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Transition-Friendly Leadership Styles: Nursing Students' Perspectives in Clinical Settings

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ABSTRACT

Background: This study aimed to investigate the preferred leadership styles of nursing students transitioning into registered nurses in Brunei. The study explored factors influencing their choice of leadership styles and provided insights into leadership approaches that can enhance their ability to lead and manage in clinical settings.
Methods: This qualitative study involved a purposive sampling of 43 final-year nursing students in Brunei. Participants were asked to write reflective essays on their experiences with leadership and management modules and clinical attachments. Ethical approval was obtained, and informed consent was acquired from participants. Thematic analysis was used to analyze the essays. Transformational leadership, emphasizing inspiration, motivation, and intellectual stimulation, is the most preferred style among nursing students, fostering collaboration and skill development.
Results: Democratic leadership, promoting shared decision-making, also supports an inclusive learning environment. In contrast, transactional, autocratic, and laissez-faire styles were less effective, with the latter two being the least favored due to limited autonomy and guidance. Factors like resources, mentorship, and student characteristics impact leadership effectiveness in clinical settings.
Conclusion: Nursing education should prioritize the development of collaborative, motivating, and empowering leadership skills. Further research is needed to explore the long-term impact of leadership style preferences on nursing practice.

Keywords: Leadership; Management; Nurse; Student; Style; Transition

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INTRODUCTION

The leadership and management of nursing care are integral aspects expected of every nurse to demonstrate their holistic knowledge, professionalism, and clinical experience. Leadership skills, such as delegation, prioritisation, and decision-making, are vital components that enhance an individual's nursing capabilities and promote patient care (1). Good leadership also improves team dynamics, ensuring that the team works efficiently to provide the best patient outcomes. Management skills, such as staffing, documentation, and resource management, are equally essential for every nurse. These skills demonstrate their self-awareness and ensure the team can function optimally with the available resources.

Nursing students need to be familiar with all these skills to ensure a smooth transition into becoming registered nurses. Upon graduation, they are expected to possess these skills. A solid understanding of leadership and management also enhances their ability to adapt to clinical settings. It allows them to translate their knowledge and skills into real-life clinical situations (2). This enables them to effectively manage the dynamic nature of clinical environments, which involves interacting with various groups of patients, nursing teams, and communities.

Therefore, the study aims to investigate the preferred leadership styles for nursing students transitioning into registered nurses in the clinical setting. It seeks to provide a better understanding of the leadership styles that can enhance the students' ability to lead and manage and the factors that influence their choice of leadership and management styles.

Nursing Education in Brunei

In Brunei, nursing education includes theoretical and practical training in general nursing care, leadership, and management. Students engage in clinical attachment sessions throughout their education to interact with real clinical settings, healthcare professionals, patients, and available facilities. During these sessions, students are progressively assessed on essential nursing skills and practices, with a particular emphasis on leadership and management in the later stages of their training. This focus on leadership and management is designed to provide a comprehensive transition into becoming a registered nurse equipped with solid skills in these areas upon graduation. In the leadership and management module, students explore both the theoretical and practical aspects of various leadership styles, skills, and strategies, preparing them for roles as nurse leaders or managers. They learn about different leadership styles informed by existing theories and practical experiences shared by their mentors, academic supervisors, and lecturers.

METHODS

We conducted an assessment of nursing students' involvement in the leadership and management modules and leadership styles during their clinical attachment period as part of our research investigation. Our study received approval from the Institute of Health Sciences Research Ethics Committee (IHSREC) under the ethics approval number: UBD/PAPRSBIHSREC/2022/143. The evaluation session took place at the conclusion of the modules in May 2023. Participants were purposefully selected through the university's assistant registrar, who served as the gatekeeper. This purposive sampling study targeted nursing students from Universiti Brunei Darussalam who were enrolled in the final-year leadership and management module. This ensured homogeneity in the sample regarding their course content. Students needed to be fluent in either English or Malay to facilitate communication and data collection. Variables such as age and previous clinical placements were not considered, as the goal was to gather diverse opinions and feedback from the student population.

