

EXPANDING BOARDS: A STUDY OF THE EXPERIENCE OF FORMER
NATIONAL STUDENT NURSES' ASSOCIATION BOARD OF DIRECTORS
MEMBERS FROM 2010-2020

By
KENYA D. WILLIAMS

A DISSERTATION IN PRACTICE

Submitted to the faculty of the Graduate School of Creighton University in Partial
Fulfillment of the Requirements for the degree of Doctor of Education in
Interdisciplinary Leadership

Omaha, NE
June 21, 2021

DISSERTATION APPROVED BY

June 21, 2021

Date


Carly Speranza, Ed.D., Chair


Veronica Feeg, Ph.D., Committee Member


Jennifer Moss Breen Kuzelka, Ph.D., Director


Gail M. Jensen, Ph.D., Dean

Copyright (2021), Kenya D. Williams

This document is copyrighted material. Under copyright law, no part of this document may be reproduced without the expressed permission of the author.

Abstract

This qualitative study was designed to examine how student nurses experience and understand their role as National Student Nurses' Association (NSNA) Board of Directors members and how that experience shapes their career trajectories as registered nurses (RNs). More specifically, this study's research objectives were to describe and discuss (a) the professional culture and value of board governance education to the nursing profession, and (b) the importance of board governance education for nursing curriculums. Seventeen nurses who served in different capacities as NSNA Board of Directors while they were student nurses were interviewed individually regarding their experience. NVIVO qualitative data analysis software was used to organize the data set, and data analysis was carried out at multiple levels using open, descriptive, and in vivo coding to determine themes across the data set. Findings established that the NSNA Board of Directors provides a learning platform for student nurses, gives them better organization management skills, provides better leadership skills, promotes time management and work-life balance, supports career growth, and encourages the development of professional networks/connections. In addition, serving on the NSNA board aids student nurses in management, interpersonal relationships, and personal skills, and promotes continuing education through conferences, workshops, seminars, and conventions.

Keywords: student nurses, registered nurses, National Student Nurses Association, board governance education

Dedication

To my dearly departed aunt, Pamela Alane Jackson, BSN, RN. I know and breathe LOVE because of you. I have become a doctor because of you. I love you, whether in this life or the beyond. A woman could not have asked for a better “mother.” Thank you for always supporting me and reminding me that failure was NOT a stopping point to honor our traditions and our ancestral fire. You always wanted a “Doctor,” and a “Lawyer” – mission accomplished.

To my children, Rico (RJ), Shayla, and Nadia – being your mother has always been my WHY. Remember to reach farther than any stars you can see. To my children in love, Na’Porsha, Na’mea, Na’chelle, Na’Shayla, and Na’Sir, thank you all for allowing me to watch you all grow into and thrive!

To Dr. Napoleon Williams III, my husband, my soulmate. Through the years, we have become a force when we’re together—you truly make me better. Growing, pushing, expanding, flowing, all of it—I know I have obtained this degree on your shoulders. I honor you, not just love you, thank you.

To the embracing, energetic, and empowering women of #BGMCreighton – we are an unstoppable force. Thank you all for the bi-coastal sisterly bond that we have created that far exceeds the brick-and-mortar walls of Creighton. Onward and Upward, ladies!

Finally, to my amazing friends and my most prominent physical and emotional supporters throughout this process: Chrystal Cummings, Hershaw Davis, Bianca Green, and Jenna Shock. Seriously, I do not know how to verbalize my gratitude! Your presence has made a world of difference! THANK YOU - MY CHOSEN FAMILY! You helped create this!

Acknowledgments

I have been the recipient of incredible generosity throughout my educational journey, which often left me awed and humbled. Therefore, allow me to attempt to thank you all properly.

I want to acknowledge my dissertation chairperson, Dr. Carly Speranza. Thank you for guiding my path and providing redirection, hope, and healing in more ways than I can verbalize. Secondly, I would like to thank my external dissertation committee member, Dr. Veronica Feeg. Your insight, professional and personal experience, constructive review, and contribution to this project were stellar.

I am eternally grateful to my lifelong mentor, colleague, and friend, Dr. Diane Mancino, who with great enthusiasm encouraged me to follow my intuition and develop my professional self into a passionate, fierce association executive who flourishes and enables organizations to thrive both internally and externally.

Dr. Deborah Lewis, for your mentorship, a plethora of knowledge, wisdom, and inspiration since my first days at the National Student Nurses Association. I recall you saying I was like a sponge! You are indeed a model of a successful mother/grandmother, mentor, and friend. It is an honor to work along your side cultivating dedicated new leaders.

Dr. Cheryl Taylor, if it was not for your initial counseling support, guidance, intuitiveness, and love, I am not sure where I would be today. Thank you for always staying connected with me and being one of the most stylish, classiest women I have ever met. You are truly an asset to our profession and my life. I am honored to work with you.

Dr. Carol “Toussie” Weingarten, I thank you for your gentle, supportive, and inspiring mentorship. It was you who first suggested that I could and should venture into a terminal degree and dare to reach beyond self-imposed limits.

Dr. Cheryl Schmidt, you have inspired me to “push harder and be better.” It is in you that I discovered my passion for research and being an academic. Our time in South Africa forever changed my trajectory. I am so humbled by your faith in me and for you recommending me for Creighton University.

Many appreciative thanks to St. Louis Community College, Karen Mayes, MSN, RN, and most especially Nancy Pea, MSN, RN, who believed in my work and me long before it was visible to others. I am a strong, forever PROUD STLCC-FV graduate!

Finally, I would especially like to thank the NSNA staff. Your footprints are imprinted through this dissertation. I thank you all for encouraging me along this transitional journey. I could not have done this without every one of you.

Table of Contents

	Page
Abstract	iii
Dedication	iv
List of Tables	xi
List of Figures	xii
CHAPTER ONE: INTRODUCTION.....	1
Background	2
Statement of the Problem.....	3
Purpose of the Study	4
Research Questions.....	4
Aim of the Dissertation in Practice.....	5
Definition of Relevant Terms	5
Methodology Overview	7
Delimitations, Limitations, and Personal Biases	8
Reflections of the Scholar-Practitioner.....	9
Summary	11
CHAPTER TWO: LITERATURE REVIEW.....	13
Experiential Learning.....	13
Clinical Simulation	14
Virtual Learning.....	15
Situated Learning.....	16
The Nursing Practice Perspective	18
Nurse Practice Setting.....	22
Nurse Preceptors	24

Nurse Managers	25
Leadership in Nursing.....	25
Intelligence and Nursing Leadership	28
Self-Confidence and Nursing Leadership	29
Determination and Nursing Leadership	30
Integrity and Nursing Leadership	30
Sociability and Nursing Leadership.....	30
Transformational Leadership	31
Transformational Leadership Factors and Nurse Leaders	33
Transactional Leadership	35
Leadership in Nursing Education.....	36
Teaching Leadership.....	37
Leadership Competency in Nursing.....	39
Current Trends	41
Governing Boards	43
Serving on Boards.....	48
Preparation to Serve.....	49
Expectations of Serving	52
Challenges to Serving	53
Benefits of Serving	55
Summary	56
CHAPTER THREE: PROJECT METHODOLOGY	58
Research Questions.....	58
Method.....	59
Proposed Research Design Overview	59

Researcher’s Role	60
Participants.....	61
Data Collection	62
Ethical Considerations	68
CHAPTER FOUR: RESULTS AND FINDINGS	70
Results.....	73
Interview Questions (IntQ1-5, and IntQ9), Addressing RQ	73
Research Question (RQ) Summary.....	86
Interview Questions (IntQ6-8), Addressing RQ1A	88
Research Question 1a (RQ1a) Summary	94
Discussion.....	96
Strengths and Limitations of the Study.....	98
Summary	99
CHAPTER FIVE: PROPOSED SOLUTION AND IMPLICATIONS	101
Aim Statement	101
Proposed Solution.....	102
References.....	115
Appendix A.....	144
Letter of Informed Consent.....	144
Appendix B.....	146
Bill of Rights for Research Participants.....	146
Appendix C	147
Email Invitation to Participants	147
Appendix D.....	148
Participant Demographic Form.....	148

Appendix E 149

Semi-structured Interview Protocol 149

Appendix F..... 151

IRB Approval..... 151

List of Tables

	Page
Table 1. Participant Demographic Information	71
Table 2. Research Questions and Corresponding Interview Questions.....	72
Table 3. Breakdown of Themes Addressing RQ	85
Table 4. Curriculum Development and Recommended Implementation Timeline...	107

List of Figures

	Page
Figure 1. Motivation to Join NSNA.....	74
Figure 2. Overall Experience	76
Figure 3. Impetus for Serving on the NSNA Board.....	77
Figure 4. Challenges as a Student and NSNA Board Member	80
Figure 5. Faculty Relationship.....	82
Figure 6. Additional Insights	84
Figure 7. How NSNA Impacted Nursing Career	88
Figure 8. NSNA's Effect on Leadership Ability	92

CHAPTER ONE: INTRODUCTION

In 2011, the Institute of Medicine's (IOM) landmark report, *The Future of Nursing: Leading Change, Advancing Health*, called for nurses to assume leadership roles on governing boards to meet increasingly diverse healthcare needs throughout the United States. In a call to action, the Nurses on Boards Coalition (NOBC) was created in 2014 to work intently on the overarching need to get more registered nurses (RNs) on governing boards and to support nurses in leading change by taking part in the decision-making process on boards. In 2017, the NOBC established a goal to reach "10,000 nurses on boards by 2020" (Nurses on Boards Coalition [NOBC], 2017, p. 293). These boards did not include state boards of nursing and nursing association boards, but instead, were defined as:

decision-making bodies with strategic influence to improve the health of communities nationwide: corporate, governmental, nonprofit, and non-nursing, governance boards or commissions, hospital, and health system, and panels and task forces that have fiduciary or strategic responsibilities. (NOBC, 2017, p. 293)

The NOBC's goal has yet to be realized because according to the U.S. Bureau of Labor Statistics (2020a), there were 2.9 million working RNs as of 2019, with slightly over 5,000 (less than 1%) serving on governing boards this same year (Harper & Benson, 2019).

The complexity of the current healthcare environment requires student nurses to be equipped with both clinical healthcare leadership and professional board governance knowledge. Governing boards are involved in setting directions for healthcare organizations, as well as stakeholders, thus enabling their members to influence good governance to the groups that they represent (Stalter & Arms, 2016).

Registered nurses are expected to demonstrate leadership skills in their respective departments. One way to gain such skills before they assume their careers is to join the governing board of a professional organization as student nurses (Mancino, 2002).

Background

The National Student Nurses' Association (NSNA) was established in 1953 as the premier organization for nursing students in the United States (Logan, 1994). While the NSNA functions like the American Nurses Association (ANA), it is an autonomous group, meaning it is not officially linked to any other nursing organization (Logan, 1994). The NSNA focuses on enhancing the competency of nursing students and the resultant quality of care delivered by providing governance education to student nurses who are preparing for the preliminary licensure as RNs (National Student Nurses' Association [NSNA], 2018). As such, the NSNA aids in the conveyance of the necessary standards and best practices with which student nurses must be well acquainted, as well as the skills and standards that enable them to become exceptionally competent and skilled nursing professionals. Serving on the NSNA Board of Directors represents a way for nursing students to partner with healthcare professionals in effecting change and advancing health.

At present, the NSNA has approximately 50,000 members across the United States, which includes members from the U.S Virgin Islands, Puerto Rico, Guam, and the District of Columbia (NSNA, 2018). The organization's leadership is comprised of a ten-member Board of Directors elected each year—nine directors who are nursing students elected at the annual convention held by the organization, and one ex-officio board member elected by the Council of State Presidents (NSNA, 2018). At least 3,000 nursing students take part in the annual convention, an aspect that makes the selection of the Board of Directors more authentic. Board members are

elected based on their knowledge, diversity, and expertise, as well as their capacity to contribute towards the debates and decisions concerning the mission of the organization (Sundean et al., 2019). Hence, the idea of joining governing boards is meant to boost the responsibilities of student nurses in society.

Statement of the Problem

Serving on nursing boards enhances the reputation of nurses beyond the clinical environment, where they contribute to shaping policy and strategy decisions, which have an impact on patient care (Harper & Benson, 2019). It also offers an opportunity for nurses to grow personally, as well as professionally, developing fresh perspectives and insights as they give back to society. Nurses who have an opportunity to serve on boards are exposed to professional connections as well as best practices that help them shape their future careers and serving the community effectively (Harper & Benson, 2019). By serving on governing boards, student nurses have the opportunity to shift their perceptions of how they will undertake their responsibilities as future nurses. It is imperative that new RNs view themselves as full partners within the healthcare system, where they can serve at the bedside or in the boardroom.

Despite the call from the NOBC to increase the number of nurses on governing boards, as well as the experience of student nurses serving on boards, there is still a paucity of RNs serving on governing boards in the United States. Strong leadership in the healthcare sector is fundamental for attaining future societal healthcare goals (Harper & Benson, 2019). The knowledge student nurses gain concerning healthcare processes puts them in a better position to take leadership roles on governing boards, as well as in their respective careers (Stalter & Arms, 2016). However, as Sundean et al. (2019) pointed out, most nurses have not received formal

education on the concepts of governance; hence, they do not perceive governance leadership as an essential part of their profession. This aspect could cause some student nurses to believe they may not be fit to serve on governing boards. Given this, it is important to understand more about why the numbers remain low. One way to do this is to explore the experience of student nurses who have served as NSNA Board of Directors members and understand how that experience has potentially impacted their future careers in nursing.

Purpose of the Study

The purpose of this qualitative study is to explore how student nurses experience and understand their role as National Student Nurses' Association (NSNA) Board of Directors members and how that experience shapes their career trajectories as registered nurses (RNs). More specifically, this study's research objectives are to describe and discuss (a) the professional culture and value of board governance education to the nursing profession, and (b) the importance of board governance education for nursing curriculums. Logan (1994) asserted that nursing students who had experiences using professional attributes have the ability to internalize such experiences and then use them as graduate RNs relating to society. If we can better understand the experience of student nurses serving on governing boards, we might be able to better understand why there is a low number of RNs serving on governing boards in the healthcare profession.

Research Questions

The following research question and sub question served as the focus of this qualitative study:

RQ: How do student nurses experience their role as National Student Nurses' Association Board of Directors members?

RQ1a: How do the experiences of student nurses serving as National Student Nurses' Association Board of Directors members shape their career trajectories as registered nurses?

Aim of the Dissertation in Practice

This qualitative study is designed to facilitate understanding of the experience of student nurses serving on governing boards and the impact that experience had in shaping their careers as RNs. This study worked to address the need for more RNs to serve on governing boards throughout the healthcare profession. Understanding the experiences of student nurses serving on governing boards may identify reasons why there are so few RNs currently serving. This study can contribute effectively to nursing practice by promoting leadership qualities and encouraging student nurses and RNs to be active in seeking leadership roles in their respective workplaces.

This qualitative research also serves as an important stepping-stone in nursing education with regards to why student nurses should actively receive board governance education and participate on governing boards. Findings from this study could be helpful to decision-makers advocating for a formalized board governance education component in the undergraduate nursing curriculum. Not only does this study chart new directions in nursing education (Logan, 1994) in the United States, but sharing findings from this research with nursing educators adds to the scholarly research and literature in the field.

Definition of Relevant Terms

The following terms were used in this study and the definitions provided seek to orient and clarify meaning within the context of this research.

Board of directors: “A board of directors is a group of individuals elected or appointed to provide overall policy and management directives to an organization” (Hopkins, 2015, p. 37).

Governing boards: The group of individuals that set policy for, and generally oversee, the activities of an organization. The term is usually used to refer to a board of directors or a board of trustees; in some instances, it refers to an entity such as an executive committee (Hopkins, 2015, p. 137).

Institute of Medicine (IOM): The IOM is a division of the National Academies of Sciences, Engineering, and Medicine (the National Academies). The National Academies are private, nonprofit institutions that provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions related to science, technology, and medicine (American Nurses Association, 2020). In 2015, the National Academies of Science (NAS) membership voted in favor of reconstituting the membership of the IOM as a new National Academy of Medicine, which recently released a new publication (2021) updating the *Future of Nursing* report originally released in 2011.

Leadership: “A process whereby an individual influence a group of individuals to achieve a common goal” (Northouse, 2018, p. 15); leadership between a leader and a follower is comprised of four components: the transactional process, the transformational influence, group dynamics, and common goals (Olson & Simerson, 2015); “guidance, and its related policy-making function, usually is at the governing board level” (Hopkins, 2015, p. 175).

National Student Nurses Association (NSNA): “NSNA is a nonprofit organization for students enrolled in associate, baccalaureate, diploma, and generic

graduate nursing programs. It is dedicated to fostering the professional development of nursing students” (NSNA, 2018).

Professional knowledge: “Knowledge which comprises school knowledge, subject knowledge and pedagogical knowledge” (van As, 2017, p. 417).

Registered nurses: “An individual who has graduated from a state-approved school of nursing, passed the National Council Licensure Examination (NCLEX-RN) and is licensed by a state board of nursing to provide patient care” (*Definition of Nursing Terms*, n.d.).

Student nurses: “A person who attends school, college, or a university” (Merriam-Webster, n.d.) to become a nurse.

Curriculum: “All of the educational experiences that learners have in an educational program, the purpose of which is to achieve broad goals and related specific objectives that have been developed within a framework of theory and research, past and present professional practice, and the changing needs of society” (Parkay et al., 2010).

Methodology Overview

This study uses a basic qualitative design (Merriam & Tisdell, 2016) framed through the lens of experiential learning theory (Kolb, 1984) to explore how student nurses experience and understand their role as NSNA Board of Directors members and how that experience shapes their career trajectories as RNs. A qualitative approach was chosen because qualitative research is interested in how individuals or groups construct meaning and make sense of their lives and their experiences (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). Therefore, qualitative research could best address this study’s exploration of the experiences of nursing

students serving as NSNA Board of Directors members and the meaning they ascribe to their experiences.

