Leadership Curricula in Nursing Education: A Critical Literature Review and Gap Analysis

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ABSTRACT

Background: The Institute of Medicine’s Future of Nursing report advises nursing education programs to integrate and embed leadership content within all areas of prelicensure nursing curriculum. This critical literature review synthesizes the state of the science of leadership curricula in prelicensure baccalaureate nursing education programs from 2008 to 2013. Gaps are identified and discussed.

Method: The Academic Search Premier and Health Source databases were searched, using the keywords baccalaureate nursing education and leadership. The CINAHL database was searched, using the keywords leadership, education, nursing, and baccalaureate. Results: The 13 peer-reviewed articles identified for inclusion comprised descriptive articles (n=8), mixed-methods studies (n=2), quantitative studies (n=2), and a qualitative study (n=1). Conclusion: The underlying theme identified is the study and use of active learning strategies. Subthemes within this context were the use of reflection, peer learning, interdisciplinary teams, organizational partnerships, and curricular reform. [J Nurs Educ. 2015;54(7):367-371.]

Individual nurses and the nursing profession are increasingly being called upon to take leadership roles within the U.S. health care system. Graduate nurses are being placed in management, charge nurse, and other leadership positions more rapidly than ever before, and they report a need for increased leadership education prior to entering the workforce (Candela & Bowles, 2008). The Institute of Medicine’s [IOM] Future of Nursing report (2010) recommends that nurses be prepared to assume leadership positions at all levels of the health care decision-making process, and nursing education programs are advised to integrate and embed leadership content within all areas of prelicensure nursing curriculum. The purpose of this critical literature review is to synthesize the state of the science of leadership curricula in prelicensure baccalaureate nursing (BSN) education programs from 2008 to 2013. This literature review identifies gaps in the literature and discusses potential implications and recommendations for nurse educator practice.

REVIEW AND SYNTHESIS METHODS

The literature search was conducted using the Academic Search™ Premier, CINAHL®, and Health Source® databases. The Academic Search Premier and Health Source databases were searched using the keywords baccalaureate nursing education and leadership. The CINAHL database was searched, using the keywords leadership, education, nursing, and baccalaureate.

Inclusion criteria were (a) peer-reviewed articles published between January 2008 and August 2013, (b) international and national articles published in English, and (c) articles describing or studying leadership curricula or teaching strategies in prelicensure BSN programs.

Exclusion criteria were (a) published articles studying leadership curricula or teaching strategies within associate, diploma, BSN completion, or graduate-level nursing programs, (b) published or nonpublished theses and dissertations, (c) editorials, opinion pieces, and non-peer-reviewed articles.

The database searches resulted in 125 articles, with 13 meeting the inclusion criteria after a review of the abstracts. The author read these 13 articles and extracted and compiled the...
study purposes, interventions, results, and recommendations via the matrix method, and common themes were identified. The literature summary is provided in Table A (available in the online version of this article).

RESULTS AND FINDINGS

The 13 peer-reviewed articles identified in this literature review included descriptive articles (n = 8), mixed-methods studies (n = 2), quantitative studies (n = 2), and a qualitative study (n = 1). Descriptive articles included curricular or program revisions and discussions (n = 4), course development (n = 3), and a reflective analysis (n = 1). The articles primarily focused on the use of innovative teaching strategies or curriculum revisions for the purposes of embedding or enhancing the development of leadership behaviors in response to the IOM recommendations. The underlying theme identified in the literature is the study and use of active learning strategies. Subthemes within this context were the use of reflection, peer learning, interdisciplinary teams, organizational partnerships, and curricular reform.

Reflection
Several studies incorporated the strategy of reflective journaling into another, more predominant, strategy for the purposes of enhancing critical thinking and increasing student awareness of leadership behaviors and qualities (Daley, Menke, Kirkpatrick, & Sheets, 2008; Groh, Stallwood, & Daniels, 2011; Lekan, Corazzini, Gilliss, & Bailey, 2011; Schoenfelder & Valde, 2009). Garrity (2013) directly studied reflective journaling and found that the strategy was effective for increasing student knowledge and understanding of nursing leadership, enhancing development of critical thinking skills, and assisting students to identify perceptions related to nursing leadership.