Prior to participation, participants were provided with informed consent and were briefed on the research study's purpose, which was to assess their learning experiences in the leadership and management modules, as well as their experience with the different leadership styles practiced or observed during their clinical attachment period. Students were invited to participate in the study voluntarily, with the assurance that there would be no negative repercussions or penalties for declining to provide an evaluation, given the study's voluntary nature. Forty-three out of forty-seven total final-year nursing students were willingly contributed written evaluation

essays reflecting on their overall experiences. The nursing students were offered the opportunity to participate in an essay component as additional coursework. However, participation was entirely voluntary and did not affect their academic grades. Students were clearly informed of this optional nature before deciding. Four students opted out of the study, respecting the voluntary nature of participation. Their reasons for declining remain unknown to respect their choice, privacy and voluntary nature of the study. To mitigate power imbalances between the researcher and the students, the researcher employed bracketing and limited unnecessary interactions beyond the research scope with the participants. Gatekeepers were utilized to recruit participants in order to minimize interactions. During the data collection and analysis phases, the authors engaged in frequent discussions to ensure that the results were purely derived from the feedback of nursing students were not manipulated or influenced by the authors' opinions. Bracketing was also done to promotes full transparency of the findings which is essential for producing rigorous and credible research outcomes. Additionally, written consent was obtained during all interactions as a form of reflexivity. The writings were then thematically analyzed by the authors to identify patterns of similarity or contrasting perspectives. Once analyzed, themes emerged and were discussed among the authors to assess their relevance to the research aims.

RESULTS

The following findings are based on written essays from 43 final-year nursing students. These students shared their insights about their clinical experiences, which exposed them to various leadership styles. The findings from these essays were then thematically analyzed and presented the theme as below.

Summary of Themes

This study found that transformational leadership, characterized by inspiration, motivation, and intellectual stimulation, is most preferred by nursing students for their clinical preparation. This style fosters a collaborative learning environment where students actively participate, learn from experienced nurses, and develop essential leadership skills. Democratic leadership, emphasizing shared decision-making and input from all team members, was also highly valued, creating a supportive and inclusive atmosphere for student learning. While transactional leadership, which focuses on rewards and consequences, was preferred by some, particularly those with prior leadership experience, autocratic and laissez-faire styles were generally disliked, as they limited student autonomy and provided inadequate guidance. Factors such as available resources, mentorship, and individual student characteristics significantly influence the effectiveness of different leadership styles in clinical settings.

Transformational Leadership Preferences

Based on the feedback from the participants in the study, it was established that the transformational style of leadership is perceived as the most optimal for nursing students to adopt in order to prepare themselves effectively for clinical settings as leaders or managers. This leadership style provides an easier entry into understanding the important roles and responsibilities expected of a nursing leader or manager. It allows for a more interactive and conducive learning environment alongside the nursing team, mentors, and peers during clinical attachment sessions. This form of leadership creates a symbiotic relationship between the nursing team and the student, whereby both sides benefit during the learning and teaching experience, thereby improving the leadership and managerial skills of both during the students' clinical learning sessions.

Leading with Democracy

A second point often mentioned by the majority of participants is the idea of having a democratic environment in the clinical setting, where leadership and management involve considering the inputs and opinions of the nursing team, which includes individuals from diverse backgrounds, experiences, and expertise, as well as the students themselves. This democratic environment makes it easier for students to transition into the clinical setting and practice their leadership and management skills. Open communication and a democratic approach to interaction and discussion create a positive and meaningful environment for students, making them feel appreciated and relevant in their contributions to the nursing

team during their clinical attachment sessions. Students often mentioned that they feel more relaxed and less pressured in an environment where they can make mistakes and learn from them. Having a mentor who is considerate and willing to learn without judging or creating a negative atmosphere also facilitates a better learning experience and transition for the student, enabling them to perform their leadership and practical nursing skills more effectively.

Transactionally-Motivated Leadership

The choice of leadership style preferred by one-quarter of the participants is the transactional form of leadership, where incentives are given for positive performance or contributions to the nursing team as well as efforts to lead or manage the team.

This preference is more common among participants who had previous leadership experience or prolonged clinical exposure, where short-term incentives are seen as a stronger motivation to accomplish their tasks and leadership responsibilities. This form of leadership is also favored by participants often placed in hectic environments where staffing issues and communication challenges make it difficult for students to get learning opportunities and practice their leadership and managerial responsibilities.

Least Preferred Leadership Styles

Analysis of the written essays revealed that participants, when instructed to reflect on their clinical experiences, frequently identified the autocratic style, where a single leader authoritatively manages the nursing team, provided the least amount of learning flexibility and opportunity to practice leadership and management skills. In this style, students often simply follow orders and contribute according to the roles assigned by the leader. This approach hinders students from being creative and making independent decisions, as it may jeopardize the established dynamics and workflow of the healthcare system.