A basic qualitative study is interpretive in its approach. It is most often used in educational research by researchers who are interested in "(1) how people interpret their experiences, (2) how they construct their worlds, and (3) what meaning they attribute to their experiences" (Merriam & Tisdell, 2016, p. 24). Because this study was designed to learn from student experiences to improve educational practices and the nursing curriculum, a basic qualitative research design was particularly well-suited to obtain an in-depth understanding of effective educational processes.

Participants were selected using criterion sampling based on specific criteria deeming them eligible to participate in the study (Creswell & Poth, 2018). Data were collected through semi-structured, open-ended interviews and the use of a reflective journal. Using a reflective journal helped to "facilitate reflexivity" and allowed me to examine my assumptions, feelings, and beliefs in a transparent way as I carried out this research (Ortlipp, 2008, p. 695). Following data collection, thematic analysis of interview data was carried out using open, descriptive, and in vivo coding (Saldāna, 2009).

Delimitations, Limitations, and Personal Biases

This research was bound by one major delimitation—the participant population. The study focused only on former student nurses who attended schools in the United States and who served for at least one year on the NSNA Board of Directors within the last ten years (2010-2020). Their experiences were the only experiences reported. Findings from this study may not describe the experiences of other student nurses who served on different governing boards or who are currently serving on the NSNA Board of Directors.

The most significant limitation of this study was anticipated to be access to former student nurses who served on governing boards. Since college emails are no longer considered valid after traditional college students have left their higher education institutions, obtaining updated contact information proved to be challenging. I started with 100 potential past board members. Before sending out emails to invite them to participate in the study, I sent an email to validate past email addresses. From that number, we received 78 responses that the email addresses we had on file were correct. Of those 78 emails, 56 met the criteria for the study. In the end, only 17 responded and agreed to participate in the research study.

Personal bias cannot be removed from research but attempts to limit or bracket personal bias can be made (Creswell & Poth, 2018). My position as Deputy Executive Director of NSNA likely presented issues for bias in this research. Being so closely involved with the organization and knowing the history, as well as what I would like to see happen in the future for student nurses, had the potential to guide the way this research was carried out and the interpretation of data. In order to acknowledge and remain aware of my bias, I kept a reflective journal throughout the study. The researcher's role and the importance of reflexivity are discussed in more detail in chapter three.

Reflections of the Scholar-Practitioner

As I reflect on my journey toward completing my doctoral studies, I am aware that coming from a socioeconomically challenged background, the odds of success were never on my side. Having spent my childhood absorbed by the housing projects in St. Louis, Missouri, climbing the academic ladder has been challenging. However, education, persistence, and mentorship were modeled for me and have guided me to be who I am today.

I was first exposed to board governance in nursing school. I saw me, or someone who looked like me, in a video and said, "I can do that" – "I need to do that." The rest is history. That beacon of light was Dr. Beverly Malone, CEO of the National League for Nursing. So, after seeing her in an NSNA video, I joined NSNA and discovered the enormous gratification of serving on governing boards and becoming a national nursing leader. I understand and acknowledge my historical role with NSNA, having had the privilege of being the first African-American female to be elected to serve as the organization's national president and the first African-American President of the Foundation of the National Student Nurses Association (FNSNA).

As an NSNA Board of Directors member, I received an unparalleled education in board governance education and clamored for other nursing students to be afforded the same educational opportunities that my board members received. The IOM's (2011) *Future of Nursing* report was released when I served as NSNA President. In my role as president, I believed it was important that NSNA continue to increase diversity in nursing and strive to offer different educational paths into the field. In the report, I am quoted as saying, "If we could open up the doors just a little bit wider for foreign nursing students, mothers, nontraditional students, and men, that would make a world of difference to patients" (IOM, 2011, p. 232). It was this IOM report, along with my experience as NSNA President, that served as a catalyst for this research.

I understand the importance of reflection in research. As a burgeoning qualitative researcher, reflection allows me to become "aware of [my] personal reasons for carrying out a study" (Watt, 2007, p. 85). As a current NSNA paid staff member, I have a vested interest in helping future nurse leaders embrace leadership with the hopes of creating a stronger legion of nurse leaders to champion healthcare issues for all citizens. This study was not driven by personal achievement, but rather

by a need to expose problems that student nurses may have experienced in their struggle to join governing boards. This study can highlight problems indicated in the IOM's (2011) report with the aim of getting first-hand information from the targeted population, student nurses.

Reflection during the entire research process helps to create resilience in the researcher's spirit (Moustakas, 1994). I understand that my resiliency affords me the opportunity to work as the Deputy Executive Director of NSNA. This role continues to provide me with the unique ability to educate nursing students on board governance to impact the communities they serve. I hope that this study can help provide the foundation to enhance the undergraduate nursing curriculum in the domains of leadership and board governance education.

Summary

In this chapter, I have provided details that inform the problem addressed in this study and reflected upon my position as a scholar-practitioner. This basic qualitative study used semi-structured, open-ended interviews to explore how student nurses experience and understand their role as National Student Nurses' Association Board of Directors members and how that experience shapes their career trajectories as registered nurses. If we can better understand the experience of student nurses serving on governing boards, we might be able to better understand why there is a low number of RNs serving on governing boards in the healthcare profession. Findings from this study add to the scholarly research and literature in the field and have the potential to be an important stepping-stone in nursing education with regards to why student nurses should actively receive board governance education and participate on governing boards.

Chapter two provides a critical review of the research and literature relevant to this study.

CHAPTER TWO: LITERATURE REVIEW

This study explores how student nurses experience and understand their role as National Student Nurses' Association (NSNA) Board of Directors members and how that experience shapes their career trajectories as registered nurses (RNs). In my experience serving as Deputy Executive Director for NSNA, I have learned that nursing students often experience challenges, particularly from nursing faculty, who consider them inexperienced and lacking the necessary leadership skills. However, these students have an opportunity to learn leadership skills by joining governing boards before they become registered nurses (Mancino, 2002). Such experience is vital for advancing the healthcare sector in various departments. While there is a breadth of literature regarding the student nursing experience, only a few scholars (Logan et al., 2004; Logan et al., 2011; Logan & Franzen, 2001; Mancino, 2002; Pauling & Logan, 2016; Weingarten et al., 2019) have covered the aspect of serving on governing boards.

It is important to give context to this research by providing an overview of the research and literature that inform this work. In this literature review, I first explored experiential learning, followed by the nursing practice perspective. Next, I discussed leadership in nursing and concluded with literature on leadership in nursing education and governing boards.

Experiential Learning

Experiential learning, an educational process where individuals learn through experience (Kolb, 1984), provides a general lens for this study. In nursing, the process of learning through experience is also referred to as hands-on learning or learning by doing, since the emphasis is on learning new techniques, skills, and practices by doing (Amod & Brysiewicz, 2019). Originally proposed by Kolb (1984), the four

components for effective learning include reflective observation, abstract conceptualization, concrete experience, and active experimentation; together, they form the framework for experiential learning (Kolb, 1984). Essentially, experiential learning aims to integrate theoretical and practical elements of learning. This integration is especially essential in nursing education where the importance of hands-on experience in learning is emphasized (Amod & Brysiewicz, 2019).

Murray (2018) reviewed the use of experiential learning for nursing students and posited that nursing students require experiential learning for effective learning. Murray noted that experiential learning “can occur in the field or classroom” and strategies include “simulations, role-playing, clinical experiences, case studies, problem- or inquiry-based learning, and concept mapping” (p. 1). Examples of experiential learning in nursing education presented here include the contexts of clinical simulation, virtual learning, nurse preceptors, and nurse managers.

Clinical Simulation

The use of innovative teaching and learning techniques is emphasized by Amod and Brysiewicz (2019). Clinical experiences, such as the use of high-fidelity human patient simulators (HFHPS), according to Amod and Brysiewicz, equips nursing students with hands-on experiences that impact real-life patient outcomes. In a study aiming to show how HFHPS can provide experiential learning opportunities for nursing students practicing midwifery, the authors used descriptive qualitative research. HFHPS (computerized dummies that imitate real patients) were used with 43 undergraduate nursing students to mimic real-life situations, such as in the management of postpartum hemorrhage, a common clinical emergency. Following the completion of the simulations, the results showed that the use of computerized mannequins provided student midwives with the unique opportunity to not only

practice and learn emergency management, but also promoted reflection (Amod & Brysiewicz, 2019). The authors concluded that the use of HFHPS was imperative for providing experiential learning for nursing students to deal with complex situations.

Similarly, Pai (2016) maintained that the use of clinical simulation for undergraduate nursing students presents a unique opportunity for experiential learning. Pai asserted that not only are the skills and techniques of the students improved through experiential learning, but they also learn how to better manage their anxiety and improve their self-reflection, which is critical to leadership development (Nesbit, 2012). The primary objective of Pai's research was to develop an integrated model that covered the relationships between learning effectiveness, anxiety, and self-reflection in undergraduate nursing students. Using a longitudinal and correlational study design, a laboratory simulation was used to gauge the effect of anxiety on learning effectiveness and the impact of self-reflection following completion of the simulation. Pai found that while anxiety negatively influenced the nursing students' clinical performance and practice, simulation (experiential learning) helped improve their self-reflection, which decreased anxiety in students.

Virtual Learning

Experiential learning can be achieved by the use of virtual simulation, which enables students to practice their skills in a simulated environment. Using a mixed-method approach, Verkuyl and Hughes (2019) relied on surveys and focus groups to collect data regarding the level of satisfaction in student engagement, student self-confidence, and simulation design. The analysis of the data showed positive results in student levels of satisfaction and self-confidence. Moreover, high levels of simulation design being effective were reported by the students (Verkuyl & Hughes, 2019). The researchers concluded that the virtual gaming experience provided students with

experiential learning that was close to reality, and this increased their self-confidence and knowledge regarding clinical practice.

Evidence-based practice is a core competency in safe nursing practice and yet nursing programs continue to rely on traditional methods to teach, which limits the development of critical competencies in students (Park et al., 2020). Park et al. used quasi-experimental research to focus on the development of web-based experiential learning programs and their impact on enhancing engagement as well as experience in evidence-based practice (EBP). They concluded that the web-based experiential learning module was critical and effective in promoting EBP competence in students. The implication is that teaching strategies have to supplement the use of traditional methods with web-based experiential learning (Park et al., 2020).

Pain management presents different challenges (such as patients persevering) for health professionals including nurses. Moehl et al. (2020) used a pre/post learning approach to determine the best way to teach students about pain modulation. The two teaching strategies targeted by the study included eLearning and experiential learning. Results uncovered those students who viewed and participated in the eLearning module and experiential course increased their knowledge more than the group that viewed only the eLearning module (Moehl et al., 2020). The conclusion by the authors was that students exposed to both learning strategies improved their knowledge significantly. The implication is that experiential learning together with eLearning is useful in fostering knowledge in nursing students.

Situated Learning

Situated learning is an instructional approach developed by Lave and Wenger (1991) and followed the work of Dewey, Vygotsky, and others who claimed that students are more inclined to learn by actively participating in the learning experience

(Clancey, 1995). Situated learning is described as a legitimate peripheral participation in communities of practice (Lave & Wenger, 1991). Situated learning theory holds that knowledge should be delivered in an authentic context, and learners should be involved in authentic settings of daily practice, applying knowledge, and making use of artifacts in productive but low-risk settings (Besar, 2018). Clinical learning in nursing can be equated to situated learning or learning in situ within the real-life environment (Lave & Wenger, 1991). The student is no longer the passive recipient of information but rather is actively engaged in the process of learning, thereby developing autonomy and empowerment (Gonen et al., 2016).

A research finding by Ailey et al. (2015) recommended situated learning theory as a model for passing knowledge and skills that can be utilized by nurses in real life. In this theory, learning is developed on the basis of situated performance, as well as experiential learning that utilizes unstructured, complex practice (Lave & Wenger, 1991). Situated learning usually occurs within communities of practice (Wenger, 1999), where the environment is conducive for learning and is adaptable to student nurses and instructors. This implies governing boards have the capacity to transform student nurses to become leaders in different situations after accomplishing their nursing education.

Walton et al. (2015) observed that governing boards are usually held accountable for developing reform activities that focus on boosting the performance of healthcare professionals. While most leadership qualities that nurses are exposed to can benefit them throughout their careers, the willingness, as well as the ability to gain new skills, is vital to succeeding in a nursing leadership role. Stalter and Arms (2016) emphasized that student nurses should possess competencies required to hold board meetings including professional commitment, knowledge on bylaws, awareness

of standard business protocols and voting processes, the ability to manage efficient board meetings, and an understanding of the ethical and legal processes involved in conducting board meetings.

Advancing student nurses in both leadership and management roles can be achieved by investing in technology and skills, supporting lifelong learning, and creating an empowered stakeholder workforce capable of transforming healthcare (Calpin-Davies, 2003). In response to current changing workplace needs, nurses have become increasingly multi-skilled and flexible, diversifying roles and their scope of practice. In particular, the nurses' clinical expertise has been broadened into many specialty areas, including the supervision and preceptorship of students in the workplace (Smedley & Morey, 2009). The nursing practice is so technologically rich and learning by simulation (situated learning) is something that can also improve the development of competency (De Gagne, 2011; Fetter, 2009).

The Nursing Practice Perspective

It is essential to understand the complexity of the contemporary nursing environment and practice, which necessitates the development of a deeper understanding of the healthcare requirements, influences, and outcomes. According to Ailey et al. (2015), one of the key goals of nursing education involves developing caring and responsible nurses who demonstrate clinical reasoning skills that enable them to enhance outcomes within complex healthcare systems. This caring attitude is also explained by Kobe et al. (2020), who indicated that student nurses should exhibit caring during training in order to meet the goals of a healthcare organization in the future. Understanding the experience of student nurses serving on governing boards requires knowledge of the nursing practice. Serving on governing boards can be beneficial to student nurses in terms of gaining professional experience, which can

assist them in leading healthcare departments in the future. Being board members gives student nurses an opportunity to exercise their skills in nursing practice, as well as become role models to other students who aspire to become leaders in nursing.

According to Thomas et al. (2017), the complexity involved in governing contemporary healthcare organizations has led to changes in board structure, as well as membership, to incorporate nursing students who are undergoing baccalaureate nursing education, which enables them to develop the leadership skills necessary to run healthcare boards and hospitals. Student nurses have an opportunity to learn about ways of addressing healthcare issues by engaging in nursing education, as well as serving on governing boards where they can gain experience in leading healthcare organizations. Such education prepares them for nursing practice and to take leadership roles within clinical settings.

Andersen (1999) stressed the importance of developing a leadership education curriculum for nursing students to enable them to meet the challenges they will face in the future. Early involvement in NSNA has served as a stepping-stone for many national nursing leaders and empowered nursing students as they moved from student to leader (Andersen, 1999). Logan's (1994) qualitative study supports the belief that the early introduction to NSNA and professional organizations can contribute to the professional development of RNs. Experiences within organizations can challenge students and support their empowerment by engaging them in opportunities to influence healthcare policy (Logan et al., 2004).

Student nurses are expected to learn about clinical leadership during their studies to meet healthcare organizational needs. The idea of teaching clinical leadership to nursing students is discussed by Ailey et al. (2015), who emphasized identifying and transmitting traits of good leadership to facilitate enhancing patient

outcomes. Sundean et al. (2019) claimed that future nurses should demonstrate that they are knowledgeable about governance, as well as having competencies to influence policies that aim to improve healthcare outcomes and advance health promotion. By serving on governing boards, student nurses can gain skills that enable them to handle patients in a better way, in addition to improving healthcare ratings. Exposure to real-world issues is fundamental for student nurses who have the desire to transform healthcare as leaders. When student nurses serve on governing boards, they are held to the same expectations as other board members who are not student nurses. These expectations and the role student nurses have on the board can vary depending on the bylaws of the organization or company the board serves (Cox & Radwan, 2015).

Student nurses have begun to demonstrate a commitment to their future careers through leadership and mastery of nursing practices. They are aware that nurses are perceived as full partners and influencers as well as advocates in enhancing healthcare and developing healthcare policy. A web-based survey carried out by Walton et al. (2015) on the efficacy of introducing nurses to the healthcare boards revealed that boards of directors contribute to making strategic decisions concerning healthcare organizations. Accordingly, incorporating nurses on hospital boards is essential to enable them to exercise their skills in policy implementation. Student nurses can assist other board members in generating solutions for various healthcare problems, which, in turn, prepares them to serve in various leadership positions in healthcare organizations as well as the opportunity to see how decisions are made. Moreover, as Nickitas et al. (2018) proffered, “Nurses and other healthcare providers need to become one of the dominant voices in the policy-making and policy-implementation process for how the healthcare system will best meet the needs of the

people it serves” (p. 38). Serving on boards has the potential to help student nurses in the future if they need to lobby for or propose policy changes. Stalter and Arms (2016) encouraged nurses, as well as student nurses, to demonstrate their commitment to serve as board members to attain professional nursing goals. Commitment helps in promoting one's career and advancing the wellbeing of patients and community members.

There is a need for student nurses to gain experience in leadership in order to prepare them to become future leaders in their respective healthcare facilities. Serving on governing boards can assist nursing students in developing connections and promoting their future careers through leadership. Stalter and Arms (2016) noted that nurses serving on governing boards is essential because nurses offer a unique perspective of the healthcare environment, in addition to enabling them to collaborate with other healthcare leaders to advance health. Walton et al. (2015) stressed the idea of nursing leadership but lamented the lack of explanation or exploration about nurses' involvement in boards' activities. Although the study by Mbewe and Jones (2015) indicated educational experiences provided through an associate degree program enable student nurses to embrace leadership in their nursing practice, some new graduates joining the nursing profession tend to feel unprepared to take leadership roles in nursing associations or on governing boards. Such graduates do not believe that being members of governing boards will help them in meeting their professional goals. Thus, teaching student nurses about leadership can enhance their capacity to serve on governing boards, as well as participate in productive meetings aimed at improving patient outcomes in their future careers.

