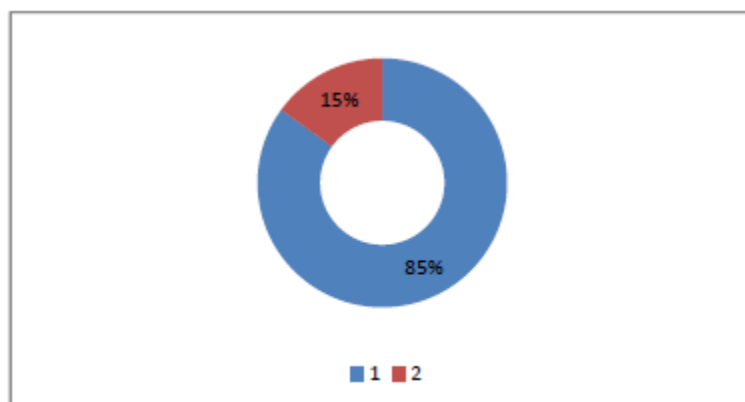

Figure 1.6. Application of leadership roles in nursing management.

Application of leadership roles in nursing management 79 % (n=37) of the respondents did not apply leadership roles appropriately while 21% (n= 10) reported that they are able to apply.
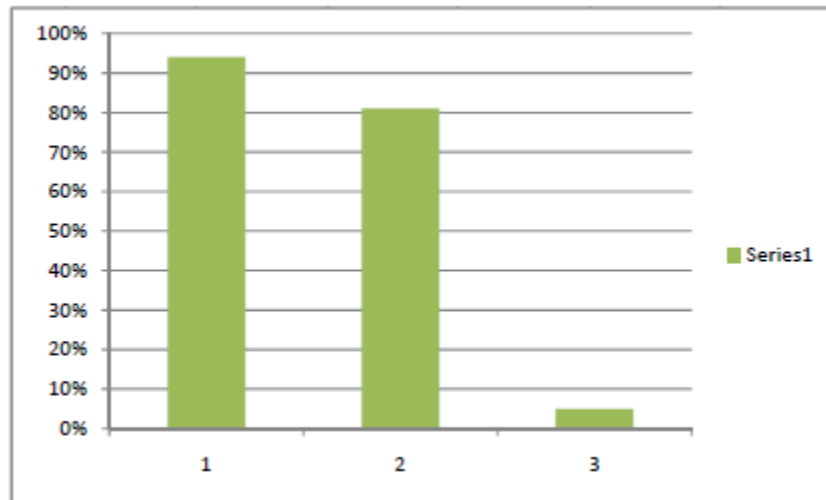
Figure 1.7. Reasons why there is no interaction while providing palliative care to patients and families

1. Lack of time due to work load
2. Shortage of staff in the unit
3. Do not find it part of their duty.


Figure 1.8. Support of leadership roles

1. Get support from authority
2. Do not get support

85% of the respondents admittedto get support from authority while 15% do not get support from authority.
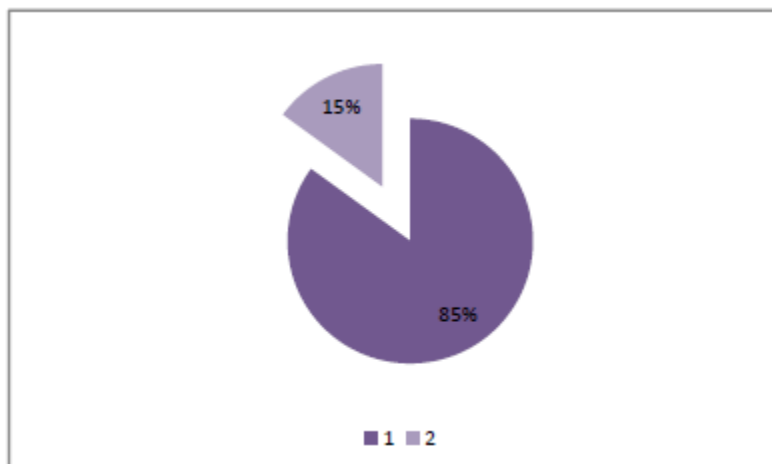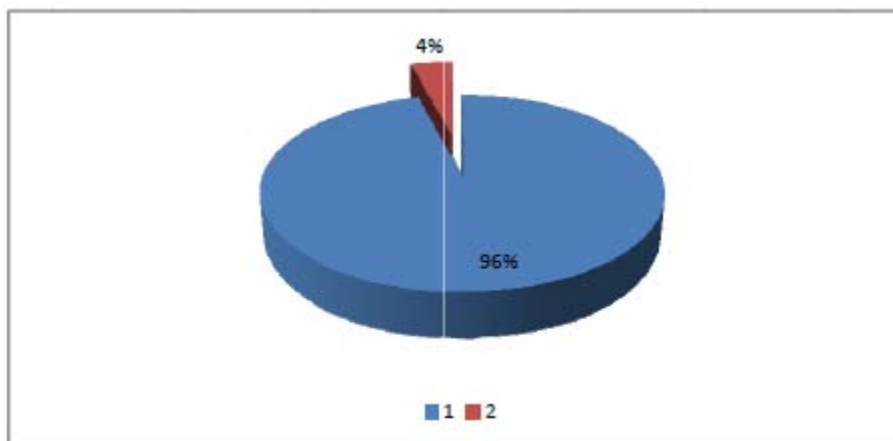
Figure 1.9. Utilization of leadership