Peer Learning
Multiple studies incorporated peer groups as a teaching strategy to provide student opportunities to practice and refine leadership skills. Student groups developed and implemented safety-focused simulation experiences for peers (Piscotty, Grobbel, & Tzeng, 2011) and created and facilitated a Web-based seminar for students in the United Kingdom (Daley, Spalla, Arndt, & Warnes, 2008). Two articles discussed using higher level nursing students to assist teaching lower level nursing students in the skills laboratory, assessment laboratory, or clinical settings (Bensfield, Solari-Twadell, & Sommer, 2008; Daley, Menke, et al., 2008).

Students participating in peer learning activities across those studies rated the experience positively. Students self-reported increased confidence in the nursing role, enhanced critical-thinking abilities, and improved interpersonal skills (Bensfield et al., 2008; Daley, Menke, et al., 2008). Student-led simulation activities resulted in increased student knowledge of many quality and safety for nursing education competencies, as well as improved student confidence and self-reliance (Piscotty et al., 2011). Students participating in peer teaching activities in the clinical setting received positive feedback from facility staff and patients (Daley, Menke, et al., 2008). According to Bensfield et al. (2008), student teachers cited a new appreciation and awareness of the nurse educator role, and some students reported a desire to pursue an advanced degree as a nurse educator following this experience.

Interdisciplinary Teams
Several teaching strategies or curricular revisions incorporated experiences with interdisciplinary teams into clinical settings or provided exposure to interdisciplinary team members as part of the student classroom experience. In clinical and simulation settings, students developed, implemented, and evaluated teaching opportunities for certified nursing assistants (Lekan et al., 2011) and worked in pairs to manage care and delegate tasks associated with multiple simulated patients (Kaplan & Ura, 2010). Two additional studies paired BSN students with multidisciplinary preceptors in a wide variety of settings at multiple organizational levels (Schoenfelder & Valde, 2009; White & Walrath, 2008). Students in all of these studies reported enhanced confidence, improved communication skills, and an increased understanding of the necessity to engage in collaborative teamwork to provide safe, patient-centered care. Students in two of the studies reported an increased understanding of how to prioritize and delegate care (Kaplan & Ura, 2010; Lekan et al., 2011). Students in one nursing program were required to lead interdisciplinary quality improvement (QI) projects (White & Walrath, 2008). Those students stated that they would not be afraid to speak up and to contribute ideas within teams in the future to affect change. Nurse participation in these interdisciplinary QI activities enhanced interdisciplinary team awareness of the contributions that can be made by professional nurses in a variety of areas. Several BSN students in that program presented projects at regional and national conferences, and one BSN student received an award for a facility-wide QI project (White & Walrath, 2008).

Organizational Partnerships
Several innovative teaching strategies required faculty educators to form close collaborations and partnerships with multiple organizations within both community- and hospital-based health care settings. One study (Schoenfelder & Valde, 2009) described the collaboration between a large state university and a rural hospital for the purpose of offering rural leadership practicum opportunities to senior-level students. Student participants in that study and in the White and Walrath (2008) study reported a better understanding of the big picture of health care and of how to affect change within health care systems.

Daley, Spalla, et al. (2008) explored a Web-based partnership between a university in the midwestern United States and one in the United Kingdom. This partnership enhanced and expanded the learning community available to students, while also broadening student perspectives on global nursing practices.