Nursing is considered a performance-based profession; hence, the environment for learning plays a crucial role in acquiring professional abilities,

including leadership. In a performance-based profession, non-technical skills, along with decision-making and clinical reasoning, work in tandem with integrity, empathy, and compassion (Khan et al., 2010). Student nurses could experience opposition from the nursing faculty on seeking leadership posts on governing boards; thus, there is a need to understand whether they are qualified to serve the boards based on their education. Jamshidi et al. (2016) urged instructors to treat student nurses properly by being enthusiastic and motivating them to work hard in order to attain self-confidence. Student nurses' behavior, as well as performance, tends to change with respect to the clinical setting (Stalter & Arms, 2016). Subsequently, understanding the challenges and issues that student nurses experience within the learning environment can assist in shaping their profession in the future.

Nurse Practice Setting

Practice settings vary for nurses across the United States. According to the U.S. Bureau of Labor Statistics (2020b), the largest employers of registered nurses were hospitals—state, local, and private (60%), ambulatory healthcare services (18%); nursing and residential care facilities (7%), government (5%), and educational services—state, local, and private (4%). Regardless of the setting, nurses usually spend a considerable portion of their time with patients; thus, they have a significant impact on patient experiences. Nurses should be well equipped with the necessary skills that enable them to offer adequate patient care, as well as feel comfortable when discharging their duties in healthcare facilities. However, their success in meeting patient needs is determined by the clinical training environment, as well as the working environment. Jamshidi et al. (2016) revealed that proper training for student nurses is vital for preventing emotional reactions, stress, discrimination, and inferiority complex. Student nurses who have served on governing boards are aware

of the challenges within healthcare organizations and are therefore prepared to confront them. Wei et al. (2019) indicated that strategies to nurture nurse resilience are likely to enhance patient outcomes and improve the performance of nursing staff. Serving on governing boards potentially enables student nurses to cultivate resilience, which is essential for improving the quality of care within the healthcare environment.

Student nurses are quite vulnerable within the clinical environment, which can make them feel dissatisfied with clinical training. Jamshidi et al. (2016) echoed this sentiment by claiming that the lack of knowledge in the clinical environment leads to anxiety, which could affect student nurses' future careers. Sometimes, student nurses report frustration from leaders, who rarely offer support when needed within the clinical settings (Dyess et al., 2016). Having student nurses serving on governing boards may not always be viable, as there may be a lack of interest in motivating others on how to approach clinical issues. Walton et al. (2015) emphasized the need to have nurses serving on governing boards as they have the capacity to influence changes required to boost the patient experience.

The way student nurses feel about the clinical environment may make them gain or lose interest in joining governing boards. Jamshidi et al. (2016) asserted that student nurses experience challenges within the clinical learning environment due to poor treatment from their seniors, ineffective communication, discrimination, lack of preparedness, stress, inadequate skills, and inferiority complex. Thongpriwan et al. (2015) revealed that educational preparedness for handling healthcare issues did not necessarily influence the nursing students' perceptions of handling healthcare problems. If nursing students lose interest in what is happening within the clinical environment, it could be difficult to convince them to join governing boards to improve their leadership skills.

Walton et al. (2015) concluded that nurses have realized the need to embrace leadership roles on governing boards, which can help nursing students arm themselves with skills necessary to facilitate joining interprofessional hospital boards when they become future nurse professionals. Nurses should embrace lifelong learning, where they can engage in academic progression with the intent of transforming healthcare (Hicks & Patterson, 2017). Wei et al. (2019) noted that nurse leaders play a critical role in developing a resilient nursing workforce, thus enhancing the quality of patient care. This is a great lesson for student nurses who desire to be part of nurse leadership in the future, as they have to train on how to cultivate resilience in order to boost performance in healthcare organizations.

Nurse Preceptors

Nurse preceptors are qualified and experienced staff nurses who prepare newly recruited nurses for their roles through training. Rodríguez-García et al. (2018) focused on the influence that nurse preceptors have on their nursing students and, more so, how reflective dialogues and the preceptors' expert knowledge improved experiential learning for students in clinical placements. Preceptors used a wide range of strategies to improve the students' experiential learning including the use of examples, creation of practice links, supporting autonomy, and permitting the students to take up professional roles (Rodríguez-García et al., 2018). Results showed that students required more active roles that would aid their learning process and that preceptors had the professional experience needed to foster experiential learning in the students. The conclusion drawn was that the preceptors had to stimulate reflective dialogue as a way to kindle critical thinking in students (Rodríguez-García et al., 2018).

Nurse Managers

A combination of clinical excellence and inherent or developed leadership qualities leads staff nurses to become managers or directors (Korth, 2016). There is no set point in a nurse's career when one becomes a nurse manager. Some may advance quickly, while it may take others longer. It also depends on personal choice, whether one wants to go into leadership or not, as the route towards leadership is not suitable for everyone. Typically, those who move into management positions have experience in a particular unit, understand the ins and outs of the organization, and are respected by their peers (Korth, 2016).

According to Kuraoka (2018), it is common for nurse managers to be placed in managerial positions without being properly prepared for the roles and tasks ahead. Kuraoka's (2018) study examined the impact of using an experiential learning-based program to increase the efficacy, competence, and effectiveness of nurse managers with a one-group pre-test and post-test approach. Results supported the use of experiential learning to foster competency in nurse managers. The outcome was a significant improvement following the completion of the experiential learning-based program. The implication of the study in nursing management is that experiential learning-based programs aid in promoting competency in nurse managers and adequately prepares them for their leadership roles.

Leadership in Nursing

Leadership is defined as a relational, ethical, continuous, and dynamic process among people who desire a positive change as a group (Komives & Wendy, 2017). Leadership is also associated with the process of influencing others, with important roles of implementation and innovation of health systems and the commitment of nurses in the organization and profession (Rita et al., 2018). Most Bachelor of Science

in Nursing (BSN) degree programs have a leadership and management course as part of their curriculum, but often these courses do not cover board governance. Per the American Association of Colleges of Nursing, there are “nine Essentials” for BSN nursing education; Essential II focuses on leadership (AACN, 2008). However, these requirements lack attention to board governance education. Outside the classroom, in extracurricular activities or job experience, student nurses primarily learn about leadership through their involvement with governing boards, as well as other groups aimed at improving the care of patients across clinical settings (Ailey et al., 2015).

Leaders and people in the position to lead have been viewed to wield power, thus power is often thought to be synonymous with leadership (Northouse, 2018). Power simply means the ability to do or act (Rana et al., 2016), but there are additional definitions in works of literature—e.g., the ability to act, to influence, to have control or autonomy (Chandler, 1992), and to use resources to achieve desired goals or outcomes (Hawks, 1992). Oudshoorn (2005) conceptualized power as the application of knowledge to implement autonomy or effectiveness. Hersey et al. (1979) supported the idea that it is not the leader’s power that influences their followers but the perception the followers have of the leader’s power. Understanding how power is used in leadership is also instrumental in understanding the dark side of leadership, where leaders may use their leadership to achieve their personal ends and possibly lead in toxic and destructive ways (Krasikova et al., 2013).

Xu (2017) perceived leadership as a process of influencing a group of people to understand what ought to be done, as well as how to do things in an organized manner to accomplish shared objectives. A study identifying a link between leadership styles and the healthcare quality measures by Sfantou et al. (2017) stressed the need to have effective leadership in healthcare to enhance the quality of care,

minimize mortality rates, and offer support to staff members. A competent healthcare leader should demonstrate the capacity to model the way, challenge the status quo, inspire a vision, enable others to act, and encourage the weak (Al-Dossary, 2017). Thus, healthcare organizations that aim to enhance their operations should develop a structure that determines how employees should be governed.

A study on nurse leadership by Dyess et al. (2016) found the molding of future leaders in nursing is vital in the healthcare environment for succession planning. According to Hill (2008), nurses are valuable members of boards and are encouraged to get elected on the boards of the local and state-level nursing organizations to which they belong. The awareness of student nurses' perceptions of serving on the National Student Nurses' Association Board of Directors is crucial for enhancing nurse leadership. Before nurses assume leadership roles, the health organizations they work for often define their concept of leadership as it pertains to their organization.

Nursing is considered a practical profession, where the preparations for leadership roles are carried out through coaching, modeling from nurse educators, and serving on governing boards to gain experience (Ailey et al., 2015). This aspect necessitates student nurses to hone their leadership skills in order to succeed in their future careers in nursing. Kobe et al. (2020) stressed that having a caring attitude and understanding one's responsibility is critical for nurses, but student nurses need to enhance their leadership skills before they assume their future professions. Effective leaders are capable of meeting goals set by an organization, even when the organization has experienced technological changes. Due to the complexity of current healthcare organizations, different leadership and learning theories need to be merged to offer new integrated leadership practice models, which highlight the most appropriate form of leadership for nurses (IOM, 2011).

Certain traits are thought to influence good leadership and were of interest to scholars throughout the 20th century. Stogdill (1948) was the first systematic approach to study leadership (Northouse, 2018). This led to different researchers postulating that certain traits were believed to influence leadership. Stogdill (1948) postulated that intelligence, alertness, insight, responsibility, initiative, persistence, self-confidence, and sociability all affected leadership quality. Mann (1959) claimed that leaders were different from non-leaders in the following six traits: intelligence, masculinity, adjustment, dominance, extraversion, and conservatism. Stogdill (1974) identified achievement, persistence, insight, initiative, self-confidence, responsibility, cooperativeness, tolerance, influence, and sociability as components of a good leader. Lord et al. (1986) reassessed Mann's (1959) findings and found that intelligence, masculinity, and dominance were related to how individuals perceived leaders. Kirkpatrick and Locke (1991) posited that leaders differ from non-leaders on six traits: drive, motivation, integrity, confidence, cognitive ability, and task knowledge. Zaccaro et al. (2017) outlined cognitive ability, extraversion, conscientiousness, emotional stability, openness, agreeableness, motivation, social intelligence, self-monitoring emotional intelligence, and problem-solving as important leadership attributes. These were the traits considered by researchers to be key in defining leaders and their ability to lead. Northouse (2018) summarized these leadership traits into five major categories: intelligence, self-confidence, determination, integrity, and sociability.

Intelligence and Nursing Leadership

According to Schmidt and Hunter (2000), "Intelligence is the most important trait or construct in all of psychology, and the most 'successful' trait in applied psychology" (p. 4). Different reviews on the required traits that should be possessed

by a leader have reinforced the importance of intelligence as a leadership trait (House & Aditya, 1997). Though leaders usually possess a relatively higher IQ (intelligence quotient) than the followers, this can be counterproductive if the IQ of the leader overly exceeds that of the follower (Northouse, 2018). As even Fielder (2002) concluded, “Intellectual abilities . . . do not predict leadership performance to any appreciable degree” (p. 92).

Another separate but related entity is emotional intelligence (EI), which is argued to be a more defining quality of a good leader (Goleman, 1995). According to Goleman (2006), a person’s IQ does not change much between ages 13-19, but the emotional intelligence required to provide nursing services can be learned by steadfast and continuous lifelong development. A study conducted by Erkutlu and Chafra (2012) revealed that nursing leaders with strong emotional intelligence had a positive impact on the proactivity and empowerment of the team. Prezerakos (2018) concluded that EQ is a useful tool for nursing leaders and contributes decisively to effective management.

Self-Confidence and Nursing Leadership

Self-confidence is another trait that helps one to be a leader. According to Bandura (1990), self-confidence is formed through complex internal processes of judgment and self-persuasion. Self-confidence plays a key role in a leader’s ability to influence their followers (Axelrod, 2004). As stated by Antrobus and Kitson (1999), effective nursing leadership is a crucial tool in shaping nursing practices and health policies. Nurses should therefore learn leadership skills and behaviors during their baccalaureate education (Fagin, 2000; Pullen, 2003), which will help build their self-confidence and encourage them to become effective leaders in their profession.

Determination and Nursing Leadership

Determination is the desire to get the job done and includes characteristics such as initiative, persistence, dominance, and drive (Northouse, 2018). According to Morrison et al. (1997), nursing performance in the healthcare system is focused on the quality of care, which can be measured by patient outcomes and the achievement of organizational goals. Nursing leadership behaviors have been found to influence nurses' ability to exceed their employer's expectations in meeting organizational goals (Chiok Foong Loke, 2001; Cummings, 2004). Effective nursing leadership helps solve complex problems related to nursing care delivery (Smith et al., 2006). All of these leadership attributes require a determined individual who possesses such a trait.

Integrity and Nursing Leadership

As a concept, integrity encompasses ethical principles, such as autonomy, fidelity, privacy, and personal beliefs and values (Mcfall, 1987; Widang & Fridlund, 2003). Integrity relates closely to good governance, which addresses the values, principles, and norms of an organization's daily operations and the requirement for a workplace to have integrity, standards, guidance, and monitoring (Evans, 2012). From a patient's perspective on integrity, effective therapeutic nursing is experienced as central to emotional and physical survival and recovery, and this may include breaking hospital rules (Niven & Scott, 2003). Fagerstrom (2006) acknowledged that this can be a challenge to a nurse's potential for integrity. This has produced a challenging environment for nursing leaders to continually work with integrity.

Sociability and Nursing Leadership

Sociability is an important trait for leaders. Stogdill (1974) concluded that having sociability, a leader's inclination to seek out pleasant social relationships is a key component in good leadership. Leaders who show sociability are friendly,

outgoing, courteous, tactful, and diplomatic. Nurses see leadership positions as a position of power, superiority, influential behavior, attitudes, trustworthiness, and personality (Curtis et al., 2011). Throughout history, nurses have considered the influence of physical and social environments on the health of patients. Hegge (2011) asserted that it takes a combination of both a legacy of humility and an influential network of political supporters to be a constant advocate for nurses and the health of patients. Nursing leaders have an important role in engaging students in social activism and instilling a commitment to eliminating health disparities (Lathrop, 2013).

Transformational Leadership

Transformational leadership is a process that changes and transforms people (Northouse, 2018). Bass and Bass (2008) defined transformational leadership as the relationship between leaders and their followers that is enhanced through motivating each other. Transformational leaders inspire and encourage creative ideas and lead people in a way that they try more than their abilities in the organization and also invent and innovate in their work area (Moradi et al., 2016). Transformational leadership is concerned with emotions, values, ethics, standards, and long-term goals. Thus, leaders need to understand the underlying processes that motivate members to perform their in-role job requests well and make them willing to perform beneficial behavior not included in formal employment contracts (Lai et al., 2020).

Transformational leadership can include a wide range of leadership traits, from very specific attempts to influence followers on an individual level to very broad attempts to influence whole organizations and entire cultures (Northouse, 2018). Sosik and Jung (2011) proposed a theoretical model examining how authentic transformational leadership influences the ethics of individual followers and groups, which suggests that authentic transformational leadership positively affects a

follower's moral identity and moral emotion (empathy and guilt). Bass (1985) expanded on the work of transformational leadership, using methods based on but not fully consistent with the work of Burns (1978) and House (1976).

Transformational leadership theory enables leaders to work together with teams to identify necessary changes and create a vision that guides transformation through inspiration, as well as executes transformation in line with committed members of the team (Bass & Bass, 2008). Transforming student nurses' mindsets is critical to enabling them to gain experience in running healthcare organizations in the future. According to Al-Dossary (2017), nurses ought to develop effective leadership skills to enable them to deliver high-quality care, as well as ensure patient safety while demonstrating how to manage others within the hospital environment. Wei et al. (2019) indicated that nurse leaders' capacity to lead is linked to nurse resilience building and the work performance of nurses.

Transformational leadership in nursing is one of the strategies that can be used to aid in reforming healthcare. Fischer (2016) carried out an analysis of the concept of transformational leadership within the nursing framework and reported that transformational leadership is associated with better patient care and, therefore, patient outcomes. One of the roles transformational leadership plays in the nursing context relates to the improvement of patient outcomes—more specifically, improving patient safety and enhancing performance in nurses (Fischer, 2016).

Transformational leadership is also associated with high-performing teams in nursing, and yet it is often overlooked in the nursing curriculum as an important competency. Fischer's (2016) reported also included the need for further study on the subject, especially regarding the reduction of ambiguity related to important constructs and an examination of exact mechanisms by which transformational

leadership impacts healthcare outcomes. One of the implications of Fischer's (2016) study is that it shows the influence transformational leadership has on the organizational culture, which impacts performance and patient safety. The proposal made by Fischer's (2016) report was to adapt transformational leadership in nursing by identifying attributes specific to the field. An example is teaching transformational leadership after defining it as a series of competencies.

Transformational Leadership Factors and Nurse Leaders

An individual's intentions to lead in a transformational manner appear related to effective transformational leadership behaviors (Gilbert et al., 2016). According to Muhammad et al. (2016), the effectiveness of the nurses greatly depends on the style of leadership that the nurse leaders adopt in different situations. Leadership in a clinical setting has been recognized as a vital aspect in the modern area, where more emphasis is given to transformational leadership (Mannix et al., 2015). According to Moon et al. (2019), there are four factors of transformational leaders: (a) they build trust and act with integrity (idealized influence), (b) they create a shared vision and motivate others toward it (inspirational motivation), (c) they look for new ideas and beyond the status quo (intellectual stimulation), and (d) they treat and value others as individuals (individualized consideration).