85% (n=40) of the respondents felt that leadership roles in nursing is well utilized, while 15 % (n=7) of the respondents felt that it is not well utilized.
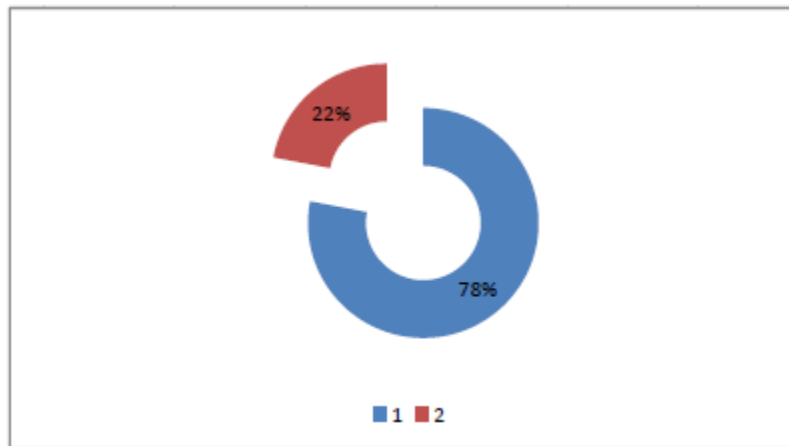
Figure 1.10. Challenges faced in leadership

78% (n=36) of the respondents reported that they face challenges in leadership, while 22 %(n=11) did not have opinion.

Figure 1.12. Awareness of leadership styles used in nursing

Majority of the respondents 96% reported that they are aware of leadership styles while 4% did not respond as shown above. Majority 80% listed democratic while 20% listed dictatorial and Laissez-faire

Results

The study interviewed a total of 47 nurses from all cadres of nurses working in Consolata hospital.They included Bachelor of Science in nursing, Registered nurses at Diploma level and enrolled nurse. The entire targeted respondents filled the questionnaires after giving a written consent. The filled questionnaires were returned to the researcher making 100% return rate which the researcher found to be significant enough to assess the knowledge on leadership roles in nursing management and challenges faced by Consolata hospital nurses.

The study highlighted majority of the respondents to befemale nurses (85%) while male respondents totals to15%. A good numbers of participants were Registered Nurses, since 4% were BScN nurses, 58% Registered Community Health Nurses and 38% Enrolled Nurses. This clearly indicates that something needs to be done to uplift the professional standard to a level of managers and researchers. The professional qualifications of the respondents reviewed that, 4% were BScN nurses, 58% KRCHN and 38% enrolled nurses. The nurses

noted to have formal education on leadership roles in nursing management were only 15%. This was contradictory information since 85% (n=40) of the respondents cited that they had adequate knowledge on nursing management as presented by 64% of the respondents. On the other hand most of the nurses felt that they had inadequate application of the knowledge on management due to shortage of time as presented by 79% of the respondents. 95% (n=35) demonstrated that Democratic leadership was the most preferred in Consolata followedby Transformational leadership (80%)

Conclusion

A total number of 47 nurses took part in the study and demographic data revealed that 15% of nurses were males and 85% were females (table 4.1). Age distribution showed that 21 years to 30 years were 36%; 31years to 40 years were 43% and 41 years and above were 21% (table 4.2). 38% of the nurses were enrolled nurses, 58% were registered community health nurses while only 4% were BSc nurses (fig.4.1). This is in agreement with a study done by AMREF (2011) on community virtue training where they observed that enrolled nurses in many health institutions hold a big percentage of the nursing staff as compared to degree nurses.

The total percentage of the nurses in this study formally trained in leadership roles are only 15% with majority (85%) not having any formal training. This result corresponds with Papadatou (2007) observation that lack of professional training and education is a big challenge facing nurses.

at the health system levels, since failure to effectively utilize nurse leaders across the health system will limit the system capacity to meet the demands for health care in future Nurse leadership is essential to securing an appropriately sized and skilled workforce, designing innovation models of care delivery, securing strong financial performance and ensuring that patients' safety is embedded throughout the health system (Garling 2008). This concurred with the results in Consolata Hospital Nkubu, where by 85% of respondents admitted to get support from authority while only 15% did not get support from authority. It was also reported by many respondents (96%) that they are aware of leadership styles and only 4% did not respond to it.