The second least preferred leadership style is the laissez-faire approach, where there is no leadership or management present in the clinical setting. Some students in the study revealed that they encountered instances where they were attached to clinical sites lacking guidance, supervision, and a conducive learning environment to develop their leadership and management skills. This absence of leadership led to role confusion and misunderstandings about leadership and management among the students, making them feel that these roles were not prioritized or needed in the clinical setting. This leadership style might be suitable for specific settings, but the students were often placed in clinics with many departments, making it difficult to seek the right form of guidance, mentorship, and sources of knowledge.

Factors Influencing Leadership Styles

With the various leadership and management styles that the students were exposed to, they shared their preferred and least preferred styles to improve their transition into real clinical settings. However, several factors influence their choice of leadership style, including available resources such as staffing, facilities, time availability, and mentorship. These factors contribute to the learning experience in the clinical setting, helping students better transition into leadership and management roles.

Due to the differences in clinical settings, not every participant experiences the same form of leadership and management or has the same coping mechanisms to overcome challenges that hinder their learning progress. Some students may overcome these challenges with the right guidance and learning experiences. However, a portion of the participants lacks the interpersonal skills, willingness, attitude, and experience to overcome these challenges and resort to performing routine or mundane tasks unrelated to leadership and management skills. This results in a poor transitional phase for these students, as they lack the proper preparation to become effective nurse leaders or managers.

DISCUSSION

Rationales of Transformational Leadership

In nursing, transformational leadership is confirmed to have a positive correlation with nurses' job satisfaction. Studies have also reported that this leadership style can enhance nurses' intention to stay at the workplace, their ability to provide quality patient care, and

patient satisfaction (1). This leadership style highlights the importance of leaders motivating their team charismatically to work together, deliver exceptional patient care, and accomplish goals collectively. Additionally, this leadership style places a strong emphasis on resilience, inclusivity, and commitment to tackling new challenges together. The strengths of transformational leadership include open communication, discussions, and improved performance while promoting innovation and organizational effectiveness.

However, it is important for leaders to be inspirational, influential, and able to stimulate and consider the opinions of team members, possessing a good source of knowledge and experience. Nursing students would benefit from exposure to this form of leadership as it would allow them to engage proactively with the nursing team while also training themselves to be better leaders and managers who prioritize open discussion, have good self-awareness, and consider other people's welfare in the healthcare system (4). This would not only improve individual nursing professionalism and capabilities but also enhance their interpersonal communication skills, resulting in holistic nurse leaders capable of accommodating the various factors present in the clinical setting.

However, it is important for nursing students to be well-versed in communication, knowledge, and their ability to inspire and motivate others. This can be achieved through extensive exposure to clinical practical hands-on experience, which improves their understanding, familiarity, and adaptability to different resources and work cultures in the clinical setting (5). Developing these skills takes time, so it is crucial for nursing students to be exposed to transformational leadership early on. This early exposure and understanding of this leadership style in the clinical setting would increase their awareness and gradually enhance their skills, allowing them to achieve competency and develop their leadership abilities (6).

This preparation would smooth their transition becoming registered nurses. Transformational leadership also encourages learning through making mistakes, which is common from the standpoint of nursing students. Mistakes are viewed as an essential part of learning and skill development. Therefore, students understandably prefer this form of learning environment where they are not judged, criticized, or negatively reprimanded for performing poorly (7). They appreciate having more time, supervision, and opportunities to hone their skills without fear of harsh consequences. This supportive environment fosters a culture of continuous learning and improvement among nursing students.

Leading and Managing as A Team Effort

The democratic style of leadership similarly focuses on team success and emphasizes collaboration with the nursing team. However, it may not be effective in situations requiring independent decision-making, emergency scenarios, or conflict resolution (2). This leadership style is more friendly and welcoming to nursing students as it encourages input and communication from the team when making decisions. From the nursing student's standpoint, this allows them to gain a proper understanding of how experienced professionals consider decisions and the circumstances that lead to those decisions (3). It provides students with valuable insights into decision-making processes and helps them develop a better understanding of various situational factors in healthcare settings. Understanding that nursing students have limited clinical exposure and time in the clinical setting, it is preferable for them to seek input from their team to gain a deeper understanding (4). They should feel comfortable listening to opinions and ideas from experienced sources. This open communication culture not only enhances team cohesion but also improves problem-solving and promotes innovation in healthcare practices. Inputs from different backgrounds and expertise are considered in decision-making, which enriches the learning experience and prepares students for effective collaboration in their future nursing careers.