Idealized Influence

Factor one is called *idealized influence* (i.e., charisma). It is the emotional component of leadership (Antonakis, 2012). Developing a transformational nursing leadership style is an alternative organizational strategy to improve nurse performance and promote better patient care outcomes (Wong & Cummings, 2007). Idealized influence involves the influence created by nursing leaders as role models to their followers. According to the Nursing and Midwifery Council (2010), all nurses must

take every opportunity to encourage health-promoting behavior through education, role modeling, and effective communication. Leaders are confident and have the ability to communicate their vision and goals with their subordinates for excellent performance and outcomes (Doody & Doody, 2012).

Inspirational Motivation

Factor two, *inspirational motivation*, focuses on the emotional appeal of followers to achieve more than they would have achieved as an individual or by their own self-interest (Northouse, 2018). According to Kelly (2013), motivation is a critical aspect of leadership, and one needs to understand it to lead effectively. The motivation of nurses is important in the primary healthcare environment since low levels of motivation among Primary Health Care (PHC) nurses could have a negative effect on the achievement of high standards in health service delivered (Karien & Mida, 2016). Nurse managers who identify and use their power correctly, are more inclined to achieve personal and professional goals and help other nurses meet their goals of delivering quality care and advancing nursing practice and education (Sielof, 2003).

Intellectual Stimulation

Intellectual stimulation, Factor 3, is a leadership attribute aimed at promoting each follower based on their own individual contributions to a larger organization. Transformational leadership establishes a leadership approach to cultivate an environment in which nurse leaders create a vision and support other nurses to lead change (American Nurses Credentialing Center [ANCC], n.d.). Recognizing the importance of education, The Magnet Recognition Program¹ requires that all nurse

¹ The Magnet Recognition Program[®] is a designation from the American Nurses Credentialing Center (ANCC) that recognizes nursing excellence. Hospitals achieve Magnet Recognition status for quality patient care and innovations in professional nursing practice (*History of the Magnet Recognition Program*, 2020)

managers possess a university-level nursing degree and that the highest responsible nursing officer holds at least a master-level qualification (ANCC, n.d.). Intellectual stimulation allows and encourages followers to try new approaches, and their ideas are not criticized when they differ from their leaders' ideas (Bass & Avolio, 1994). For example, a transformational leader might provide time for nurses to work with resource staff to incorporate evidence-based practice findings into patient care. A transformational leader always strives for the followers' contribution of any suggestions to manage the problems at the workplace and search for new ways to seek knowledge (Weberg, 2010).

Individual Consideration

Factor 4, *individual consideration*, is a component of leadership in which leaders provide a climate where individual challenges of followers are considered. Leaders act as coaches and advisers and listen to the needs of followers in order to motivate them (Northouse, 2018). A variety of skills (including coaching, mentoring, listening, advising, empathy, encouragement, and feedback) are used by the leader to create a supportive environment for success (Allen et al., 2016; Marshall, 2011). "A transformational leader gives individualized consideration to each follower, with an emphasis on growth and achievement" (Giddens, 2018, p. 118). This helps to motivate primary healthcare nurses in their ability to deliver quality service. In a study by Cummings et al. (2010), it was found that the leadership styles focusing on people and individual relationships are associated with higher job satisfaction.

Transactional Leadership

Transactional leadership focuses on the exchange that occurs between leaders and followers (Bass 1985; 1990; 2000; 2008; Burns, 1978). This form of leadership focuses on supervision, organization, and good performance. Transactional leaders

engage their followers in a relationship of mutual dependence in which the contributions of both sides are acknowledged and rewarded (Kellerman, 1984). Transactional leadership evolved from a marketplace for fast simple transactions among various leaders and followers; the marketplace demands reciprocity, flexibility, adaptability, and real-time cost-benefit analysis (Burns, 1978). Some evidence supports the relationship between transactional leadership and effectiveness in some settings (Bass, 1985; 1999; 2000; Bass et al., 2003; Bass & Riggio, 2006); however, Bass (1978) argued that it leads to short-term relationships between followers and leaders.

Student nurses can gain inspiration from other styles of leadership that focus on improving the quality of care. Nurse leaders can adopt a transactional leadership style, where they act as managers of change (Bass & Bass, 2008), or a task-oriented leadership style, where they plan work activities and assign roles to team members while continuing monitoring performance and processes (Bass & Bass, 2008; Sfantou et al., 2017). The task-relationship model is defined by Forsyth (2010) as a descriptive model which attests that leadership behaviors can be classified into either performance maintenance or relationship maintenance. The task-oriented leader is poised with seeking a step-by-step solution required to meet specific goals; they are less concerned with catering to employees.

Leadership in Nursing Education

Serving on governing boards gives student nurses a platform to demonstrate their capacity to direct activities in healthcare organizations, in addition to learning how to deal with numerous healthcare issues that emerge from different departments. Thongpriwan et al. (2015) believed that variations in educational preparations have an impact on student nurses' interest in leadership roles as well as their success in the

nursing career. Student nurses are likely to embrace the thought of joining the governing boards if they have been well informed on how they would benefit during training. Training on leadership enables them to raise their awareness of the need to offer their skills and experience toward shaping the nursing profession.

Teaching Leadership

Good leaders are role models for the promotion of education, practice, and advocacy. Teaching leadership skills that aid in the promotion of practices and advocacy in the nursing field can be achieved through the creation of a curriculum focusing on leadership as well as other core competencies. In 2000, with a special focus on palliative care, a group of practitioners, researchers, and nursing educators met with the intention to create a nurse-focused curriculum (Malloy et al., 2018). Advisors from different nursing organizations reviewed the developed curriculum for palliative care for nursing institutions across the nation (Malloy et al., 2018). The advisors established that there was a need for a curriculum that focused on palliative care tailor-made for nurses whose role mainly included taking care of end-of-life patients and patients suffering complex illnesses.

This curriculum, funded by the Robert Wood Johnson Foundation and titled, *End-of-Life Nursing Education Consortium*, met nurses' needs in palliative care. From inception in February 2000, the curriculum has spread nationally and internationally, such that 91 countries across the globe have received the curriculum, and it has been translated into eight languages. An estimated 21,400 trainers have educated over 600,000 colleagues (Malloy et al., 2018). The success of curriculum development and teaching is a testament to the influence that well-curated curriculum programs can influence healthcare and education in nursing.

In a study conducted by Ferrell et al. (2016), the authors ascertained the growing need for nurses with the expertise to deal with palliative patients. The demand for palliative care services requires that nurses prepare and learn the core techniques and skills needed to help end-of-life patients as well as aid nurses to handle the challenges associated with caring for end-of-life patients. Educational recommendations provided by the American Association of Colleges of Nursing (AACN) maintain that undergraduate nursing students should be exposed to 17 competencies that have to be completed before graduation. Further development of education for nursing students was aided by the revision of an earlier document created in 1998 (Ferrell et al., 2016). The curriculum is aimed at enhancing the competencies of nurses and, more so, those affecting end-of-life education and competencies. The implication of interactive, innovative, and quality education for nurses is to equip them with the skills required for caring for end-of-life patients.

In 2016, the AACN explored the way nursing can support healthcare innovation, how the government can get involved to advance the work, and the leadership skills needed for academic deans to support the advancement of academic nursing goals. The AACN (2016) published a report that emphasized the full integration of nursing education, practice, and research. The report maintained that nursing leaders in clinical practice settings and academia, as well as other higher education leaders, should collaborate to bring about success in academic nursing. Moreover, the report emphasized the importance of building integration between clinical nursing practice and academia and noted policy work and governance are required of academic leaders. Park et al. (2019) focused on the relationship between true leadership and nursing organizational culture and nurses desiring to continue working in their current positions. The conclusion was that relation-focused

organizational culture and authentic leadership influence nurses' decisions to retain their current positions (Park et al., 2019).

Leadership Competency in Nursing

An effective and efficient healthcare system should be a priority in every country. The most frequently used new approaches in human resources management are the study of competencies, competency models, and the competency profiles derived from them (Wright et al., 2000). In most developed countries, nursing care employees comprise the largest professional group within the healthcare system (OECD, 2013). The efficiency of the healthcare system is significantly dependent on the appropriate leadership and guidance of employees (Kavas et al., 2013).

Nursing education must be at the forefront of the movement to apply evidence-based leadership development models within the faculty, as well as in students' education (Cleeter, 2011). There is limited availability of nursing managers with the required body of knowledge and skills to perform their duties or education and training to become leaders. Frequently, they will rely on the experiences of former supervisors or learn while on the job, indicating the existence of a gap between what managers know and what they need to know (Sullivan, 2017).

According to Kopf et al. (2018), about one-third of newly graduated nurse practitioners receive no formal orientation, and the post-certification processes received by some of the nurse practitioners do not adequately prepare them for the leadership role. Per Anderson et al. (2020), the American Association of Colleges of Nursing (AACN) asserted that an authenticated curriculum is useful in handling the gaps in structured training such that new nurse practitioners experience an easier transition. Using expert panels and a literature review, Kopf et al. (2018) created a competency-based practice transition curriculum for nurse practitioners in the

intensive care unit (ICU). Clinical categories vital to nursing practice in the ICU department were relied on when developing the competencies. Some of the competencies were adopted from the Accreditation Council for Graduate Medical Education training. The results of the study showed that the competency topics received an average rating and were considered valid (Kopf et al., 2018). The conclusion drawn was that the curriculum created and validated from research can be used for the smooth transition of novice nurse practitioners. Additionally, the curriculum can be adapted for training in medical intensive care units and surgical units. The competency topics can also be used as a foundation for training newly graduated nurse practitioners, thus impacting their leadership skills and preparedness (Kopf et al., 2018).

Along the same lines, the AACN Board of Directors formed a think tank that involved nurse experts in the policy curriculum field. The role of the nurses was to give expert opinions, advice, and recommendations to the AACN Board of Directors by reviewing the current trends and practices so that the board could increase its policy footprint (Anderson et al., 2020). This group of nurses formed the Faculty Policy Think Tank (FPTT), conducted the review, and reflected on the current landscape regarding the enhancement of competency and expertise among nursing students and the nursing faculty. The FPTT recognized the need to have policy competency improved on a national level and the need for a new vision in education with an emphasis on recognizing scholarships, policy leadership, and also the development of faculty policy work (Anderson et al., 2020). The think tank summarized that the future generation of nurses needed to learn the micro and macro drivers of policy and learn how to skillfully include nursing competency and expertise in policy discussions (Anderson et al., 2020).

Miles and Scott (2019) also emphasized the importance of leadership competency in nursing. According to the authors, students fail to understand that leadership is fundamental to nursing practice and education. The study conducted by Miles and Scott was aimed at establishing a model for prelicensure nursing students focusing on the integrated leadership model. By reviewing leadership trends and analyzing leadership theories, the goal was to establish an integrated leadership model that would be useful in helping students recognize leadership as a vital skill in nursing and foster the development of nursing education scholarship.

From the results, it was clear that the organizing structure for the model was comprised of nine leadership skills: managing, explaining, achieving a workable level of unity, motivating, representing the group externally, serving as a symbol, affirming values, renewing, and envisioning goals. These leadership skills equip nursing students with tools that aid in the promotion of education and, more so, leadership education in nursing. The conclusion drawn by Miles and Scott (2019) was that the nursing leadership development model is a conceptual map that can help facilitate leadership education and leadership development for prelicensure nursing students. This means that using such a model in the nursing field would help develop leadership in nursing students as they prepare to serve on governing boards.

Current Trends

Nursing is a dynamic and challenging profession requiring engaging and inspiring role models and leaders. In the ever-changing and demanding environment of the current healthcare system, identifying and developing nursing leaders is one of the most challenging encounters faced by nursing professionals (Scully, 2014). Though researched for over a century, the concept of leadership is a complex and multi-dimensional phenomenon, and although it is one of the most observed concepts,

there is no universally accepted definition or theory of leadership (Atsalos & Greenwood, 2001; Grossman & Valiga, 2012; Mannix et al., 2013).

The nursing profession is an environment plagued by constant and unprecedented changes, through which nursing leaders are required to guide the professionals in order to ensure its advancement (Grossman & Valiga, 2012). Nurse leaders are necessary to establish direction, align people, motivate, and inspire colleagues toward a common goal (Antrobus & Kitson, 1999; Callaghan, 2007). Political ideology and policy govern the external agenda that nursing leaders are trying to influence; thus, these factors are the driving forces behind professional and leadership agendas (Antrobus & Kitson, 1999).

Several scholarly articles identify the quality and characteristics of established nursing leaders but little to no effort is placed on the means by which these leaders can be identified at an early age, how to grow or cultivate them to provide an effective succession plan for the current leaders (Connors et al., 2007). There are postgraduate courses available in countries such as Australia for the development of leadership skills for registered nurses. Notably, at the highest levels of policy and governance of the profession, the Australian College of Nursing recently introduced the “Emerging Nurse Leaders,” a strategy to recognize and develop future generations of leaders in nursing from an undergraduate level (Australian College of Nursing [ACN], n.d.). Effective mentoring and formal education programs for nurse leader development prove a continuing challenge to the profession (Dignam et al., 2012). According to Connors et al. (2007), failure to identify the best leaders results in the failure of others to learn from them, and this results in a lack of quality care.

Smolowitz et al. (2015) noted that there is a compelling need to expand the contributions and optimize the scope of practice of registered nurses in primary

healthcare for leadership in interprofessional teams. New roles are emerging for nurses in the United States healthcare and delivery system to address cost, quality, and access issues experienced by nurses (Joseph & Huber, 2015).

Governing Boards

According to Lawrence et al. (2019), the governing board composition is a key determinant of the board's effectiveness and allowing nurses as voting members of healthcare boards is likely to enhance governance through their clinical operations expertise, professional and gender diversity, credibility, public trust, and consumer insight. Governing boards for hospitals, health, and academic medical centers are facing a challenge, which includes (a) addressing the need for an aging and ever-increasing diverse population, (b) advancing in medical and science technology, and (c) addressing federal and state governments (Peregrine, 2014; Whittington et al., 2015). Given the centrality of nursing leadership in the health sector, it is alarming that they are present, as voting members, in only a minority of governing boards in the United States (American Hospital Association [AHA], 2019; Mason et al., 2013; Szendi et al., 2015).

During the past quarter-century, involving physicians as voting members of hospitals and health systems has become the norm and now is widely accepted as a standard practice (Olivia & Totten, 2007). According to a survey by the Governance Institute (2011), of hospitals and health systems, it was found that only 1% of chief nursing officers were voting board members at the organizations where they were employed, while 5% of the organizations' chief medical officers were serving in this capacity, and this percentage was unchanged from a previous survey carried out in 2007. However, there is a clear difference between nurses' engagement on boards of

faith-based health (9%) establishments compared to secular establishments (2%; Lawrence, 2013).

To strengthen the urgency for engaging more nurses on governing boards, research focused directly on the effects of nurses' engagement, deliberations, and performances have to be conducted (Prybil, 2016; Sundean et al., 2019). Nurses can provide more insight into patients' demands as nurses are the largest clinical group with direct contact with patients.

With the ever-evolving nursing practice, leadership in nursing remains constant, which implies that nurses possess a fundamental role in the provision of care in health facilities. According to Benson and Harper (2017), nurse leaders are capable of demonstrating their influence by serving the communities where they live, as well as by offering their services in areas beyond their formal employment. Nurses are knowledgeable regarding the social determinants of health; thus, they understand how to promote health for individuals and families as well as communities. Regardless of their education, experience, or backgrounds, nurses have an opportunity to serve on the boards to advance the board's mission and to exercise their leadership skills as board leaders (Harper & Benson, 2019). Nurse leaders are capable of demonstrating their impact within the community through serving as clinicians as well as through community boards of directors.

Both nurses and student nurses should be allowed to join boards so that they gain the opportunity to showcase their leadership skills. Weingarten et al. (2019) added allowing student nurses to attend NSNA leadership conferences where they engage the NSNA Board of Directors helps them boost their career through interacting with other members from different geographical locations and backgrounds. Serving on the nursing boards increases job satisfaction for nurses while

student nurses enjoy applying theoretical knowledge in making a difference in society, as they prepare for their future careers. Harper and Benson (2019) asserted that serving on boards enables nurses to grow personally and professionally while giving back to society.

Nurses contribute immensely to the nursing boards, where they are capable of working within the hospital environment or the community. By serving as board members, nurses offer their services for the benefit of the community. Benson and Harper (2017) indicated that nurse leaders are able to offer more than their formal responsibilities by being volunteers on community boards, working as governmental task forces, and working as health experts in commissions. Equally, Harper and Benson (2019) revealed that nurses feel that they gain more than they actually give when they serve on diverse boards, and this encourages them to come up with fresh perspectives and insights for improving their workplaces.

All boards stand a chance of gaining from nursing perspectives. For nurse leaders, serving on boards is considered a privilege, as well as a responsibility (Harper & Benson, 2019). The participation of nurse executives on community boards assists in developing credibility, in addition to enhancing the status of healthcare organizations that hire them. Mancino (2002) explained that in order to serve on governing boards, “Nursing students must go out of their way to become involved. Many must overcome barriers – missed exams, clinicals, and unsupportive faculty” (p. x). Allowing student nurses to attend leadership conferences is one way of nurturing leadership skills that prepare them to become competent future professionals (Weingarten et al., 2019). Without nurses, boards tend to miss an essential component, which represents the most trusted profession, as well as the largest group of workers in the healthcare workforce. Since nurses are the healthcare

professionals who interact most with patients, they should be involved in community health services, where they can work with policymakers to find solutions to health problems that affect the community, thus preventing the outbreak of both communicable and non-communicable illnesses.

Nurses at all stages of experience can offer excellent service to the boards. Harper and Benson (2019) observed that nurses constitute the largest health profession in the country, having approximately 3.6 million RNs, but the number of nurses who serve in the hospital boards is extremely low. Benson and Harper (2017) indicated that the American Nurses Credentialing Center requires nurses to have an Advanced Public Health Nursing Certification in order to participate in community building and health promotion. The low representation of nurses on healthcare boards and the credentialing required to participate in the community means nurses fail to serve the community exhaustively, giving only the specialists a chance to contribute toward health promotion and policy reforms to meet patient needs within the community.