Salanova et al., argued that transformational leadership in particular, tends to support nurses self-efficacy and sense of competence in the work place. However 21% of the nurses in CHN, felt the same, while the majority (42%) felt democratic leadership is better. Effective leadership styles have also been linked to lower patients' mortality as well as shorten patients stay and higher patients' satisfactory rates.Therefore management skills and leadership needs to be added in nurses' curriculum especially at certificate level, where nurses are not taught management. All cadres of nurses should learn managerial/ leadership roles.

If nurses are equipped with the necessary knowledge on leadership roles in nursing management through continuous professional development upgrading courses from one cadre to a higher one, workload could be reduced since every nurse would understand their roles.

Future steps/recommendations

Compared to the current situation found from the study, the researcher recommends that;
1. Leadership in the Nursing be incorporated in the curriculum.
2. The administration to empower and encourage the nursing staff to achieve higher education which will raise their knowledge and skills in nursing leadership and management.
3. Consolata Hospital Nkubu nurses need to have self-motivation and initiative to upgrade through Continuous Professional Development as well as taking courses on leadership and management in nursing.
4. The nursing administrative nursing officers need to take every available opportunity for seminars and workshop on leadership to train nurses in order to ensure quality outcome in patient care and self-motivation to wards work.

5. The nursing administration needs to give staff nurses' responsibilities, give them a chance to exercise their leadership roles and support them where necessary.
6. Induction of newly recruited nurses on leadership roles in nursing.

References

[1]. *"Alex Willcock | CrunchBase Profile". Crunchbase.com. Retrieved 2012-03-15.*

[2]. Aiken LH, Cimiottti JP, Sloane DM, Smith HL, Flynn L, Neff DF 2011, 'Effects of nurse

[3]. Ann Marriner Tomey, 'Guide to nursing management and leadership' St. Louis, Mo. : Mosby Elsevier, ©2009.

[4]. *"Alex Willcock | CrunchBase Profile". Crunchbase.com. Retrieved 2012-03-15.^Garling, Peter (27 November 2008). "Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals".*

[5]. *"Babra Sharif". Archived from the original on 23 October 2012. Retrieved 18 March 2013.*

[6]. Begun JW, Tornabeni J, White K 2006, 'Opportunities for improving patient care through lateral integration: The Clinical Nurse Leader', Journal of Healthcare Management, vol. 51, no. 1, p. 19-25.

[7]. Capuano T, Bokovoy J, Hitchings K, Houser J 2005, 'Use of a validated model to evaluate the impact of the work environment on outcomes at a magnet hospital', Health Care Management Review, vol. 30, no. 3, pp. 229-236.

[8]. Cummings GG, Midodzi WK, Wong CA, Estabrooks CA 2010, 'The contribution of hospital nursing leadership styles to 30-day patient mortality', Nursing Researchvol. 59, no. 5, pp. 331-339.

[9]. Davidson PM, Elliott D, Daly J 2006, 'Clinical leadership in contemporary clinical practice: implications for nursing in Australia', Journal of Nursing Management, vol. 14, no. 3,

[10]. Davis S 2014, 'Global Initiatives: From the Associate Editor', Clinical Scholars Review, vol. 7, no. 1, pp. 70-72.

[11]. Downey M, Parlsow S, Smart M 2011, 'The hidden treasure in nursing leadership: informal nurse leaders', Journal of Nursing Management, vol. 19, no. 4, pp. 517-521.

[12]. Duffield CM, Roche MA, Blay N, Stasa H 2011, 'Nursing unit managers, staff retention and work environment', Journal of Clinical Nursing, vol. 20, no.1/2, pp. 23-33.

[13]. Duffield CM, Roche MA, O'Brien-Pallas L, Catling 2009, 'The implications of staff 'churn' for nurse managers, staff, and patients', Nursing Economic$, vol. 27, no. 2, pp. 132-140.

[14]. Francis R 2013, Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, London: The Stationery Office.

[15]. *Garling, Peter (27 November 2008). "Final Report of the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals".*

[16]. Gantz NR, Sherman R, Jasper M, Choo CG, Herrin-Griffith D, Harris K 2012, 'Global nurse leader perspectives on health systems and workforce challenges', Journal of Nursing Management,vol. 20, no. 4, pp. 433-443.

[17]. Garner BL, Metcalfe SE, Hallyburton A 2009, 'International collaboration: a concept model to engage nursing leaders and promote global education partnerships', Nursing Education in Practice,vol. 9, no. 2, pp. 102-108.