Curricular Reform
Three articles described curricular reform efforts aimed at integrating and embedding leadership content into nursing programs. One article described the development and implementation of three leadership and management courses into an exist-
ing curriculum (Jones & Sackett, 2009), whereas another study embedded service-learning content throughout a curriculum to enhance student leadership in issues concerning social justice (Groh et al., 2011). Foster, Benavides-Vaello, Katz, and Eide (2012) described a curriculum revision that added content focused on self-care, stress management, moral and ethical reasoning, leadership, nursing dilemmas, and health care policy for the purposes of reducing new graduate turnover and burnout, while modeling a culture of mentorship and teamwork.

GAP ANALYSIS

The current review revealed a noticeable lack of studies focused on teaching strategies to embed leadership competencies at the organizational level. Only one study developed an active strategy for students at this level (White & Walrath, 2008). Nursing students must receive opportunities to actively participate in organizational-level QI studies, policy development, and research activities while in their undergraduate programs to achieve fully embedded leadership competencies of knowledge, skills, and ability (American Association of Colleges of Nursing [AACN], 2008; Pepin, Dubois, Girard, Tar dif, & Ha, 2011). Active participation in organizational-level leadership functions as a student might better empower graduate nurses to affect policy changes, rather than just observing and reacting to policy changes (Waters, Rochester, & McMillan, 2012). Many staff nurses have never taken part in any QI projects or studies (White & Walrath, 2008), and an awareness initiative conducted in a multihospital health system found that many staff nurses were unaware of the IOM recommendations (Folan et al., 2012). Low staff nurse awareness of professional recommendations, such as the IOM report, and a lack of staff nurse participation in organizational-level leadership activities reflect the effects of this gap in BSN education (Folan et al., 2012; White & Walrath, 2008).

A noticeable absence exists in the literature related to the study of classroom-specific teaching strategies designed to integrate and embed leadership content. Benner, Sutphen, Leonard, and Day (2010) noted that experiential learning is accepted as one of the strengths of nursing education in clinical and laboratory settings; yet, this strength is seldom incorporated into classroom environments. Classrooms must shift to using interactive strategies, such as evolving case studies and critical reflection techniques. Critical reflection techniques include utilization of questioning and clinical imagination to deconstruct clinical situations, with a focus on identifying positive outcomes as well as potential areas in need of improvement. Interactive classroom strategies can assist students in developing the clinical reasoning skills essential to functioning effectively in leadership roles in rapidly changing health care settings (Benner et al., 2010).

Finally, a gap exists in the literature relating to the study of teaching strategies and curricula to support the development of leadership competencies in students from diverse backgrounds. This gap results in the exclusion of vital information from nursing students, who identify with diverse cultures, ethnicities, genders, sexual orientations, and nonnative English speakers. The studies included in the current literature review primarily focused on White females. As nursing seeks to diversify as a profession, nurse educators must develop and implement teaching strategies to support a more diverse population of students (AACN, 2008).

DISCUSSION

High-quality, safe patient care depends on professional nurse graduates possessing the ability to understand, participate in, and affect systems-level change. Graduates must have the ability to supervise and delegate appropriately; communicate effectively with multiple, varied interdisciplinary team members; and adeptly manage complex care transitions (AACN, 2008). More organizational-level teaching strategies and research on these strategies are needed to improve professional nurse participation in organizational-level leadership. Increasing student exposure to organizational-level learning opportunities at the undergraduate level could serve to improve the culture of nursing as professional nurses develop the confidence to take ownership of patient care policy, practice development, and mentorship activities.

The incorporation of student QI and research projects into the culture of a hospital unit could serve the dual purpose of developing essential competencies in students, while improving staff nurses’ awareness of professional nursing responsibilities related to lifelong learning and QI activities (White & Walrath, 2008). Nurse educators and nursing students partnered in hospital dedicated education units have an opportunity to provide leadership to increase staff nurse awareness of the current literature, best practice recommendations, and research activities. Students in dedicated education units work closely with experienced staff nurses to learn the most current bedside nursing practices, and student clinical outcomes are potentially enhanced. These dedicated education unit partnerships can increase staff nurses’ awareness of mentoring, current best practices, and educational leadership opportunities (Folan et al., 2012).