Both nurses and student nurses are involved in research and other scholarly works that aim to improve the nursing profession. According to Weingarten et al. (2019), attending conferences and board meetings help student nurses to gain insight into the nursing profession, in addition to getting inspiration from other student nurses from different backgrounds. Nurses are ideally suited to create an impact on the board discussions and to influence outcomes through exhibiting their exceptional abilities in listening and utilizing evidence-based approaches to offer solutions to healthcare problems (Harper & Benson, 2019). Serving on a board of directors gives nurses an opportunity to reflect on what they learned in classrooms.

Nurses have been active serving on boards on *Fortune 500* companies, hospitals, for-profit organizations, parent-teacher associations, youth and sports leagues, religious groups, as well as neighborhood associations; thus, there are numerous opportunities for nurses who desire to serve as leaders (Harper & Benson, 2019). Harper and Benson (2019) noted that opportunities for nurses to serve as leaders in boardrooms are abundant. Student nurses should be motivated to nurture their leadership skills so that they can utilize them when they become professionals in the future. The vast opportunities for nurses to serve as leaders are a motivation to student nurses to embrace leadership skills on top of their professional nursing skills, which would, in turn, assist them in molding their future career through professional skills, as well as leadership competencies.

An unprecedented number of student nurses are in the process of gaining educational credentials which will enable them to hold leadership positions in a clinical environment as well as serving on governing boards. However, student nurses have experienced a number of challenges when serving on governing boards, where they must demonstrate that they are ready to become professionals who can influence future healthcare delivery systems. Sundean et al. (2019) believed that nurses have the capacity to influence a transformation in healthcare systems, but they have to be motivated to join the boards so that they can enhance their leadership skills and professional identity. Walton et al. (2015) claimed nurses are not perceived as great influencers, even though they are among the most trusted healthcare professionals. Essentially, being part of the governing boards would enable student nurses to gain the confidence that is needed to influence health practices that, in turn, boost patient outcomes.

Ailey et al. (2015) observed that most nursing faculty demand student nurses accomplish public health didactics as well as clinical courses before thinking of completing the required end-of-program leadership hours, where they work directly with the patients, instead of joining the governing boards. Hughes (2018) stressed the need for nurses to possess leadership skills in order to handle the complex and ever-changing healthcare system, but the nursing management and administrative systems do not offer adequate support to student nurses, leading to low advocacy of health policy. Thus, Démeh and Rosengren (2015) recommended proper training of student nurses in order to enable them to meet the demand of stakeholders, who include managers, patients, and colleagues.

Governing boards can help student nurses feel prepared to undertake their future responsibilities if there are collaborative efforts among board members and the healthcare sector. Clements et al. (2016) believed that experiences in clinical placements, which are supported by the governing boards, can enhance commitment to the nursing profession and the development of attitudes. Nursing faculty can work together with governing boards to assess student needs and offer appropriate guidance on nursing practice (Shellenbarger & Hoffman, 2016). According to DiMattio (2015), governing boards or trustees have the responsibility of monitoring quality, preventing healthcare harm, and adopting performance-driven models for establishing a governing environment with an emphasis on a nursing approach.

Serving on Boards

To serve on governing boards, nurses need to confidently demonstrate a professional commitment to the respective board, an understanding of bylaws and job descriptions, an awareness of different types of boards, knowledge of the voting process and board member roles, and ethics in conducting board meetings (Stalter &

Arms, 2016). Confidence is critical in nursing leadership (Northouse, 2018), as it helps in convincing others to follow a particular direction in nursing practice. Without support, it could be difficult for student nurses to gain from being members of the governing boards (Mancino, 2002). Student nurses should learn how to develop policies and identify areas of policy they wish to influence so that they can become fundamental players in transforming healthcare organizations after college.

An integrated review by Sundean and Polifroni (2016) revealed that nurses play a crucial role in healthcare; thus, they should be active on governing boards to enhance decision-making and to connect patients to the administration. However, most board members lack the needed background to carry out their responsibilities as board members (Johansen et al., 2020). A cross-sectional study on the implementation of governing boards by McNatt et al. (2014) indicated that the decentralization of healthcare services has made nurses more useful in hospital facilities; thus, outlining the orientation practices has helped to enhance the responsibilities of nurses. McBride (2017) emphasized the need to have nurses on boards, as it contributes to broadening the scope of the nursing profession. Having a team-based orientation to the healthcare system makes nurses develop skills and mindsets that help them become familiar with patients' needs.

Preparation to Serve

Governing bodies are usually expected to offer orientation for their members, who include nurse leaders. Nurses are considered as full partners, influencers, as well as advocates in transforming healthcare and healthcare policy through the governing boards. Consequently, governing boards are expected to offer orientation to their members by assigning experienced members to mentor new members. A web-based survey by Walton et al. (2015) revealed that the orientation experiences of nurses to

the governing boards are essential for preparing them to shape healthcare, as well as healthcare policy. Preparing for board service is usually done formally or informally, where some governing boards allow members to join and support their development while others prefer new members to have previous board member experience (Sundean & Polifroni, 2016). Nurses usually possess unique expertise, which can be refined to correspond with board service.

McNatt et al. (2014) raised concerns about the level of preparedness of most board members and proposed an orientation program that should be carried out within the organization instead of being conducted elsewhere. However, nurses are not always prepared to be orientated into governing boards because governance education is not considered ubiquitous in nursing practice (Sundean et al., 2019). Many nurses do not view governance leadership as an essential part of nursing professional identity, but nurses stand a better chance of understanding the complexities, as well as the demands of healthcare systems, particularly on clinical relevance.

While the concern is being raised about the preparation of nurses in joining governing boards, society is expecting more from board members. Johansen et al. (2020) revealed that nursing college boards have recognized the need to establish a competency-based board that would facilitate providing a transition from student nurses to governing boards in respective health facilities. The rise in competency-based boards has helped in recruiting and orientating nurses who are interested in taking leadership positions within the board (Johansen et al., 2020). Stalter and Arms (2016) offered various competencies that nurses should have before joining the boards, which include knowing standard business protocols, conducting efficient board meetings, understanding ethics and processes involved in board meetings, and maintaining control in case of conflicts.

The implications of orientation are that there would be a standard that nurses serving on boards must follow to attain the required competence. According to Walton et al. (2015), a standard orientation would prepare nurses to offer their services on interprofessional hospital boards, in addition to working in the health policy field. This aspect is supported by McBride (2017), who indicated that the “system” orientation, which is carried out for nurses, is a vital asset for enabling hospital boards to perceive themselves as institutional champions for delivering quality services. Walton et al. (2015) observed that as nurses continue to embrace the importance of being board members, the research, as well as literature on board competencies, will continue to develop.

Nurses should strive to maintain their professional behaviors even after being orientated to governing boards because they require professionalism to make health policies and to promote the wellness of society. McNatt et al. (2014) concluded their study by stating that newly established boards, which have limited resources, should focus on meeting board activities that enhance hospital performance while ensuring that responsibilities are delegated to members who understand their roles within the boards. Sundean et al. (2019) also concluded their work by emphasizing that nurses should be prepared to play a role on governing boards in order to influence governance discussion in the complex healthcare system. They also revealed that nurses should be orientated to the governing boards because they are able to advance healthcare transformation through governance discussions as well as participate in voting as board members.

Regardless of the format adopted by the governing body to orient its new members, the group should develop a list of items that the new members should be educated on to become fully functioning members. Harper and Benson (2019)

observed that there is room for every nurse to advance the mission of the healthcare system, in addition to representing patients' needs in the boards' discussions. Serving in the community allows nurses to bring fresh perspectives, as well as insights to the board to assist in decision making. Harper and Benson (2019) indicated that every nurse should aspire to serve on governing boards since their contributions are essential to attaining the goal of healthier communities. Through orientation, nurses can learn how to establish health policy and contribute to board discussions.

According to Garfield (2017), there are six practices organizational leaders can learn from the Jesuit tradition. One of which is forming and educating agents of change, this principle is grounded in critical thought and responsibility for moral and ethical issues occurring within one's capacity. This will guide the nursing leader's everyday life as a nurse serving in the healthcare system, a leader functions in a decision board, and also as a member of one's community.

Expectations of Serving

Governing board members have increasingly recognized the need to value quality and safety in meeting the demands of healthcare; thus, they have to model their practice around nurse leaders, whose number has to be increased through orientation. McBride (2017) supported the orientation of more nurses on hospital boards as they can voice their concerns regarding quality and safety issues within the boards. Besides, hospital board nurses may not perceive themselves as champions of quality unless they incorporate more nurses as their members. The view by McBride (2017) is supported by Sundean et al. (2019), who asserted that nurses should receive a more formal board orientation because they possess knowledge and expertise as well as perspective to direct boardroom discussions and make decisions that involve costs, quality, and patient outcomes.

Nurses are expected to be knowledgeable about how boards are established, structured, and function before they become orientated. The study by Stalter and Arms (2016) implied that nurses should maintain their professionalism when serving on governing boards to enable them to make necessary changes in terms of serving the community and making health policies within the governing boards. This aspect is supported by McBride (2017), who indicated that the call for nurses to join the governing boards coincides with the diversity of the overall boards where members serve on the basis of their specialties. McBride (2017) also supported the inclusion of more women on the boards during orientation to create a balance and to assist in addressing women's health issues within the board.

Governing board members are expected to be knowledgeable on bylaws and job descriptions. Thus, Stalter and Arms (2016) advised new board members to request copies of handbooks, charter-type documents, as well as job descriptions, which can assist in grasping their role as board members, even before orientation. Walton et al. (2015) encouraged nurses to begin their orientation to the governing boards through volunteering in nursing organizations that can assist them in molding their leadership skills. Preparing oneself before meeting other board members offers the new members the confidence required to contribute as a board member. Stalter and Arms (2016) concluded that new board members should maintain their professional behaviors and adhere to corporate etiquette, which helps in promoting efficiency in one's responsibilities.

Challenges to Serving

Communication barriers are some of the challenges that contribute toward failing to join the governing boards. According to Dyess et al. (2016), current nurse leaders seem to be solely occupied with their responsibilities to the extent of

forgetting the responsibility of nurturing upcoming nurse leaders through communication. The lack of motivation is keeping student nurses away from leadership posts since they do not find it worthwhile to waste their energy trying to seek governing board positions. Students tend to reject experiences that they perceive to be not legitimate with respect to the nursing profession. Clements et al. (2016) explained this aspect through social identity theory, where individuals consider themselves a group to strengthen their identity and may choose to minimize their commitment when they are threatened by those who rule over them (Tajfel, 1974).

Poor teamwork is also mentioned as one of the challenges affecting student nurses' attempts to join governing boards. According to Dyess et al. (2016), having team members working together and knowing each other makes it difficult to motivate each other. Clements et al. (2016) stated that the problem of teamwork emanates from poor recruitment of nurses, which leads to low commitment and lack of interpersonal relationships. Dyess et al. (2016) also noted that the fear of failure could be a significant determinant of why student nurses may choose to avoid opportunities to serve on governing boards. This aspect calls for leadership development programs to motivate and encourage student nurses to take leadership roles and how they would benefit from serving as leaders on governing boards.

Nurse leaders try to utilize various measures to encourage others to get involved in their responsibilities, as well as be creative in handling numerous nursing issues (Wei et al., 2019). They are responsible for modeling and enabling evidence-based strategies that promote nurses' resilience. In this context, student nurses have an opportunity to gain knowledge on handling various nursing issues, such as solving misunderstandings among team members. This becomes possible only if they have been mentored by effective nursing preceptors who understand the challenges of the

real clinical environment (L'Ecuyer et al., 2018). Dyess et al. (2016) pointed out that healthcare organizations need new leaders to replace those who are retiring; thus, the emerging nurse leaders should be capable of improving nursing practice environments through gaining experience from serving on the governing boards.

Benefits of Serving

Student nurses benefit immensely when serving on governing boards because they gain an opportunity to learn leadership skills and contribute toward the promotion of healthcare through the implementation of the policy (Mancino, 2002). Dr. Bob Piemonte, former NSNA Executive Director, commented that “NSNA is a practicum in nursing leadership. If they learn nothing else by their involvement in NSNA, they learn how to conduct themselves at board meetings” (Mancino, 2002, p. 93). Ellenbecker et al. (2017) highlighted that student nurses are usually taught health policy which allows them to contribute toward the implementation of policy through attaining leadership roles. The kind of education offered to student nurses is tailored toward executing health policy within the organizational, local, state, and national levels. Apart from educational qualifications, student nurses require hands-on experience, which is attained through end-of-program placements (Logan & Clarke, 2016). Such experience can also be attained through serving on governing boards. The impact of experiential leadership after joining governing boards is that student nurses are able to gain knowledge through hands-on approaches to care.

Nurses choose to join leadership in different capacities for different reasons. Some of the fundamental governance competencies and opportunities gained from serving on governing boards include business, finance, healthcare delivery, as well as personal capabilities in relation to analytical skills, interpersonal skills, and organizational skills (Sundean et al., 2019). According to Hughes (2018), nurses may

choose leadership roles as their career paths, or as a means of gathering ideas and new knowledge for nursing practice. Student nurses may choose leadership roles on governing boards to have an opportunity to learn how to develop policy; thus, they can contribute to policy development and implementation in healthcare organizations. Sundean et al. (2018) backed this idea by indicating that student nurses should be well-prepared to take nurse-board leadership to contribute to healthcare policymaking. Based on the findings by Mbewe and Jones (2015), the educational experience that student nurses gain during their studies can assist in preparing them for leadership roles.

Summary

This literature review relied heavily on articles that covered nurses who served on governing boards rather than student nurses. I presented literature related to nursing practice perspectives and the nursing environment, experiential learning, leadership in nursing, and governing boards. The research presented provides information on why student nurses should be allowed to serve as leaders in the governing boards and why they should first receive education on the responsibilities of board members before they are introduced to board governance leadership positions. Just like RNs, student nurses are capable of offering valuable insights, in addition to making a decision as leaders, to boost the operations within the clinical settings.

The research also shows that the kind of education student nurses undergo in nursing institutions is crucial for enabling them to transform healthcare through changing health policy and leading others to boost the quality of care. In addition, the current literature points out that understanding various theories of leadership helps student nurses gain perspectives of different types of leadership, which potentially

enables them to fit into different leadership and clinical environments. Overall, the benefits of student nurses serving on governing boards include gaining experience in making and implementing health policy, as well as learning how to lead others in different aspects of health as they practice nursing in the future.

In chapter three, I present the methods and procedures that were used to carry out this research. Detailed information about the research design, data collection, and data analysis procedures are provided. In addition, I explain how I recruited participants and present criteria used for establishing trustworthiness followed by ethical considerations for this research.

CHAPTER THREE: PROJECT METHODOLOGY

In this chapter, I present the methodology for this study, including the research questions and research design followed by a discussion of the researcher's role. Next, I outline the methods of data collection and data analysis alongside a description of how methodological integrity was preserved. The chapter concludes with a discussion of ethical considerations taken during the research process.

The purpose of this qualitative study was to explore how student nurses experience and understand their role as National Student Nurses' Association (NSNA) Board of Directors members, and how that experience shapes their career trajectories as registered nurses (RNs). More specifically, this study's research objectives were to describe and discuss (a) the professional culture and value of board governance education to the nursing profession, and (b) the importance of board governance education for nursing curriculums. If we can better understand the experience of student nurses serving on governing boards, healthcare and nursing stakeholders would be able to better understand why there is a low number of RNs serving on governing boards in the healthcare profession.

Research Questions

The following research question and sub-question served as the focus of this qualitative study:

RQ1: How do student nurses experience their role as National Student Nurses' Association Board of Directors members?

RQ1a: How does the experience of student nurses serving as National Student Nurses' Association Board of Directors members shape their career trajectories as registered nurses?

Method

This section begins with an overview of the research design followed by a discussion of the researcher's role in this research. Next, I outline the participants for this study followed by details regarding methods for data collection and data analysis as well as methodological integrity. Finally, I present ethical considerations for this research.

Proposed Research Design Overview

A qualitative approach was chosen for this study because qualitative research involves studying how individuals or groups construct meaning and make sense of their lives and their experiences. (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). In addition, a qualitative approach allows the researchers to “advance and apply their interpersonal and subjectivity skills to their research exploratory processes” (Alase, 2017, p. 9) while capturing the feelings, thoughts, and opinions of participants.

As Merriam and Tisdell (2016) explained, “All qualitative research is interpretive [and] qualitative research is based on the belief that knowledge is constructed by people in an ongoing fashion as they engage in and make meaning of an activity, experience, or phenomenon” (p. 23). Therefore, qualitative research could best address this study's exploration of the experiences of nursing students engaging as NSNA Board of Directors members and the meaning they ascribe to their experiences.

This study was conducted using a basic qualitative design (Merriam & Tisdell, 2016) to explore how student nurses experience and understand their role as NSNA Board of Directors members and how that experience shapes their career trajectories as RNs. In this study, the phenomenon explored was the experience of student nurses

serving on governing boards. Basic qualitative studies are most often used in educational research to interpret participant experiences, explore how participants construct their worlds and understand what meaning participants attribute to their experiences (Merriam & Tisdell, 2016). Because this study aimed to learn from student experiences to improve educational practices and the nursing curriculum, a basic qualitative research design was particularly well-suited to obtain an in-depth understanding of effective educational processes.

Researcher's Role

As the primary researcher in this study, my history with NSNA and my current position as Deputy Executive Director of NSNA made me both an insider and an outsider in this study (Merriam et al., 2001). For example, my experience as a student nurse, moving through the ranks as an RN and serving as NSNA President, and remaining closely involved with NSNA made me an insider regarding the experience of former student nurses. However, I am now in power as Deputy Executive Director of the NSNA, which makes me less of an insider and more of an outsider.