[18]. Health Workforce Australia (HWA) 2012, Health Workforce 2025 – Doctors, Nurses and Midwives

[19]. Hersey and Blanchard's Situa... doi: 10.1177/105960118200700210 Group Organization Management June **1982** vol. *-http://www.leadership-central.com/situational-leadership-theory.html*

[20]. Hinno S, Partanen P, Vehvilainen-Julkunen K 2012, 'Nursing activities, nurse staffing and adverse patient outcomes', Journal of Clinical Nursing,vol. 21, no. 11-12, pp. 1564-1593.

[21]. Houser J 2003, 'A model for evaluating the context of nursing care delivery', Journal of Nursing Administration,vol. 331, no. 1, pp. 39-47.

[22]. Hutchinson M, Hurley J 2013, 'Exploring leadership capability and emotional intelligence as moderators of workplace bullying', Journal of Nursing Administration,vol. 33, no. 1, pp. 39-47.

[23]. Institute of Medicine 2010, The Future of Nursing: Leading Change, Advancing Health.

[24]. Kieft R, de Brouwer B, Francke AL, Delnoij D 2014, 'How nurses and their work environment affect patient experiences of the quality of care: a qualitative study', BMC Health Services Research, vol. 14, no. 249.

[25]. Kotter JP 1996 Leading Change, Boston, MA: Harvard Business School Press.

[26]. Laschinger HKS, Wong CA, Grau AL 2012, 'Authentic leadership, empowerment and burnout: a comparison in new graduates and experienced nurses', Journal of Nursing Management, vol. 21, no.

[27]. Leadership roles and management functions in nursing theory and application - 6th edition.

[28]. Locke R, Leach C, Kitsell F, Griffith J 2011, 'The impact on the workload of the Ward Manager with the introduction of administrative assistants', Journal of Nursing Management,vol. 19, no. 2, pp. 177-185.

[29]. Lusardi P 2012, 'So you want to change your practice: Recognizing practice issues and channeling those ideas', Critical Care Nurse,vol. 32, no. 2, pp. 55-64.

[30]. Malloy T, Penprase B (2010), 'Nursing leadership style and psychosocial work environment', Journal of Nursing Management,vol. 18, no. 6, pp. 715-725.

[31]. St. Louis, Mo: English : 8th ed Kramer, M., &Schmalenberg, C.1999, Jobs Satisfaction & retention, insights for the 90s:Part1. Nursing,21(3),50-55

[32]. Stanley D. &Sherratt A. (2010) Journal of nursing management, **18,** 115

[33]. Stewart L, Usher K 2010, 'The impact of nursing leadership on patient safety in a developing country', Journal of Clinical Nursing, vol. 19, no. 21/22, pp. 3152-3160.

[34]. Storch J, Makaroff KS, Pauly B, Newton L 2013, 'Take me to my leader: The importance of ethical leadership among formal nurse leaders', Nursing Ethics, vol. 20, no. 2, pp. 150-157.

[35]. Tomey AM 2009, 'Nursing leadership and management effects work environments', Journal of Nursing Management, vol. 17,no. 1, pp. 15-25.

[36]. Tornabeni J, Miller JF 2008, 'The power of partnership to shape the future of nursing: the evolution of the clinical nurse leader', Journal of Nursing Management, vol. 16, no. 5, pp. 608-613.

[37]. Twigg DE, Duffield CM, Thompson P, Rapely P 2010, 'The impact of nurses on patient morbidity and mortality – the need for a policy change in response to the nursing shortage', Australian Health

[38]. Twigg DE, Geelhoed EA, Bremner AP, Duffield CM 2013, 'The economic benefits of increased levels of nursing care in the hospital setting', Journal of Advanced Nursing,vol. 69, no. 10,pp. 2253-2261. vol. 14, no. 3,

[39]. Washington DC: The National Academies Press. James KMG 2010, 'Incorporating complexity science theory into nursing practice', Creative Nursing, vol. 16, no. 3, pp. 137-142. Jukkala, A, Greenwood, R, Motes, T, Block, V 2013, 'Creating Innovative Clinical Nurse Leader Practicum Experiences through

[40]. White J 2011, 'Reflections on strategic nurse leadership', Journal of Nursing Management,

[41]. Wolters Kluwer/ Lippincott Williams and Wilkins Health Philadelphia-Battimore - New York, London Buenos Aires Hong Kong – Sidney – Tokyo

[42]. Wong CA, Cummings GG 2007, 'The relationship between nursing leadership and patient outcomes: a systematic review', Journal of Nursing Management, vol. 15, no. 5, pp. 508-521. Havig et al., 2011).

[43]. Wong CA, Cummings GG 2007, 'The relationship between nursing leadership and patient outcomes: a systematic review', Journal of Nursing Management, vol. 15, no. 5, pp. 508-521.