Prior to graduation, BSN students need to understand how to mobilize interdisciplinary teams in the planning of care, and they should begin to actively exhibit leadership ability by developing and participating in collaborative solutions for patients and families (Pepin et al., 2011). The importance of students possessing the ability to communicate and collaborate within teams to function effectively in the modern health care system cannot be overemphasized (Holmes, 2011). The continued support, development, and use of interdisciplinary teaching strategies is recommended for BSN students (AACN, 2008; Folan et al., 2012; Holmes, 2011; Lekan et al., 2011; White & Walrath, 2008).

The continued and increased use of peer groups is recommended for the purposes of identifying and developing multiple leadership competencies (Bensfield et al., 2008; Daley, Menke, et al., 2008; Daley, Spalla, et al., 2008; Kaplan & Ura, 2010; Piscotty et al., 2011). The use of peer-assisted learning as a strategy to increase awareness of the nurse educators’ role among undergraduate nursing students is also supported and could help nurse educators in identifying students who are interested in becoming nurse educators (Bensfield et al., 2008). Additional research is needed to explore and confirm this.
encouraging finding in an era of nurse faculty shortages and looming retirements.

Several methods of incorporating active, experiential learning into the BSN classroom for the purpose of developing leadership competencies exist. Problem-based learning can be used by forming the class into small groups and having these groups reach a consensus on how to handle an issue presented in a written or video case study. Students then reconvene as a class and discuss the findings and solutions identified by each group. The instructor can then provide subsequent case studies based on the original scenario to demonstrate how a situation may evolve over time (DeYoung, 2008; Svinicki & McKeachie, 2011). Visual cases are also useful in helping students to develop an understanding of how perceptions of a situation can differ, depending on context and observer variances. Being able to imagine how others perceive a situation is a key skill in defusing conflicts and in effectively managing care for diverse patient populations.

Role-play scenarios are a form of simulation, which can be used in the classroom to develop a variety of leadership abilities, including effective conflict management and communication skills. Students are assigned to role-play family members, physicians, nurses, or multidisciplinary team members and are given general scenarios to act out spontaneously in front of the class. This requires students to respond in the moment, just as they would in a real-world situation (DeYoung, 2008; Svinicki & McKeachie, 2011).

Hanley and Fenton (2007) asserted that the art of professional nursing is related to an individual nurse’s ability to develop intuition and to incorporate the use of effective improvisation into practice. Improvisation is a skill that nurses use regularly as they react to sudden, unexpected situational changes. These situational changes often require practicing nurses to utilize cognitive and emotional intelligence, while simultaneously applying complex skills in unique settings. Salas et al. (2013) described using improvisational role-play in a medical school course. The use of this technique revealed promise at developing communication skills, increasing confidence, and enhancing empathy in medical students. Delaney (2012) described using improvisational games to improve self-awareness and interpersonal skills in nursing students.

Studies should be undertaken to determine the potential benefits of using role-play and improvisation in the BSN classroom as potential methods to better develop and embed leadership competencies and behaviors, as well as nursing intuition and critical reasoning skills. Role-play, improvisation, and visual or written case studies can potentially be used to strengthen student ability to intervene in a variety of situations, including patient care, conflict management, and QI activities.

Extant research suggests that using online teaching environments to support and enhance interactive teaching strategies has positive student outcomes. Students who might otherwise avoid participating in discussions or activities in traditional classroom settings are becoming engaged in rich discussions and are providing valuable feedback in online settings. Perhaps face-to-face nursing classes could be adapted to use some of the technologies and interactive teaching strategies from successful online environments to enrich and enhance active learning in classroom environments (O’Neil, Fisher, & Newbold, 2009).

Online strategies are based on the theory of constructivism and are student directed and active, with extensive use of discussion and small-group activities. These types of strategies have proven to be more effective at student cognitive development than traditional passive strategies, such as lecture. Incorporating online strategies into the classroom can allow educators to better address diverse student needs and ways of learning by providing varied content, such as videos, slides, notes, and articles. Students can continue discussions after class, can review material at their own pace, and can more actively direct their own learning (O’Neil et al., 2009).