My insider status provides me with connections inside the organization and the ability to invite friends and acquaintances to participate in the study, thus creating an overrepresentation of some groups. My outsider status, or position of power, also provides those inside connections but might intimidate some former student nurses to participate in this study or could “create tensions in the interview process” (Merriam et al., 2001, p. 412). As a qualitative researcher, it is important to acknowledge both my insider and outsider positions to legitimize that these “positions are relative to the cultural values and norms of both the researcher and the participants” (Merriam et al., 2001, p. 416).

Because some form of bias is always present in research (Creswell & Poth, 2018; Merriam & Tisdell, 2016), rather than attempting to control bias through bracketing, I aimed to consciously acknowledge my assumptions through the use of a research journal. Keeping a reflective journal throughout the study enabled me to remain transparent and reflexive during the research process and helped “legitimize, validate, and question research practices and representations” I encountered (Pillow, 2003, p. 175).

I intended to use the journal as a means for critically reflecting on my research decisions. As Watt (2007) pointed out, “An introspective record of a researcher’s work potentially helps them to take stock of biases, feelings, and thoughts, so they can understand how these may be influencing the research” (Watt, 2007, p. 84).

Participants

Participants for this study included past elected members of the National Student Nurses Association (NSNA) Board of Directors. There are 10 members elected each year to the NSNA Board of Directors, so the original potential sample population was 100 participants for this study—10 participants per year over the past 10 years. To participate in this research, participants must have met the following criteria: (a) be a former student nurse who has served on the NSNA Board of Directors for at least one year, (b) have served at least one year of service on the NSNA Board of Directors during the last 10 years between 2010-2020, (c) not be a current member of the NSNA Board of Directors, and (d) be a current registered nurse (RN). However, only 56 previous board members met all the criteria for participation. Of those 56 qualified participants, 17 past board members participated in the study. While there was no set number of participants required for qualitative research (Creswell & Creswell, 2018), I planned on 10 participants for this study.

Participants were selected using criterion sampling based on specific criteria deeming them eligible to participate in the study (Creswell & Poth, 2018). Because there are 10 members elected each year to the NSNA Board of Directors, there was a potential sample population of 100 participants for this study—10 participants per year over the past 10 years.

NSNA retains an in-house database at the national headquarters in New York of all past board members. The in-house database includes names of past board members along with their professional headshots and contact information. I used this database to search for past elected members of the NSNA Board of Directors who have served the organization during the last ten years (2010-2020), and I reached out to those members via email, making sure to note participation in this study was voluntary and that participants could withdraw at any time.

Data Collection

Data were collected through in-depth, semi-structured, open-ended interviews (Theofanidis & Fountouki, 2018) and a researcher's reflective journal (Ortlipp, 2008; Watt, 2007). In-depth interviews were utilized to explore the views, beliefs, and experiences of individual participants (Creswell & Poth, 2018). Using a semi-structured interview protocol allowed for open-ended questions that were flexibly worded to guide the interview. In addition, the open-ended nature of the questions allowed me, as the researcher, to respond to participants freely without restriction (Merriam & Tisdell, 2016). A reflective journal provided an additional data point that helped me keep track of my assumptions and any changes made to my understanding through the research process.

Data Collection Procedures

First, participants who met participation criteria were sent an email invitation regarding voluntary participation in the study. Once a participant agreed to participate in writing via email or over the phone, necessary informed consent forms were sent to the participant, and an interview time was scheduled. Interviews were conducted via Zoom, an online videoconferencing platform. There was no established time limit set for interviews as participants needed to have the freedom to express their views without time constraints. However, the Zoom interview sessions were set for 60-minutes. An open-ended, semi-structured interview protocol guided the interviews, and all interviews were recorded and transcribed.

A second member-check interview was also carried out with participants to clarify as needed and to ensure the credibility of the data (Merriam & Tisdell, 2016). Member-checking interviews reduce the potential for researcher bias by actively involving participants in checking and verifying information (Candela, 2019; Creswell & Creswell, 2018; Harper & Cole, 2012; Merriam & Tisdell, 2016).

Data Collection Tools

Data collection tools for this study included an email invitation (Appendix C) to participate in this study, a participant demographic form, an open-ended, semi-structured interview protocol to collect interview data, and a researcher journal for reflection on the research process. First, the email sent to potential participants provided a brief biographical sketch of me as a researcher and a description of the study and the data collection process. The use of an email invitation was chosen because it was quick and reliable when contacting potential participants. Prospective participants who expressed interest in participating in the study and met the study criteria were contacted by email. This email included the informed consent form, the

research protocol, and the instructions for study participants (Appendix A). Once participation was confirmed, I contacted the individual to schedule the interview. Interviews were conducted in January 2021. All interviews were conducted via Zoom video conferencing. All interviews were digitally recorded and transcribed using NVivo transcription software within one week of the completion of the interview. Additionally, interview notes were taken if there were any issues with the digital recording.

Participants completed a demographic form related to sex, age, race, position held, and year(s) of service (Appendix D). Each participant was asked to complete the form and return it to me via email before the start of each interview. Because I aimed to remain sensitive to power dynamics that could be present throughout this study, this demographic form also asked participants to choose their pseudonyms for the study. Valentine (1998) proffered, “Naming is central to questions of identity” and “naming is itself a form of power.” To break down the inherent power of naming, participants chose pseudonyms.

Semi-structured interviews were conducted with in-depth, open-ended questions that allowed participants to give their opinions, thoughts, feelings, and attitudes regarding serving as an NSNA Board of Directors member. The semi-structured protocol used to guide the interviews included prepared questions and prompts to help elicit responses. Each interview began with the prompt, “Tell me your NSNA leadership story.” The following questions were then used as probes to expand the story:

- What was the impetus for you serving on the NSNA Board of Directors? For example, were you influenced by a role model or mentor, and if so, how?

- What were the challenges you faced as a student nurse once you became a member of the NSNA Board of Directors?
- What observations did you have as a student nurse once you become a member of the NSNA Board of Directors?
- What influenced you as a student nurse to serve on the NSNA Board of Directors?
- Reflecting on your experiences, how did the nursing faculty relationship prepare or hinder your role on the NSNA Board of Directors?
- How would you mentor a student nurse seeking a position on the NSNA Board of Directors?
- Reflecting on your experiences, how did serving on the NSNA Board of Directors impact your nursing career?
- How do you think serving on the NSNA Board of Directors impacted your leadership ability?
- What skills did you learn or gain from serving on the NSNA Board of Directors?
- Are you currently serving on a professional governing board?
- Is there anything you would like to add about your experience as a student nurse on the NSNA Board of Directors, or your experience serving? If so, please feel free to do so.
- Before we end the interview, are there any questions you have for me regarding the interview or this research?

Throughout the research process, I recorded my thoughts, feelings, and assumptions in a researcher's journal. Being reflexive is an important part of qualitative research. Because I was closely tied to this project due to my current

position in NSNA, this reflective journal served as an additional data point to help me “take stock of biases, feelings, and thoughts, so [I] can understand how these may be influencing the research” (Watt, 2007, p. 84).

Data Analysis

All interviews were recorded and uploaded into NVivo automated transcription software and then subsequently transcribed again by me. Following transcription, a thematic analysis of interview data was carried out using open, descriptive, and in vivo coding (Saldāna, 2009). First, the data was anonymized to protect participants and then cleaned to take out any information not relevant to the study questions. Once the data set was sanitized, I uploaded it to NVivo, a qualitative data analysis computer software for coding.

Open coding was followed by descriptive coding, which was used to summarize “with a short word or phrase, the basic topic of a passage” (Saldāna, 2009, p. 70). Along with descriptive coding, in vivo coding was used. In vivo coding involves using the language of participants as the code and, in doing so, honors the participants’ voices (Saldāna, 2009). Throughout the coding process, I scanned the data and coded for themes, requiring six iterations of data coding (Anfara et al., 2002).

Methodological Integrity

Methodological integrity or trustworthiness is an important part of the qualitative research process. I recognize that there are expectations held for researchers to establish the trustworthiness of “validity” in research. In my attempt to do so, I used Tracy’s (2010) Eight “Big-Tent” Criteria for Excellent Qualitative Research to establish trustworthiness for my readers. These criteria, as proffered by Tracy (2010), include:

- Worthy topic - The topic of this research is worthy in the field of nursing education as it relates to leadership in the nursing curriculum.
- Rich rigor - This research was marked with rigor, not only through the number of interviews conducted but through the care that was taken for data collection and analysis.
- Sincerity - By keeping a researcher journal throughout the study and acknowledging my position within NSNA as well as my assumptions, I remained transparent as a researcher and therefore conducted a sincere study.
- Credibility - Credibility was achieved by systematically outlining the methods used to collect and analyze data. This was an important part of the validation process and critical to verify findings.
- Resonance - The data collected in this study related to student nurses' experiences will resonate with different groups of leaders and nurse educators across the field of nursing and healthcare.
- Significant contribution - This research will make a significant contribution to the field of nurse education. Findings have the potential to be an important stepping-stone in nursing education with regards to why student nurses should actively receive board governance education and participate on governing boards.
- Ethical – I adhered to and addressed ethical obligations, including participant anonymity and confidentiality. This is relevant to this research, and I was mindful of my personal and the participant's assumptions. This upheld honesty, fairness, accountability, and responsibility throughout this study.
- Meaningful coherence - This study is meaningfully coherent as it connects research questions and methods to the stated purpose of the research.

Ethical Considerations

Conducting ethical research is paramount to a trustworthy study. First, I sought permission to carry out the study, and only after Institutional Review Board (IRB) approval was granted did the study begin (Appendix F). I was committed to protecting the rights, privacy, anonymity, and well-being of my participants throughout this research. To honor this commitment, I adhered to all of the guidelines set forth by the IRB at Creighton University, ensuring I obtained informed consent (Appendix A) from each interviewee in addition to advising them of their participant rights (Appendix B).

Participation in this study was voluntary, and participants could withdraw at any time. I provided each participant with an information sheet that stipulates their right to cancel the interview or withdraw from the study at any time. All interview and electronic data were password-protected, and as the researcher, I was accessible to the data set. Data and identifying information were kept separate as not to directly link participants to this study. To maintain confidentiality, all recorded interviews were erased once they were transcribed. All data collected in this study were and would continue to be kept secure for a maximum of five years and then destroyed.

Summary

This basic qualitative study explored how student nurses experience and understand their role as National Student Nurses' Association (NSNA) Board of Directors members and how that experience shapes their career trajectories as registered nurses (RNs). The research question and subquestion were: (RQ) How do student nurses experience their role as National Student Nurses' Association Board of Directors members? and (RQ1a) How does the experience of student nurses serving as National Student Nurses' Association Board of Directors members shape their

career trajectories as registered nurses? Data were collected using in-depth, semi-structured interviews and a researcher's reflective journal. Thematic analysis of data was carried out using open, descriptive, and in vivo coding.

In this chapter, I presented the methodology for this study. First, I presented the research questions and research design followed by a discussion of the researcher's role. Next, I outlined the methods of data collection and data analysis for this research along with a description of how methodological integrity was preserved. I brought the chapter to a close by discussing ethical considerations made in the research process. The next chapters present findings as they relate to the research questions for this project and a discussion of the implications and significance of the findings in this research.

CHAPTER FOUR: RESULTS AND FINDINGS

Despite a call from the NOBC to increase the number of nurses on governing boards, as well as the experience of student nurses serving on boards, there is still a paucity of RNs serving on governing boards in the United States. Therefore, the purpose of this basic qualitative study (Merriam, 2009) was to explore how student nurses experience and understand their role as NSNA Board of Directors members and how that experience shapes their career trajectories as RNs.

The following chapter presents the research findings by analyzing semi-structured interviews (Appendix G) with 17 past elected members of the NSNA Board of Directors. A deeper understanding of prior NSNA Board of Directors members was garnered to better understand the phenomenon under study and to answer the following research questions:

RQ1: How do student nurses experience their role as National Student Nurses' Association Board of Directors members?

RQ1a: How does the experience of student nurses serving as National Student Nurses' Association Board of Directors members shape their career trajectories as registered nurses?

Six iterations of data analysis using open, descriptive, and in vivo coding (Saldāna, 2009) led to the emergence of prominent themes related to the research questions that guided this study. The chapter begins with a description of the participants and then presents the key themes and subthemes identified after thematically analyzing the interview transcripts. Themes will be presented predominantly using project maps obtained from the NVIVO 12 software program and tables. The research questions will then be addressed using the themes identified from responses to the interview questions.

A basic qualitative study was conducted and included a total of 17 participants. Inclusion in the research study required participants to meet the following criteria: (a) be a former student nurse who has served on the NSNA Board of Directors for at least one year; (b) have served at least one year of service on the NSNA Board of Directors during the last 10 years between 2010-2020; (c) not be a current member of the NSNA Board of Directors; (d) be a current RN. Prior to their initial interview, participants completed a demographic information form (Appendix D) and returned it to me via email. The pseudonyms chosen for each participant as well as demographic information and participant responses to interview question number two (IntQ2) are described in Table 1.

Table 1*Participant Demographic Information*

Pseudonym	Gender	Race	Position Held in NSNA (IntQ2)	Years of Service	Currently Employed Y or N
Jack	Male	White	Director/President	2	Y
Alice	Female	White	Director	1	Y
Trevon	Male	Black	Director	1	Y
Tony	Male	White	Director	1	Y
Ginger	Female	White	Vice President	1	Y
Samantha	Female	White	Director/President	2	Y
Dian	Female	White	Director	1	N
Anna	Female	White	Secretary Treasurer	1	Y
Emily	Female	White	Vice President	1	Y
Jasmine	Female	Black	Director	1	Y
Nia	Female	Black	Director	1	N
Sara	Female	White	Director	1	Y

Aaliyah	Female	Black	Director	1	Y
Jessica	Female	White	Director	1	Y
Katherine	Female	White	Director	1	N
Paul	Male	White	Ex-Officio	1	Y
Alex	Male	White	Secretary Treasurer	1	Y

Participants of this study were predominantly White (76%) females (71%) in their 20s (47%) and 30s (47%). Participants ranged in age from 22- to 44-years-old with an average age of 30.4 years. Twelve of the 17 participants identified as female (71%), and five identified as male (29%). Regarding race, 13 participants identified as White (76%), and four identified as Black, African American, or African descent (24%). Although the term African American cannot be “used as an umbrella term for people of African ancestry worldwide because it obscures other ethnicities or national origins, such as Nigerian, Kenyan, Jamaican, or Bahamian” the term Black will be used in this study (American Psychological Association, 2019, p. 1) because participants did not require deeper identification to meet its objectives and Black is an encompassing identifier. No participants identified as American Indian, Asian, Hispanic, Alaskan native, Hawaiian native, or other ethnic groups.

IntQ2 asked participants what position they held while members of the NSNA Board of which 59% (n = 10) stated they were Directors, 23% were President (n = 4), and 18% were Secretary-Treasurer or Ex-Officio (n = 3). A total of 88% of the participants had one year of service at the NSNA board. It should be noted that not a single participant had served for more than two years, or less than a year in the NSNA Board. A total of 82% of participants (n = 14) stated they were currently employed in different healthcare organizations at the time of the interview while 18% (n = 3) stated they were not employed yet but retained their RN license.

Results

Interview Questions (IntQ1-5, and IntQ9), Addressing RQ

Participants were asked a total of 10 interview questions of which question 10 afforded participants an opportunity to ask me any questions they had regarding the interview or the research. A total of 59% of participants (n = 10) did not have any further questions, while the other 41% (n = 7) just had general questions regarding whether the paper would be published, what the end deliverable of the research project was, and my interest in the research topic.

As illustrated in Table 2, the overarching research question was answered using IntQs one through four, and nine. Therefore, the themes identified for questions one through four and nine will be presented first in this chapter. Conversely, the sub-research question was answered by IntQs five through eight. Therefore, the themes identified in these interview questions will then be covered. Participants' interview responses were analyzed and coded for themes, as described in Chapter 3, for each interview question and are presented in the following section. These themes were then used to answer each corresponding research question and are presented at the end of the chapter.

Table 2

Research Questions and Corresponding Interview Questions

Research Question	Corresponding Interview Questions
How do student nurses experience their role as National Student Nurses' Association Board of Directors members?	1-5, 9
How does the experience of student nurses serving as National Student Nurses' Association Board of Directors members shape their career trajectories as registered nurses?	6-8

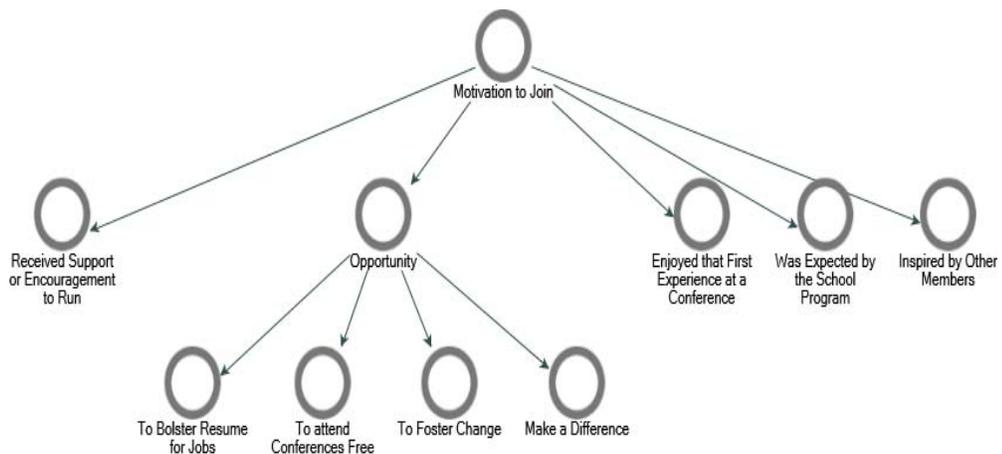
Theme 1: Having Different Reasons and Stories for Joining NSNA

When asked about their NSNA leadership story, participants discussed their motivation to join, and their overall experience. As illustrated in Figure 1, participants described five subthemes associated with their motivation to join NSNA. However, it is important to note that some participants had more than one motivational factor leading to their candidacy. Specifically, eight participants stated they received some type of support or encouragement to run, while seven participants stated they were interested in pursuing NSNA leadership because of the opportunities it afforded, and five participants stated they enjoyed the first conference so much that they wanted to be a part of the association. Two participants stated their initial candidacy was a result of expectations from their current school program and because of inspiration created by other members. In particular, these were:

- (1) Receiving support and encouragement to run;
- (2) Acknowledging the opportunities NSNA may bring;
- (3) Enjoying the first conference;
- (4) Being required by the school program;
- (5) Being inspired by other members

Figure 1

Motivation to Join NSNA



Specifically, “Sara” stated, “the president of our school association is the one who actually really pushed me to run and what not and talked me into exploring the leadership potential.” Similarly, “Emily” stated the following:

I ran for vice president with some significant support from the [removed to protect anonymity]. They have been extremely supportive of student nurses in a variety of ways, and they actually gave me some funding, they helped me make some campaign material with their communications department.

