LEADERSHIP

Supporting students in practice: leadership

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Abstract
This article, the tenth in a series of 11, discusses the importance of effective leadership in nursing and how it can enhance the provision of high quality care. Recent findings regarding suboptimal care practices in nursing have demonstrated the need for effective leadership in healthcare settings. Mentors and practice teachers are required to demonstrate leadership as part of their nursing role and their role in facilitating student learning. In addition, mentors and practice teachers are responsible for developing effective leadership skills in students, who will be expected to demonstrate these skills when they become registered nurses or midwives. Guidance for mentors and practice teachers is provided in relation to the eighth domain and outcomes of the Standards to Support Learning and Assessment in Practice on leadership

Keywords
leadership, mentors, mentorship, models of leadership, portfolio, practice teachers, professional development, students

THERE ARE MANY definitions of leadership that may be suitable for the roles of mentors and practice teachers. Rafferty (1993) stated that leaders ‘inspire, facilitate, help and praise’. These are important aspects of leadership when supporting nursing students in the learning environment, and are integral to the role of mentors and practice teachers. O’Driscoll et al (2010) suggested that although other members of the multidisciplinary team may be involved in student learning, it is primarily the responsibility of the mentor or practice teacher to lead this learning on a day-to-day basis. The skills necessary to fulfil this function include effective communication and interpersonal skills, self-awareness, time management, prioritisation and delegation (Craig and Smith 2015).

Moreover, nursing students should develop leadership abilities to enhance their practice when they become registered nurses or midwives, and subsequently if they become mentors or practice teachers. Students can observe and learn from those who facilitate their learning, identifying particular attributes that are influential in effective leadership (Ousey 2009). Students observing the application of leadership skills in this context is a valuable learning opportunity.

Craig and Smith (2015) emphasised the need to equip students with the skills to recognise and make improvements to suboptimal practice. Leadership is crucial to the role of the nurse mentor or practice teacher in clinical settings, because they are involved in all aspects of the organisation of care, which enables them to demonstrate clear leadership skills and behaviours (Craig and Smith 2015). By observing the leadership skills of their mentor or practice teacher, and others in the multidisciplinary team, students can learn and practise their leadership skills in a clinical environment (Ailey et al 2015). Furthermore, students...
are able to see how leadership may vary, from leading individual patient care to leading a nursing team. Lord Willis identified the need to prepare future nurses for what would be expected of them in terms of leadership skills (Willis Commission on Nursing Education 2012). Moreover, future employers expect newly qualified nurses to have developed leadership qualities (Foli et al 2014).

Importance of effective leadership skills
The Forward View into Action: Planning for 2015/16 (NHS England 2014) stated that effective clinical leadership is a necessity in implementing new care models in response to the changing needs of patients. Manley (1997) identified a correlation between quality of care and effective nursing leadership; in addition, successful leadership can facilitate practice development and the empowerment of staff. For mentors and practice teachers, this applies not only to the delivery of evidence-based practice (Barry et al 2016), but also to the way in which mentors and practice teachers are role models for delivering best practice (Gopee 2010). Leadership is not exclusive to leading teams in a managerial capacity; it can also be on an individual level (Box 1). Leadership at the individual level involves working effectively with patients, innovating to enhance practice, and leading by example. Nurses and midwives should work with and lead patients in improving their health by understanding what motivates them, as well as offering support and advice (Cummings 2015).

Leaders should have the skills and confidence to initiate the changes necessary to improve care. Furthermore, those who facilitate student learning should demonstrate confidence as a leader to provide effective instruction and support to the learner (Craig and Smith 2015). Through observation of such behaviours in practice, students will adopt these practices by emulating practitioners (Perry 2009). Although students are taught leadership theory and skills in the academic setting by tutors with a clinical background, the effectiveness of this approach is unknown (Baldwin et al 2014). Therefore, it is important for mentors and practice teachers to demonstrate effective leadership skills in the practice setting.

By undertaking the learning activity in Box 2, practice teachers can provide evidence for the eighth domain of the Standards to Support Learning and Assessment in Practice (SSLAP) (Nursing and Midwifery Council (NMC) 2008), which is to provide practice leadership and expertise in application of knowledge and skills based on evidence (Box 3).