Flexibility: Key to Proficiency

Despite having a preference for certain leadership styles and approaches, it is important for nursing students to be adaptable to different situations and clinical environments to meet the individual needs of patients and the nursing team. Being adaptable and flexible in how leadership and interaction are performed allows nursing students to collaborate more effectively with healthcare professionals and gain knowledge on handling

stressful situations with ease (11). This adaptability prevents students from staying in a stagnant environment where they do not evolve or learn the dynamic nature of leadership and management.

By being flexible, nursing students can learn to provide the best possible care to patients, ensuring positive outcomes and satisfaction (12). Although stepping outside of their comfort zone to perform leadership roles that are not their preference can be stressful initially, over time it improves their experience in leadership and management. This can reduce stress and contribute to overall job satisfaction and well-being, as students become more professional and knowledgeable in leadership and management practices. Having good adaptability skills allows nursing students to be more self-aware of their strengths, weaknesses, and opportunities. This self-awareness helps them react better to stressful or unpredictable situations and make sound decisions based on their prior understanding, critical thinking, and clinical experience.

Familiarity to Ease Transition

One of the most common issues faced by nursing students that influences their leadership style and preferences is the issue of familiarity. Developing leadership and management skills in nursing requires experiential learning and hands-on practical interaction with patients, the nursing team, and other healthcare professionals in the clinical setting (13). This process, however, requires time and commitment from both the nursing team and the students themselves to proficiently develop their leadership and management skills over time. One of the issues nursing students face related to familiarity is the lack of opportunities to learn and develop their leadership and management skills, as they often have to juggle performing nursing responsibilities alongside leadership and management tasks in clinical settings (14). Additionally, they need time to orient themselves to the clinical environment, especially in new settings where they must become familiar with resources, the nursing team, patient needs, and responsibilities. This can vary significantly depending on the setting, such as surgical, medical, intensive care units, or emergency departments. Each setting has its own set of responsibilities, leadership styles, and requirements for both nursing team members and students. This orientation process typically takes approximately 2 to 4 weeks, depending on the student's attendance, ability to absorb new knowledge, and commitment to learning and participating in patient care.

Apart from orientation, developing leadership and management skills also requires interaction and effective communication with the nursing team. Nursing students often find it difficult to open up and verbalize their concerns and opinions on patient care, especially when they lack clinical experience or understanding of how the clinical setting operates (15). Trust and rapport among the healthcare team are essential to ensure that the student is trusted to delegate and manage properly while understanding the welfare and capabilities of each member of the nursing team (16). Without building good trust and rapport, nursing students would have difficulties putting forward their ideas, leadership, and motivation in front of the nursing team.

Mentoring Toward Independency

The mentorship experiences that nursing students undergo during clinical attachment sessions significantly influences their choice and preferences regarding leadership and management styles for their future careers. During these mentorship experiences, students observe how to operate in the clinical setting based on their mentor's experience, knowledge sharing, and feedback (5). Through mentorship, nursing students improve their leadership skills through observational learning. They often mirror and mimic their mentor's actions, whether good, poor, or questionable, trusting their mentor's guidance. This can be both positive and negative: while it provides a valuable learning experience, excessive reliance on the mentor may hinder the student's independence in learning. There is a risk that students may overlook the importance of self-directed learning and developing their own leadership identity in the dynamic clinical setting. Balancing mentor guidance with opportunities for independent decision-making and learning is crucial for students to develop into competent and self-assured nurse leaders (18).

The positive aspect of mentorship is that nursing students receive supervision and

advice from an experienced source, learning through making mistakes, setting short-term goals, and having feedback sessions with their mentors (19). A good mentorship experience allows students to feel more comfortable in their learning and provides a platform for them to voice their concerns and opinions, especially for those with poor communication skills or fear of speaking in front of a larger group. Having a mentor creates a smooth transition for students to communicate better with healthcare professionals and improves their understanding of what it takes to be a leader or manager in the clinical setting. Mentorship fosters a symbiotic relationship where both the mentor and mentee learn from and teach each other new perspectives on leadership and management (20). It's important for both parties to openly communicate, voice concerns, and identify weaknesses to develop a proper plan and strategy to meet the student's learning needs.