Regarding opportunities, participants described four main interests which included the opportunity to: (a) bolster their resume (n = 2) by becoming a member of the NSNA, (b) attend conferences for free (n = 2), (c) foster change (n = 1), and (d) make a difference (n = 1). Specifically, “Jack” stated, “I had only gotten involved because, one, I wanted to be an ER nurse at the local hospital, and two, I wanted to go to the conventions and have someone else pay for them.” Similarly, “Trevon” stated he initially joined the NSNA because, “if there was a way to add on extracurricular activities that would elevate my nursing career for the future, I was going to do it and I was determined to do that.”

“Nia” described her interest in the opportunity of being able to foster change by becoming a member of NSNA by stating, “when I did, I had so many things that I wanted to do.” Similarly, “Aaliyah” suggested she wanted to make a difference for nursing students by becoming a member of the NSNA by stating, “I immediately wanted to be more involved with the organization that impacted nursing students in the state of [removed to protect anonymity].”

Theme 2: Witnessing Positive Personal and Professional Experiences

Under the second theme of the study, three subthemes were formed. These subthemes pertained to the positive personal and professional experiences of the participants as part of the NSNA leadership story. These three themes were:

- (1) Experiencing a boost of confidence;

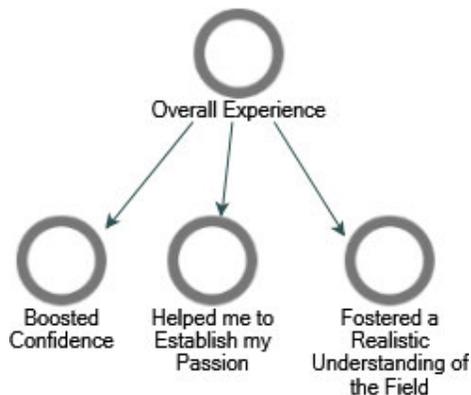
- (2) Helping to establish passion;
- (3) Fostering a realistic understanding of the field

As illustrated in Figure 2, two participants made statements regarding their positive personal and professional experiences as part of their NSNA leadership story. Specifically, participants stated their membership boosted their self-confidence, helped them to identify and establish their passion, and allowed them to foster a more realistic understanding of the field of nursing. For example, “Jasmine” stated:

I got the position of director of the [removed to protect anonymity] region and I served with a great board. I learned a lot from them, and in that year, the experience of going to the media convention and I felt like just serving on the board really gave me a lot of confidence. It's opened my eyes to all the things nurses can do, and I was able to interact with the nursing students from all over the United States and even attend conventions, their state conventions, and talk to them, and that's where I found my passion, just working with students in general.

Figure 2

Overall Experience



Finally, “Dian” suggested that her experiences as an NSNA member significantly altered her perceptions and understanding of the field of nursing.

Specifically, Dian stated:

I think every year that I served with the [removed to protect anonymity] Student Nurses Association, National Student Nurses Association, and of course, my school chapter, our undergraduate Student Nurses Association crew, every level, there were all kinds of lessons to learn, and I think it's given

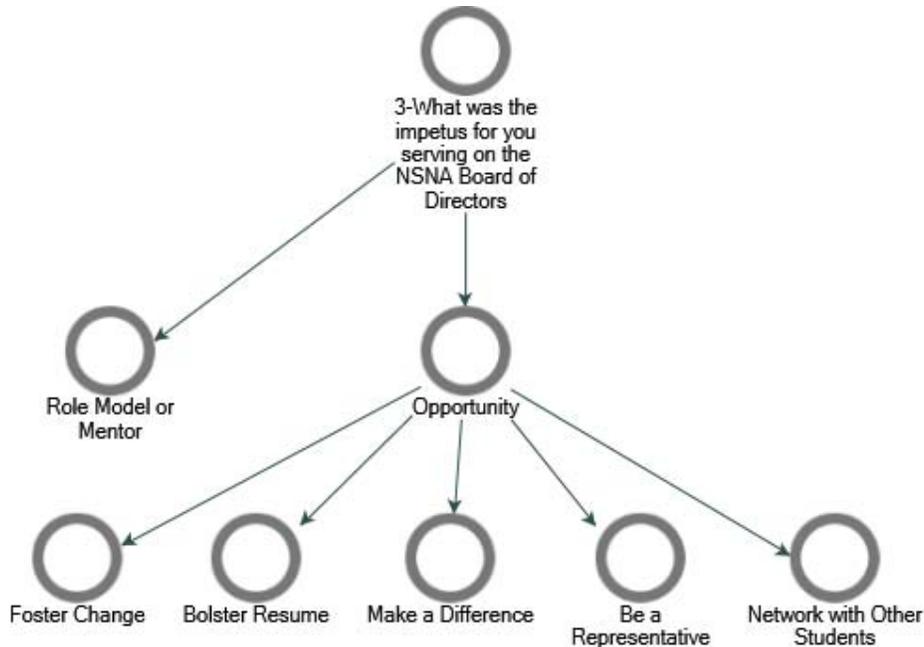
me a much better and much more realistic understanding of what it means to serve a team and what it means to create a project that helps many people at once.

Theme 3: Having Various Motivations in Seeking Out Positions on the NSNA

Board of Directors

Participants were asked what the motivation was behind their initial decision to seek out a position on the NSNA Board of Directors. Although several participants had more than one motivation, 76% (n = 13) stated they were encouraged or motivated by either a previous or current role model or mentor that inspired them to be involved. Further, four of those 13 participants also suggested opportunity was a motivator as well while four participants (24%) stated opportunity alone was the sole motivator. Specifically, participants suggested the opportunity to: (a) foster change (n= 3), (b) bolster their resume (n = 2), (c) make a difference (n = 1), (d) advocate for non-traditional students (n = 1), and (e) network with other students (n = 1) were major motivators to seek out a place on the NSNA Board of Directors. The following subthemes were uncovered during the interviews:

- (1) Being inspired by role models or mentors
- (2) Opening of opportunities to make changes, bolster resume, becoming representatives, and networking with other students

Figure 3*Impetus for Serving on the NSNA Board*

For example, regarding role models, mentors, or encouragement from others,

“Katherine” stated:

I think I've just; I've had a lot of great mentors in my life and I've always kind of you know, my parents being like my birth mentors and like life mentors first, and I've always kind of I've never been told I couldn't go sit at a table.

Similarly, “Aaliyah” stated, “so my mother told me that I should be in my professional organization and many of the people that she associated herself with, and so that was my major drive for wanting to be a part of NSNA.” Therefore, several participants’ responses suggested they had been groomed in their adolescence by either family or close friends to proactively seek and participate in this type of association. However, some participants stated they were inspired by what they saw either of their state representatives or when attending a conference. For example,

“Paul” stated, “I just feel like I was at the time mostly motivated and inspired by the other state presidents that I felt were stronger leaders than I was.”

Regarding joining the NSNA Board of Directors for the opportunity, three participants suggested they were interested in using this platform to foster change. For example, Nia recounted during the interview that she was a non-traditional student and did not see other non-traditional students in her nursing school program.

Therefore, Nia stated:

I raised my hand and I ask, why is it that when I walk around this nursing school, I don't see more people that look like me? And the teacher challenged me and said, why don't you do something about it, and I said, I will!”

Similarly, “Aaliyah” stated, “wanted to somehow affect change, even if it was just in a small way with student nurses.”

Two participants stated they specifically were interested in joining the association because of what serving on the NSNA Board of Directors could do for their resumes and future employment. For example, “Jessica” stated, “for me, it was also a strategy, should I be elected to potentially better my overall presentation as a future RN.” Similarly, “Jack” stated, “I think this will be good for my future, I didn't really have a concept of a higher calling, I just wanted to get a good job.” Conversely, in addition to being motivated to join the NSNA because of inspiration from others, “Tony” also stated, “every place that I go, I try and make a difference and help people, and that's just who I am.” While “Ginger” suggested that she was interested in the role so that she could be an advocate by stating, “I wanted an opportunity to speak for people like me who were nontraditional and who maybe didn't fit the mold of a perfect nurse.” Finally, “Samantha” suggested she was mostly interested in the opportunity to connect with other students. Specifically, “Samantha” stated:

They can go to national, and you see everybody from all over the place is totally different, so, it's like it's just interesting to me to meet new groups of

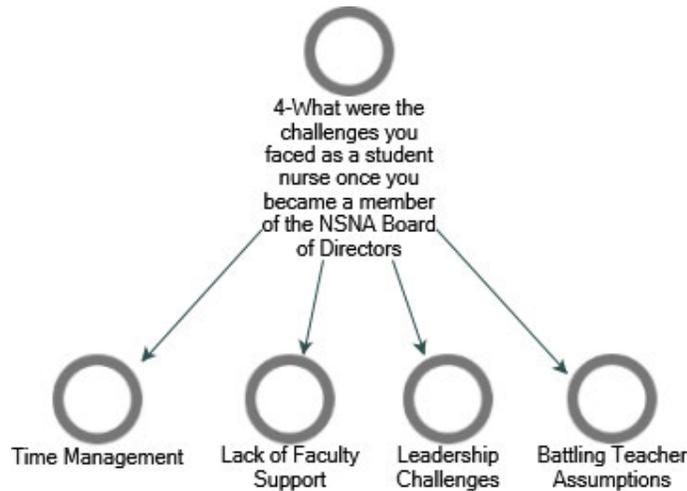
people, and everybody had different personalities, schools even had different personalities, and I just I enjoyed meeting other students. I still talk to people from NSNA, and I love it.

Therefore, participants' responses suggested that most (76%) were initially motivated to join the NSNA Board of Directors because of the encouragement or inspiration they received from role models, mentors, or other people that they had come into contact with during their studies. Opportunity was also a reason why students initially joined the NSNA Board of Directors. Specifically, the opportunity to bolster change and add to their resume was cited by more than one participant as a motivating factor.

Theme 4: Encountering Challenges as a Student Nurse and NSNA Board Member

From the analysis, the researcher also found that it was crucial to discuss the challenges faced by the participants to describe their experiences as NSNA Board of Directors Members and being a student nurse at the same time. It was then revealed that 65% (n = 11) of the participants indicated that time management was a real challenge as illustrated by Figure 4. The next most cited challenge was the lack of faculty support (n = 4) followed by other leadership challenges (n = 2) and battling teachers' assumptions (n = 1). The exact themes include:

- (1) Facing time management issues
- (2) Lacking faculty support
- (3) Facing other leadership challenges
- (4) Battling teachers' assumptions

Figure 4*Challenges as a Student and NSNA Board Member*

For example, “Anna” described the challenges she faced with time management. Specifically, “Anna” made the following statement when asked what the major challenges were in being a student and board member simultaneously:

Definitely balancing school. Balancing school with, like, the little bit of side work that I did and travel and board responsibilities and things like that, and also just balancing in terms of like I really enjoyed the work I did with the board and most of the time I would rather be doing that than the other things.

Similarly, “Alex” stated, “I think the biggest challenge was learning to juggle my responsibilities within it, as well as my academic responsibilities and making sure that I had good time management.” While “Ginger” stated, “certainly time management, right? That’s like the easy question.”

Four participants also stated that they felt a lack of support from either the faculty or administration as it was predominantly related to accommodating NSNA student board members with missing clinical hours, class, or assignments as a result of their responsibilities as a board member. For example, “Jasmine” stated:

I think one of the challenges I faced was explaining what I was doing to my faculty members. At times, I remember when I was in my clinicals, I had a faculty member who didn't understand why I was taking certain days off to attend conventions, even though I had support from my Dean and [removed to

protect anonymity]. The clinical faculty did not place a lot of importance on professional involvement. So that was a little stressful and having to advocate for myself and reach out to my mentors and have them advocate for me.

Similarly, Nia stated, “my problem was with some of the teachers, and it was because I had to miss class or whatever.”

Two participants suggested issues with leadership were the biggest challenge they faced. Namely, Nia stated, “if we had a proper leader, a lot of it would have went better because we could have accomplished more.” While “Tony” suggested issues with leadership as it pertained to gaining approval from his administration for missing classes to attend conventions. Finally, “Aaliyah” stated that her perceived major challenge was:

because no one from my school had ever served in the national board position, there was an assumption that it would take away too much of my time from school. And so, I constantly had to challenge that and explain to them that.

Therefore, the two predominantly perceived challenges participants of the study faced were time management (n = 11), and lack of faculty or administrative support (n = 4). Participants recounted the difficulties they experienced in balancing the demands of both school and being an NSNA Board Member. This challenge was further exacerbated for those students that also experienced a lack of support from faculty and the administration as it pertained to attending conferences and being an active member of the board.

Theme 5: Receiving Support from Faculty and Administration as Part of the NSNA Board of Directors

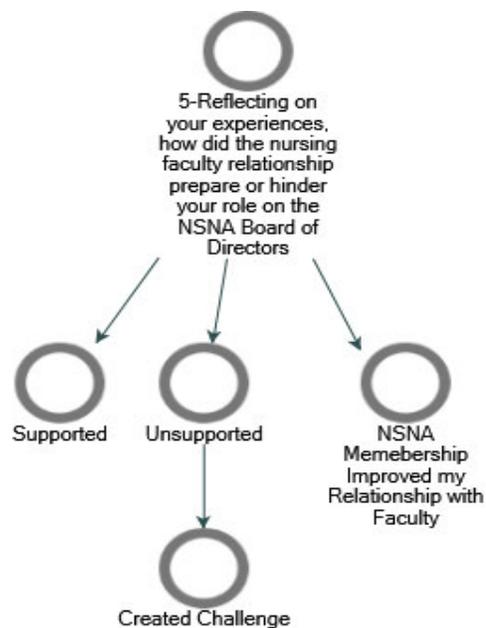
As illustrated in Figure 5, participants stated they had both supportive and unsupportive faculty and one participant stated that her NSNA membership improved her relationship with the faculty. Most participants (n =13) stated that their faculty and administration were very supportive of their role on the NSNA Board of Directors.

While “Jasmine” suggested that her faculties’ support was pivotal in facilitating her cohesive relationship with other board members. Specifically, “Jasmine” stated, “I had support from the faculty who had power and say at the university, so that impacted my experience on the board and my relationships there much more positive because I had adults who pushed students to get involved.”

While “Alice” stated, “our school was always super supportive... For example, if we want to go to a convention, we didn't have to go to clinical that week.” Similarly, “Sara” stated, “my university was great. They were flexible with adjusting clinical hours and all that stuff to make sure I met all of those criteria.” Therefore, participant responses regarding faculty support suggest that an open line of communication was established and maintained between student board members and faculty thereby suggesting that the faculty relationship helped prepare student board members’ communication skills.

Figure 5

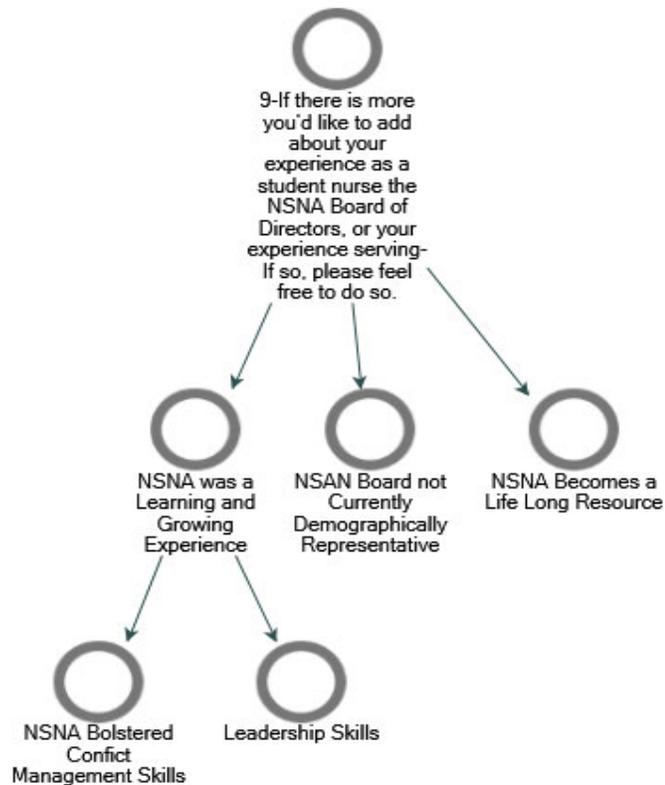
Faculty Relationship



Theme 6: Having Meaningful Insights on Membership on the NSNA Board of Directors

As illustrated in Figure 5, a total of nine out of the 14 participants suggested that membership on the NSNA Board of Directors afforded them a unique opportunity to garner a different perspective, learn, and grow in their profession. Specifically, “Jasmine” stated “the board has really opened my eyes to all that nurses can do. Before, I had a limited view on the different roles we could go into. But now I feel like the sky is the reach.” Similarly, “Sara” stated, “[I] think it was just personally and in my career just a huge learning and growth experience.” Two students suggested their membership in the NSNA afforded them the opportunity to bolster conflict management and leadership skills while four students suggested being a member of the NSNA resulted in an invaluable lifelong resource. One participant noted that the board was not demographically representative of the current student body. As a summary, the following subthemes under the sixth subthemes are:

- (1) Seeing NSNA as a learning and growing experience
- (2) Seeing NSNA experience as a valuable lifelong resource
- (3) Seeing NSNA Board of Directors as lacking inclusiveness

Figure 6*Additional Insights*

For example, regarding conflict management and leadership skills, “Paul” stated:

I guess I'd just like to say that, especially regarding my previous comments about how much I've gained from that student nurse experience, but also comments about how I found conflict, especially as a state president and how the National Association kind of helped me with that as well. Ultimately, my whole experience in the whole, even though it definitely challenged me more than if I had not gotten involved in student leadership, I think I definitely came out not only as a stronger nurse but as a stronger person, as a stronger leader.