What makes an effective leader?
The literature indicates that there are a range of individual characteristics or traits that are necessary for effective leadership. What makes an effective leader? The literature indicates that there are a range of individual characteristics or traits that are necessary for effective leadership.

**BOX 1. Learning activity 1**
Consider how the nursing students you support have thought about leadership. Do they view leadership as the remit of managers? Do they understand that all registered nurses lead, for example by helping patients to understand their illness? What, if anything, needs correcting in how your students think about leadership?

**BOX 2. Learning activity 2**
Reflect on your leadership style and how you are a role model to others. How might your style affect students in the learning environment?

**BOX 3. Domain 8 of the Standards to Support Learning and Assessment in Practice: leadership**

**Stage 2: mentor**
- Plan a series of learning experiences that will meet students’ defined learning need.
- Be an advocate for students to support them accessing learning opportunities that meet their individual needs, involving a range of other professionals, patients, clients and carers.
- Prioritise work to accommodate support of students within their practice roles.
- Provide feedback about the effectiveness of learning and assessment in practice.

**Stage 3: practice teacher**
- Provide practice leadership and expertise in application of knowledge and skills, based on evidence.
- Demonstrate the ability to lead education on practice, working across practice and academic settings.
- Manage competing demands of practice and education related to supporting different practice levels of students.
- Lead and contribute to the evaluation of effectiveness of learning and assessment in practice.

(Nursing and Midwifery Council 2008)
Although each leadership style has advantages and disadvantages, there will be situations in which one style is more effective than another. In healthcare, emergency situations might require an authoritarian style. In situations where risk and safety are not as critical, a democratic approach may be as effective.

Leadership can be broadly classified into three styles (Mullins 2013):
1. Autocratic (or authoritarian): the focus of power is with the leader, who makes decisions and exercises authority.
2. Democratic: the focus of power is with the group. There is a greater interaction in the group and the leader is considered part of the team. Group members are involved in the decision-making process.
3. Laissez-faire: the focus of power is passed to the group members; the leader does not interfere but is available if help is required.

To be an effective leader, it is important to be able to adopt and combine these styles depending on the situation (Goleman 2000). However, mentors and practice teachers should be aware of their leadership style and how this can influence learning (Kinnell and Hughes 2010). Students may benefit from observing adaptable leadership styles in different situations, known as ‘situational leadership’ (Sellgren et al 2006).

Gallaher and Tschudin (2010) suggested that staff leadership styles can make a lasting impression on students; therefore, it is important that fairness and justice underpin any leadership style. The leadership styles displayed in the practice setting by the mentor or practice teacher can affect the learning environment and, consequently, the student’s learning. An autocratic style can create an environment that is controlled; students might feel devalued and that their opinions or suggestions are overlooked, and some students might feel intimidated by this approach (Kinnell and Hughes 2010). Although a laissez-faire style creates a relaxed atmosphere, it can lead to a disordered approach to mentorship in the placement setting. A disordered approach can have a negative effect on student learning, causing anxieties about the placement that are not conducive to learning. A democratic style of leadership, which is based on team decision-making, can have a positive effect on student learning (Kinnell and Hughes 2010). This approach enables the student to experience being part of the team and being involved in the decision-making process.

Although each leadership style has advantages and disadvantages, there will be situations in which one style is more effective than another. In healthcare, emergency situations might require an authoritarian style. In situations where risk and safety are not as critical, a democratic approach may be as effective (Gopee and Galloway 2014). Whichever approach is used and whatever the circumstances, it is important for the mentor or practice teacher to explore the reasons for a particular leadership style with their students. Effective leaders are able to justify their decision-making, because they have an ability to see the wider context and consider broader factors that may influence the decision (Craig and Smith 2015). Through explanation, students have an opportunity not only to explore the reasoning for a particular approach, but also to observe how this is delivered in practice.