Schmitt, Sims-Giddens, and Booth (2012) discussed the benefits of incorporating the use of various forms of social media into nursing education. Students can be taught to use platforms such as Twitter®, Facebook®, and LinkedIn® to form professional networks and to participate and lead through facilitating chats, creating professional online portfolios, setting up Web blogs, and disseminating nursing content to and through social media contacts. Via (2011) teaches an undergraduate course titled Teaching With Technology at the University of Alaska, Fairbanks, Alaska, and has made a video titled Teaching With Twitter, which is available to the public. The video discusses multiple examples of in-classroom uses of Twitter, including back channeling (i.e., displaying a real-time feed of student comments) and student polling. Polling and students’ comments allow an instructor to evaluate students’ understanding of covered concepts and can identify areas in need of further explanation. Twitter can also enhance the classroom experience by assisting the instructor with compiling articles and student tweets into an online classroom newspaper (Schmitt et al., 2012; Via, 2011).

Currently, the effective use of social media plays an increasingly important role in nursing leadership activities, and it will likely continue to increase significantly in the coming years. Wicks, Via, and Rhode (2011) provided useful resources and links for educators to learn how to incorporate social media teaching strategies into the classroom. Much research is needed to develop innovative, interactive teaching strategies of varying types and to examine learning outcomes in relation to student embedment of leadership competencies. Teaching students to engage in leadership activities while in school will increase the likelihood that these students will continue their leadership activities when their nursing careers commence. Nurse educators must explore and develop strategies, such as those discussed in this article, for use in the nursing classroom to more effectively develop student leadership potential.

Many of the strategies discussed in this article, such as improvisation, small group discussion, case studies, questioning, and incorporating online tools, may be used to support diverse student populations. Research is needed to identify specific strategies to potentially enhance learning and embedment of leadership competencies in students who identify with a wide variety of cultures, communities, ethnicities, and genders (AACN, 2008).

**CONCLUSION**

Nursing education programs must encourage and support the study and development of creative, innovative teaching strate-
gies to instill leadership ability in BSN students. Educators must incorporate a wide variety of perspectives to be effective with, and inclusive of, the increasingly diverse students entering nursing (Benner et al., 2010; Daley, Spalla, et al., 2008; Foster et al., 2012; Holmes, 2011; Kumm & Fletcher, 2012; Jones & Sackett, 2009; Lavizzo-Mourey, 2012; White & Walrath, 2008). Peer learning strategies hold particular promise in providing opportunities for students to develop leadership skills and ability. Peer learning is affordable, can be implemented rapidly in a variety of settings, and benefits learners at all levels. Bringing active strategies, such as student-led seminars and problem-based group discussions, into the classroom is also recommended as an affordable, effective method to enhance student attainment of leadership competencies.

Nursing education has a great need for faculty who possess an understanding of both leadership and nursing science, as well as an interest in research focused on the study of strategies to develop leadership ability in students (Benner et al., 2010; Holmes, 2011). Nursing programs should recruit, encourage, and support faculty who are interested in developing innovative teaching strategies. These educators need both time and financial support from administrators and institutions to develop, implement, and evaluate innovative, interactive teaching strategies to effectively embed the much needed leadership competencies in undergraduate nursing students (Benner et al., 2010; Holmes, 2011).