Portraying the Right Attitude and Mindset in Clinical Learning

Having the right attitude and mindset is crucial for nursing students in determining their preferences for leadership and management. Many nursing students face attitude problems, as they do not fully comprehend the seriousness of clinical placement sessions as learning opportunities (21). Some students may take clinical sessions lightly, prioritising other activities and responsibilities overachieving their learning outcomes and objectives. This mindset creates a barrier within the students themselves, as they lack the initiative and commitment to practice the necessary skills (22). When clinical placement sessions end, nursing students often face dilemmas. They may not feel fully prepared, well-versed, or capable of handling challenges beyond their understanding, or they may have had no exposure to how to handle such situations at all. Developing a positive attitude and mindset involves understanding the importance of clinical sessions as crucial learning opportunities. It requires dedication, commitment, and a proactive approach to learning and practising nursing skills. Students who prioritise their learning during clinical placements are better prepared to face challenges and develop into competent and confident nurse leaders.

Time management is indeed a common challenge faced by nursing students in the clinical setting. They often struggle to balance their academic responsibilities, personal obligations, and the demands they face during clinical placement sessions. This difficulty in managing time and multitasking can hinder the students' ability to adapt properly and transition into the role of a nurse leader or manager in the clinical setting (23). When students are unable to focus or dedicate themselves fully to their responsibilities, it can lead to increased stress, burnout, and emotional strain. This is particularly problematic in leadership and management roles, where advanced skills such as conflict resolution, decision-making during emergencies, and critical thinking are tested. Developing effective time management skills is essential for nursing students to succeed in clinical settings and beyond (24). It involves prioritising tasks, setting realistic goals, and maintaining focus on learning objectives. By improving time management, students can enhance their ability to handle challenges, improve their leadership skills, and ultimately become more confident and competent nurses.

Implication to Nursing Practice

Firstly, transformational leadership calls for a paradigm shift in nursing education. Nursing institutes must prioritize faculty development in these principles, embedding them throughout the curriculum. This includes fostering a supportive learning environment, encouraging student autonomy, and promoting intellectual growth. Clinical mentors should be chosen for their ability to model transformational leadership and serve as role models. Secondly, democratic clinical environments require collaboration between academic and healthcare institutions. This partnership should promote shared governance, involve students in decision-making, and establish effective feedback systems. Thirdly, while transactional leadership and incentives have value, the focus should remain on cultivating a culture of transformational leadership. This can be achieved through recognition programs, regular constructive feedback, and reducing exposure to autocratic or laissez-faire styles.

CONCLUSION

In conclusion, despite being educated on various styles of leadership and management that they can implement during their clinical practices, the majority of nursing students have distinct preferences for transformational, democratic, and transactional leadership styles in the clinical setting. Most students see the benefits of these particular leadership styles as they allow them to enhance their abilities to lead and manage in the long run while also providing enough motivation to navigate their clinical learning experiences, which are often short-term sessions in the clinical setting. More studies need to be performed to fully understand the factors that influence students' choices in leadership and management, especially in the long run when exposed to the dynamic nature of the clinical setting, patient care, and diverse leadership approaches.

LIMITATIONS

A limitation of our study is the use of purposive sampling, which may restrict the generalizability of the findings to nursing students outside Universiti Brunei Darussalam or those enrolled in different leadership and management programs. Additionally, variables such as age, previous clinical placements, and individual learning styles were not considered, which could have provided deeper insights into the diversity of student experiences. The reliance on self-reported written evaluations may also introduce biases, such as social desirability or recall bias, potentially impacting the authenticity of the responses. Lastly, while efforts were made to mitigate power imbalances and ensure reflexivity, the presence of the researcher as part of the academic environment may have influenced participants' responses.

RECOMMENDATION

Not Applicable.

HUMAN ETHICS APPROVAL AND CONSENT TO PARTICIPATE

Study was fully approved by the insitutute's ethics; UBD PAPRSB Institute of Health Sciences Research Ethics Committee (IHSREC) with the approval reference number: UBD/PAPRSBIHSREC/2022/143. Informed consent to participate was obtained from all of the participants in the study. All participants consented and voluntarily participated in the research.

CONFLICT OF INTEREST

The authors declare that they have no competing interests.

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AVAILABILITY OF DATA AND MATERIALS

The datasets used and analyzed during the current study are available from the corresponding author, KHAM (ORCID: 0000-0003-3474-5089) upon reasonable request.

AUTHOR CONTRIBUTIONS

HZAR: Conceptualization, Methodology, Formal analysis, Investigation, Data curation, Writing-Original draft preparation, Visualization.
KHAM: Supervision, Resources, Writing–Review & Editing

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