**Models of leadership**

Leadership can be described as either transformational or transactional (Burns 1978). Transactional leadership emphasises the relationship between the leader and their followers, in which there is a basis of authority, work tasks, and outcomes and, as a consequence, rewards and punishments for followers (Mullins 2013). For example, promotion or bonuses are awarded to followers for loyalty and achieving objectives; instilling self-esteem and personal fulfilment in followers is less of a feature in this leadership style (Chemers 2009). When working with students and their specific learning objectives, mentors and practice teachers are in a position to motivate the student with the use of rewards.
(for example achieving their practice competencies) or censure, depending on the student’s performance during the placement. Although this approach can work, adopting it in isolation could be detrimental to the student’s development. The transactional approach to leadership is less effective in complex working environments where creativity may be necessary (Barr and Dowding 2016). In these situations, alternative approaches to leadership are more effective in engaging followers to go beyond their own interests to working towards those of the organisation and achieve more than was expected (Hartley and Benington 2010).

By contrast, transformational leaders are encouraging and motivating. These leaders aim to engender commitment to the organisation’s ideals, as well as to their own aspirations and aims (Gopee and Galloway 2014). Sellgren et al (2006) described transformational leaders as ‘gardeners’, shaping a ‘growing culture’ by empowering staff to think creatively and giving them freedom to grow and innovate. By observing and engaging in this dynamic process in teams, students are exposed to the values and behaviours associated with this approach to leadership. Transformational leadership is perceived as desirable in healthcare, where there is an ongoing need for creative problem-solving in response to change (Barr and Dowding 2016). Some change may be stipulated by government health departments, whereas ‘emergent’ change can result from reviews of nursing practice (Kinnell and Hughes 2010).

Transactional and transformational leadership theory becomes important in facilitating learning when considering which leadership approaches it is best for learners to demonstrate on NMC registration. Will they simply implement care or will they work with and lead on care, considering the values and concerns of patients? If transformational leadership is preferred in clinical practice, then it is necessary to discuss this with the student and to explore the reasons for this. The leadership style mentors or practice teachers use with the student when supporting them in practice should also be considered. It is necessary to learn about the student’s values and beliefs in transformational leadership. The transformational mentor or practice teacher works closely with the student’s learning agenda, and combines this with the professional requirements for NMC registration (Box 4).

The transformational approach may be described as ethical leadership. Gallagher and Tschudin (2010) described this approach as one that ‘aspires to good ends and to the kind of change that contributes to the flourishing of other human beings, as well as towards the good of other species and the environment’. For mentors or practice teachers, this assertion should be applied in relation to work colleagues and the organisation, as well as to facilitating student learning and development.

**Effective leadership for mentors and practice teachers**

To lead, a leader requires at least one follower, and to lead effectively is to have a greater influence on those followers (Stanton and Chapman 2010). Stanley (2006) identified several attributes demonstrated by effective leaders in the clinical setting, including clinical knowledge and competence, effective communication and decision making, and approachability. Hayes (2011) emphasised that the essential attributes of an effective leader, included having a goal, having respect for others, and being able to recognise and use team resources. These resources might not only be in the placement setting, but could also be external to the organisation. For example, university link lecturers can provide

**Box 4. Learning activity 3**

Having read about transactional and transformational leadership styles, identify your strengths. How would you work with students to establish their beliefs and values in relation to learning, as well as what is required in terms of skill acquisition? Have there been times when you have undertaken additional work to help students make sense of their experiences in relation to a particular clinical situation?
KEY POINT

‘Effective leadership skills can ensure an optimal learning environment. The availability of inspirational role models who can enhance and lead care, and who also influence the learning environment, is central to student learning. However, managing the learning experience can be challenging for busy mentors or practice teachers; time constraints and competing priorities are well-established barriers to effective mentoring.’

Valuable support to individual mentors and practice teachers or the multidisciplinary team. Their role primarily involves supporting placement staff with important issues, for example supporting mentors in applying the relevant guidance and policy on student progression. In addition, university link lecturers can facilitate discussions and share effective practice during visits to the practice setting. There is an opportunity here for the individual mentor or practice teacher to develop stronger links with the university through university link lecturers (Box 5) to meet the following eighth domain outcome for practice teachers: demonstrate the ability to lead education on practice, working across practice and academic settings (Box 3). This function can be exclusive to the person who usually liaises with the university in relation to completing the audit and receiving and disseminating allocations and student evaluation. However, in terms of clarity relating to university guidance and policies, other mentors and practice teachers could benefit from these links.