REFERENCES

## LITERATURE SUMMARY GRID

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<tr>
<th>Study</th>
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<th>Teaching Strategy</th>
<th>Setting</th>
<th>Leadership Ability Developed</th>
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<tbody>
<tr>
<td>Bensfield, Solari-Twadell, &amp; Sommer (2008)</td>
<td>Descriptive</td>
<td>Higher level students assisted lower level students in the skills laboratory for active peer learning experiences</td>
<td>Skills laboratory</td>
<td>• Teamwork &amp; collaboration • Confidence • Critical thinking • Communication • Sense of responsibility • Interest in educator role</td>
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<tr>
<td>Daley, Menke, Kirkpatrick, &amp; Sheets (2008)</td>
<td>Qualitative</td>
<td>Partners in practice program pairing senior leadership students with first-year students for active peer learning experiences</td>
<td>Hospital and laboratory</td>
<td>• Confidence • Critical thinking • Communication • Delegation • Time management</td>
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<tr>
<td>Daley, Spalla, Arndt, &amp; Warnes (2008)</td>
<td>Mixed methods; participants (n = 17, 5, 9, 5)</td>
<td>Student-developed and student-led online seminars for students at a university in another country</td>
<td>Video and online conferences</td>
<td>• Teamwork and collaboration • Knowledge enhanced • Cultural awareness • Broadened perspective</td>
</tr>
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<td>Foster, Benavides-Vaello, Katz, &amp; Eide (2012)</td>
<td>Descriptive</td>
<td>Development of a curriculum based on a generative leadership model</td>
<td>Academia</td>
<td>• Curriculum integrates stress awareness, personal wellness, collaboration, and mentorship culture</td>
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<td>Garrity (2013)</td>
<td>Descriptive; participants (n = 476, 80)</td>
<td>Students write weekly journal entries using the “LEARN” format</td>
<td>Community</td>
<td>• Knowledge and perceptions of leadership enhanced • Critical thinking</td>
</tr>
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<td>Groh, Stallwood, &amp; Daniels (2011)</td>
<td>Quantitative; (N = 306)</td>
<td>Service-learning woven throughout the curriculum to teach leadership and social justice issues</td>
<td>Community–urban</td>
<td>• “Big picture” awareness • Consensus building behaviors • Listening • Self awareness • Sense of responsibility</td>
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<tr>
<td>Study</td>
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| Jones & Sackett (2009)       | Descriptive     | Three didactic leadership and management courses integrated into curriculum, connected to clinical | Academia          | • Increased leadership preparation  
• Empowered in job interviews  
• Forces of magnetism awareness |
| Kaplan & Ura (2010)          | Descriptive; $N = 97$ | Multiple-patient simulation experience incorporating delegation opportunities    | Simulation laboratory | • Delegation  
• Prioritization  
• Teamwork and collaboration  
• Confidence  
• Communication |
| Kumm & Fletcher (2012)       | Descriptive     | Complete revision of undergraduate nursing curriculum described                    | Academia          | • Incorporated themes of communication, professional development, evidence-based practice, leadership, and management into curriculum |
| Lekan, Corazzini, Gilliss, & Bailey, Jr. (2011) | Mixed methods; $N = 56$ | Students studied heart failure and teaching strategies, performed a heart failure assessment, and engaged certified nursing assistants in bedside clinical teaching sessions | Long-term care and online | • Communication  
• Teamwork  
• Scope of practice awareness in context of delegation |
| Piscotty, Grobbel, & Tzeng (2011) | Quantitative; $N = 141$ | Two cohorts of students led simulations integrating quality and safety education for nurses (QSEN) competencies; scenario films were presented in class, followed by student-led debriefing session. | Simulation laboratory and online | • Confidence  
• Self efficacy  
• Knowledge enhanced  
• Teamwork and collaboration  
• Quality improvement |
| Schoenfelder & Valde (2009)  | Descriptive     | Distance leadership practicum in rural facility with interdisciplinary clinical mentors and telephone conferencing with faculty | Rural, varied settings | • “Big picture” awareness  
• Health policy awareness  
• Teamwork and collaboration  
• Flexibility and creativity |
| White & Walrath (2008)       | Descriptive; $N = 40$ | Interdisciplinary mentors assist nursing students in developing and leading quality improvement projects over 14 weeks | Hospital          | • Quality improvement  
• Confidence  
• Communication  
• Presentation ability |