Through observation, students not only learn tangible skills, but also skills that involve actions and reactions in the learning environment (Craig and Smith 2015). Bandura (1977) suggested that the patterns of one person’s behaviour may be copied by another, known as role modelling. Most nurses and midwives will be able to recall encountering an individual they have worked with whose values and behaviours have influenced their own. Donaldson and Carter’s (2005) study of role modelling found that students expected to be able to identify an effective nurse as a role model and be able to copy their attitudes and behaviour. Effective practice is reinforced by an effective role model (Watson and Harris 1999).

The potential for student learning here should be recognised. In Perry’s (2009) study of role modelling in clinical practice, one mentor commented, ‘I am constantly reminded by what the students say, that I am likely the most important textbook that they ever read’, which suggests that students place great emphasis on their mentor for their practice learning. This learning is not always formal learning that tends to occur in nursing practice; through role modelling and explanation, mentors and practice teachers can help students to understand challenging situations where the student is unclear about how to proceed. When offering explanations and reasoning for particular actions, mentors and practice teachers can demonstrate effective leadership (Box 6).

Managing the learning experience

Effective leadership skills can ensure an optimal learning environment. The availability of inspirational role models who can enhance and lead care, and who also influence the learning environment, is central to student learning. However, managing the learning experience can be challenging for busy mentors or practice teachers; time constraints and competing priorities are well-established barriers to effective mentoring. Pulsford et al (2002) found that some mentors experienced difficulty in finding time to spend with students, whereas others felt they lacked university link lecturer support from universities. The study concluded that mentors carried out their role despite these challenges. Although anecdotal evidence indicates these issues remain in some practice areas, the emergence

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**BOX 5. Learning activity 4**

Find out who the university link lecturer is for your practice area. Are you aware of their role? University link lecturer roles can vary depending on the university. Consider the benefits of a strong partnership with the university through the university link lecturer. For example, this could improve your knowledge of the academic side of the programme.

**BOX 6. Learning activity 5**

Examine your organisation’s values and identify areas where you have acted as a role model to demonstrate these values to students. Ask the student for feedback to establish how self-aware you were in how this was delivered.
of the practice education facilitator role has sought to address some of the issues surrounding the demands of the practice area. This role is concerned with the capacity (number of students), quality and capability of learning environments and can offer support to mentors or practice teachers or learning environments as a whole to ensure a quality learning experience for students. The advice and support of a practice education facilitator role should be sought in circumstances in which the student learning experience is compromised.

Other options might be available to individual mentors or practice teachers, such as organising learning activities with other members of the team. The NMC (2008) stipulates that a minimum of 40% of a student’s time in practice must be under the supervision of a mentor or practice teacher. This requirement states that students can either work independently with indirect supervision or under the direct supervision of other members of the clinical team. However, it is the mentor or practice teacher’s responsibility to plan supervision and this should be commensurate with the student’s stage in the learning programme. This applies to the eight domain outcome of managing competing demands of practice and education related to supporting different practice levels of students (practice teacher) and prioritising work to accommodate support of students in their practice roles (mentor) (Box 3).

Kinnell and Hughes (2010) advocated planning a student’s learning experience on a week-by-week basis during their placement (Box 7). This enables the mentor or practice teacher and the student to remain focused on the tasks and activities to enable learning. This can also help to ensure that the three formal interview stages – initial, midpoint and final – take place at the required junctures in the student placement in relation to timely feedback and action planning. This maps to the domain outcome of providing feedback about the effectiveness of learning and assessment in practice (mentor) (Box 3). McNair et al (2007) emphasised the importance of informing students about how they are performing throughout the placement, as well as the need for timely action plans for underachieving students. Feedback and action planning has been discussed in greater detail in the sixth article in this series (Houghton 2016).

Part of the planning process in relation to the student’s learning experience could involve the mentorship team. Kinnell and Hughes (2010) described the mentorship team as several individuals working together in facilitating student learning and enhancing the learning environment. Involving other members of the multidisciplinary team in the student learning experience can have positive effects on team dynamics and team cohesion; if the student’s mentor is not available, the student can seek help and advice from any one of these team members, although this can present a challenge for a number of reasons (Box 8).

In addition to nurses and midwives who support student learning by ‘sharing skills, knowledge and experience’ (NMC 2015), other members of the team could offer valuable support and guidance. Here the mentor would be an advocate for students to support them in accessing learning opportunities that meet their individual needs, and involving a range of other professionals, patients and carers (Box 3).
KEY POINT

‘For the student to accompany the patient on their journey through healthcare services, it is important to make use of opportunities for them to spend time in other clinical areas. These opportunities enable the student to learn about the roles of other professionals who are part of the multidisciplinary team, which contributes to preparing students for their future role in these teams’

Some universities offer peer support or peer mentoring schemes in which third-year students are involved in the learning experience of junior students. Studies have identified reduced anxiety in clinical settings where junior students have been provided with support and guidance from senior students (Aston and Molassiotis 2003, Sprengel and Job 2004). Furthermore, senior students start to develop the skills required in facilitating student learning in practice; skills that are a part of the SSLAP requirements (NMC 2008). The contributions of other members of the team in terms of their contribution to the student learning experience.

Healthcare assistants can be an invaluable source of fundamental knowledge and were described by Kinnell and Hughes (2010) as a ‘vital linchpin’ in the orientation process for nursing students on clinical placement. O’Driscoll et al (2010) identified that healthcare assistants have an important role in the acquisition of bedside care skills.

For the student to accompany the patient on their journey through healthcare services, it is important to make use of opportunities for them to spend time in other clinical areas. These opportunities enable the student to learn about the roles of other professionals who are part of the multidisciplinary team, which contributes to preparing students for their future role in these teams.

Modernising Nursing Careers: Setting the Direction (Scottish Executive 2006) stated that ‘nurses will take responsibility for care coordination, standards of care and leading the nursing workforce as part of multidisciplinary teams’; therefore, it would be advantageous for mentors and practice teachers to consider supporting students to take up these opportunities. The benefits also extend to other members of the multidisciplinary team to contribute to the assessment process while they are supervising students, and this approach is acknowledged in the SSLAP (NMC 2008). The contribution of other practitioners in the assessment process reduces the potential for bias, as well as ensuring transparency and equity (Anderson 2011).

Maintaining the quality of the learning environment

For mentors and practice teachers to be aware of how students perceive their placement experience, they should examine and respond to recent evaluations of practice. Evaluations are carried out by students and are used to collect information about a particular part of a programme. Insights obtained from these evaluations enable mentors and practice teachers to establish areas for improvement (Neary 2000) and also to identify which areas or aspects of the programme are working well. The specifics of evaluation will be discussed in the final article in this series. However, in stage 3 of the SSLAP, practice teachers are expected to ‘lead and contribute to the evaluation of the effectiveness of learning and assessment in practice’ (NMC 2008). This could be from a personal perspective by reflecting on your performance as facilitator or by examining the evaluations students undertake, usually at the end of the placement and via their university. Evaluation should be an ongoing process; asking your student for feedback throughout the placement enables them to raise concerns, which can then be addressed at the time rather than waiting until the end of the placement (Elcock and Sharples 2011). Furthermore, it is good practice to ask for student feedback throughout the placement, and this ensures that students feel they are being listened to (Box 9).

Conclusion

Effective leadership is important in healthcare settings, since constant change is necessary to be well-informed of the developments in healthcare. Mentors and practice teachers are required to lead in their practice as part of a clinical team.

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<th>BOX 9. Learning activity 8</th>
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<td>Think about a student whose learning you have recently facilitated and reflect on the experience. What went well and what did not go well? What do you think were the reasons for this? What aspects could be improved and how? What have you gained from this experience and how might this improve your skills as a facilitator?</td>
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and lead on student learning experience to inspire these skills in students. As such, leadership is multifaceted and potentially complex, given the diversity of team members and the situations requiring leadership. It is essential that student learning is managed effectively by the mentor or practice teacher, and with the involvement of other members of staff. Similarly, through role modelling, it is important that students can identify leadership styles and skills in a variety of situations to enable reflection for further development.

References

Cummings J (2015) ‘As leaders, we must show we can work on our own lifestyles’. Nursing Times. 111, 3, 7.