Similarly, “Trevon” noted how the leadership skills he obtained during his membership in the NSNA afforded him the opportunity to attain a Nurse of the Year award. Specifically, “Trevon” stated, “I have had the experience, the professionalism that I have been named Nurse of the Year at my hospital for 2020 during a pandemic. It has been through because of the governance leadership foundation that I've learned through NSNA.”

Regarding the NSNA as a means for a lifelong resource, “Alice” stated:

[I] think it was the greatest experience, you make so many connections. I lost my job as a brand-new nurse and the first person I called was Diane. And I knew that I could do that, and we don't talk all the time. So having someone who had resources for me, someone to say you're not done as a nurse just because of that, knowing that I know I could text you if I needed help with something. So, I think it does a lot more for you than just the year you're on the board.

Participant responses to this interview question suggested that participants perceived the benefits associated with membership on the NSNA to far outweigh any downsides of membership. Namely, membership afforded them the opportunity to alter their viewpoint and garner knowledge as it pertained to better understanding the scope of the nursing profession, bolstering conflict management and leadership skills, and in building lifelong resources.

Research Question (RQ) Summary

As previously stated, IntQ1-5 and IntQ9 were used to answer the main research question of the study. RQ asked: How do student nurses experience their role as National Student Nurses' Association Board of Directors members? Based on the analysis, six key themes and a number of subthemes or supporting themes emerged. Table 3 contains the breakdown of themes addressing the first research question of the study.

Table 3

Breakdown of Themes Addressing RQ

Themes	Subthemes
Having Different Reasons and Stories for Joining NSNA	Receiving support and encouragement to run; Acknowledging the opportunities NSNA may bring Enjoying the first conference Being required by the school program Being inspired by other members Experiencing a boost of confidence
Witnessing Positive Personal and Professional Experiences	Helping to establish passion Fostering a realistic understanding of the field
Having Various Motivations in Seeking Out Positions on the NSNA Board of Directors	Being inspired by role models or mentors Opening of opportunities to make changes, bolster resume, becoming representatives, and networking with other students
Encountering Challenges as a Student Nurse and NSNA Board Member	Facing time management issues Lacking faculty support Facing other leadership challenges Battling teachers' assumptions
Receiving Support from Faculty and Administration as Part of the NSNA Board of Directors	
Having Meaningful Insights on Membership on the NSNA Board of Directors	Seeing NSNA as a learning and growing experience; Seeing NSNA experience as a valuable lifelong resource; Seeing NSNA Board of Directors as lacking inclusiveness.

Overall, participants mostly described their student nurse experience as positive and beneficial. Under the first theme, the majority of the participants were supported and encouraged leading them to pursue their NSNA membership. Most participants experienced their role as an NSNA Board of Directors member as a calling or endeavor that was encouraged or fostered by role models, mentors, or

encouraging colleagues (76%). This endeavor leveraged many opportunities for participants in the form of allowing participants to foster change or provide meaningful experience and knowledge to bolster their resumes. Most participants (n = 9) suggested they experienced their role as a platform from which to learn and grow. Namely, a place to build leadership and conflict management skills while establishing lifelong resources.

A majority of participants (n = 11) suggested that maintaining their role as both a student and board member was challenging predominately due to the complexity of time management issues. Although some participants experienced a general lack of faculty or institutional support (n = 4), most participants (n = 13) did experience support which fostered open lines of communication. Therefore, it can be implied that participants had to learn how to beneficially maneuver around these challenges as a result of being board members which further bolstering their conflict management and leadership skills. The participant responses are consistent with prior research, whereas Stalter and Arms (2016) listed competencies that nurses should have before joining the boards, which include knowing standard business protocols, conducting efficient board meetings, understanding ethics and processes involved in board meetings, and maintaining control in case of conflicts.

Interview Questions (IntQ6-8), Addressing RQ1A

As previously discussed, IntQ6-8 was used to answer the sub-research question pertaining to how student nurses' experience serving as an NSNA Board member shaped their career trajectories as registered nurses. Therefore, the following section will explore the themes found when analyzing these responses.

Theme 1: Acquiring Helpful Knowledge, Resources, and Skills as a Professional

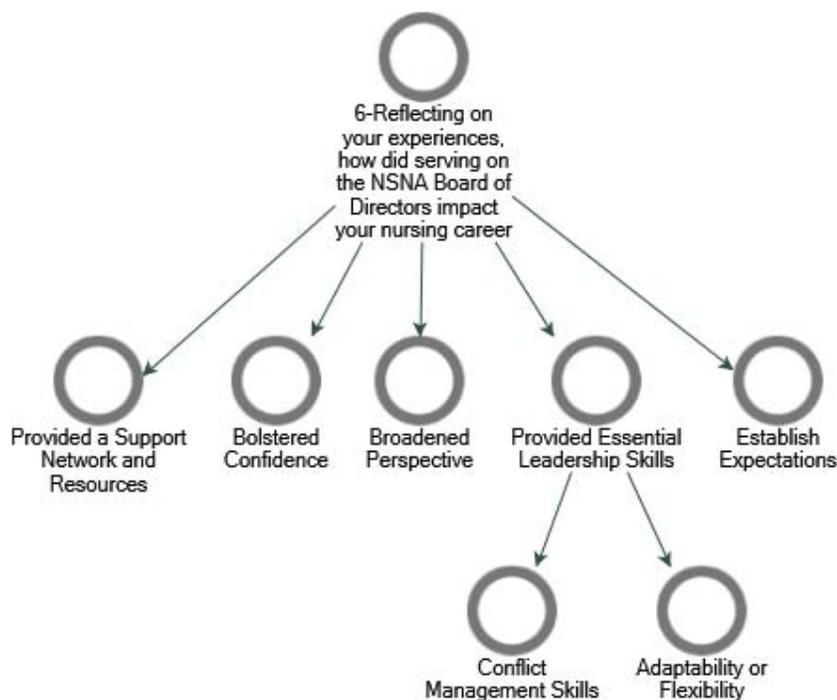
One unquestionable merit of NSNA participation was the career benefits that

came with participation. For the majority of the participants, they reported that they acquired helpful, knowledge, resources, and skills through the program which assisted them greatly in their career. As illustrated in Figure 7, participants expressed that their participation in NSNA provided them a support network (n = 7) that bolstered career options, bolstered their confidence (n = 7) in the nursing field, and when applying for jobs, broadened their perspective (n = 5) which affected their career paths, provided essential leadership skills (n = 4) such as conflict management (n = 2) and flexibility (n = 1), and helped them establish expectations (n = 2). In summary, the following subthemes were shared by the participants in relation to the first theme:

- (1) Having access to a vast network of people and other resources
- (2) Bolstering of confidence
- (3) Broadening of perspectives
- (4) Equipping essential leadership skills including conflict management and adaptability or flexibility
- (5) Establishing expectations

Figure 7

How NSNA Impacted Nursing Career



For example, access to highly resourceful people and a large network was described as beneficial to participants in the study. For example, “Jack” stated:

The boost to your career, the rooms they put you in to meet people and network, you know, I can reach out today and talk to at least five Fellows of the American Academy of Nursing, and I would have never had that opportunity if I hadn’t worked in the NSNA.

Further, “Jasmine” suggested the importance of having a support network for consultation when navigating the nursing career and to avoid burning out.

Specifically, “Jasmine” stated:

Serving on the NSNA board, it reduced the feelings of burnout that I felt as a new grad, and I felt like I had a large network of student nurses that I could talk to about concerns that I was having.

A total of seven participants suggested the importance of the impact the NSNA had on building their confidence which ultimately afforded participants the ability to speak up in situations where they felt strongly, not be easily intimidated by other nurses or situations, and apply for jobs they may have otherwise felt they were under qualified for or did not have enough experience. For example, “Nia” stated, “NSNA gave me the license to step up and speak against what I thought wasn’t going right, even if I had to stand by myself.” Similarly, “Aaliyah” stated:

I learned how to quickly run down, who I was, what I stood for, and the things that I could bring to the table if they were, you know, if they would have me at their company or if I could network with them in some way.

Finally, “Tony” stated:

It pushed me to seek out leadership roles earlier than I would have otherwise because it gave me a lot of experience to draw from and it gave me a lot of confidence knowing that I could handle myself in a pretty tense board room

Participants also stated that being a member of the NSNA afforded them a broader perspective (n = 5) which ultimately affected their career choices as a result of having a broader understanding of the field and available options. For example, “Sara” stated, “I think it opened my eyes to a lot of different opportunities.” Similarly,

“Katherine” stated, NSNA does an excellent job of giving you that, here's all these things you can do with nursing, and here's people you can talk to and email later down the line.”

Participants also stated that being a member of the NSNA board also equipped them with essential leadership skills that translated over into their nursing careers undoubtedly making them more marketable. While “Alex” stated in most eloquently when he made the following statement:

It gave me the confidence to talk and communicate with other people that were in the industry. It gave me a sense of pride, a sense of leadership, a sense of confidence going into my role as a clinician that I don't think I would have had if I didn't have the NSNA experience of having to be accountable and answer questions to other student nurses as well as to the NSNA staff there.

Further, two participants stated that NSNA membership bolstered their conflict management skills which made them more effective nurses and leaders thereby increasing their marketability. For example, “Nia” stated, “it prepared me and my job to take control of situations that other people may have found difficult, and for me, it is like your second nature, and so that really helped me.” Finally, two participants stated that membership in the NSNA provided them with a gold standard or expectation of how things should be running which ultimately helped their nursing career. For example, “Trevon” stated:

It has prepared me because when I get involved in my professional organization as an actual nurse, my expectation is the same expectation I had when I was at NSNA, and I don't want to take anything less. That also has attributed to me being in my current nursing position as I currently serve as the director for medical surgical services, physical therapy, and dieticians, but it was because NSNA has given me the foundation I needed. So, when I was a nurse on the E.R. floor, they could see my attitude was different because I recognized how important professionalism was and how to be a good a role model. Those things helped propel me to being a nursing director right now.

Therefore, membership in the NSNA significantly contributed to participants' development of multiple resources and attributes that directly impacted their

marketability and ability to advance in a nursing career. Specifically, participants were able to attain the needed support network and resources to locate positions, had confidence, a broader perspective, and the necessary leadership skills to contribute to their success in the field. The findings are consistent with prior research findings, participants suggested that their NSNA membership bolstered their leadership skills in communication and conflict management (Brody et al., 2012; Sundean et al., 2019; Wheeler & Foster, 2013).

Theme 2: Developing a Skilled and Competent Leader

The themes identified in participant responses regarding how serving on the NSNA board impacted participants' leadership ability were synonymous with many of the themes identified in the previous theme and subthemes as illustrated in Figure 8. In particular, the theme can be summarized into the development of a skilled and competent leader through their service on the NSNA Board of Directors. The interviewed participants felt membership bolstered their leadership abilities (n = 6) by teaching them how to collaborate in teams (n = 3) and work objectively (n = 1). Further, participants noted that membership bolstered their confidence (n = 6) which significantly impacted their leadership abilities. Two participants stated that their membership made them more knowledgeable which made them a more effective leader and one participant stated that the gold standard established after NSNA membership has significantly impacted how they lead.

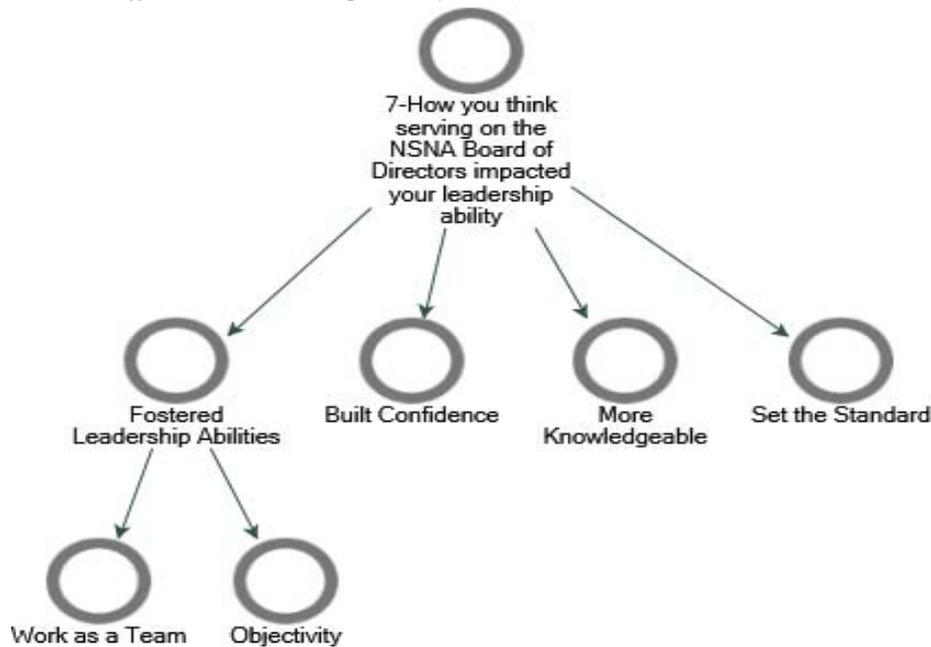
For example, "Trevon" stated, "but it just has impacted me because it has given me the foundation to be a leader and it has given me the ability to set the standard for other organizations. That's the biggest thing." Participants also explained that their involvement significantly improved their ability to hold meaningful conversations with people. They expressed that their leadership skills improved as a

result of a bolster in their ability to communicate. Therefore, they can seek out the opinions of their followers as leaders, giving their followers a sense of belonging and ultimately leading to better decision-making. For example, “Alex” stated, “so I think overall, in terms of leadership, it gave me a different way of expressing myself through communication with different people and people that are below me and above me. The actual subthemes under the second theme include:

- (1) Fostering leadership abilities by working as a team and practicing objectivity;
- (2) Building of confidence;
- (3) Becoming more knowledgeable;
- (4) Setting the standard

Figure 8

NSNA's Effect on Leadership Ability



Participant responses on this interview question suggest that they perceived their NSNA membership significantly affected their leadership abilities by bolstering skills and attributes necessary to be an effective leader. The ability to communicate

and work as a team, have objectivity, be confident, have a broad base of knowledge, and a standard from which to build from are the main factors participants suggested contributed to their leadership abilities as a result of being NSNA Board Members.

It must be noted that the interviewed participants were also asked if they were currently serving on a professional governing board. Most (n = 10) participants stated that they were currently serving on a board, while seven participants stated that they were not. However, it is important to note, that all participants stated they had served on a professional board in some capacity in the past, but during the time of this interview, they were not. The high numbers of participation in governing boards could suggest that NSNA participation facilitates future board involvement or the seeking of leadership positions. However, based on the high number of participants that stated they were mentored, had a role model, or someone to encourage them into the NSNA membership, this could just reflect the personality type cultivated for these types of positions.

Research Question 1a (RQ1a) Summary

IntQ6-8 was used to answer RQ1a of the study. RQ1a explored how the experience of student nurses serving as National Student Nurses' Association Board of Directors members shaped their career trajectories as registered nurses. The analysis of the interviews led to the generation of two primary themes and nine supporting or subthemes that explain the parent themes earlier discussed. Table 4 contains the breakdown of the study themes addressing RQ1a.

Table 4*Breakdown of Themes Addressing RQ2*

Themes	Subthemes
Acquiring Helpful Knowledge, Resources, and Skills as a Professional	Having access to a vast network of people and other resources Bolstering of confidence Broadening of perspectives Equipping essential leadership skills including conflict management and adaptability or flexibility Establishing expectations
Developing a Skilled and Competent Leader	Fostering leadership abilities by working as a team and practicing objectivity Building of confidence Becoming more knowledgeable Setting the standard

Based on participant responses and the themes identified, it is evident that involvement in NSNA positively impacts nursing careers and improves leadership capabilities. Research findings also suggest that prior members may seek out leadership positions as evidenced by the high frequency of prior members serving on professional boards. Therefore, research findings suggest that participation in the NSNA afforded participants an extensive support system and resources, bolstered essential leadership skills and confidence, and broadened their perspectives regarding the nursing profession and field.

Therefore, participants' experience on the NSNA Board shaped their career trajectories by affording them: (a) the ability to have a broader view and understanding of the field and nursing which informed their career path, (b) provided the needed support network and resources to broaden their career options while bolstering their success in obtaining and maintaining a position, (c) provided them the experience necessary to bolster their confidence which translated into seeking more desirable positions and being a more confident leader, (d) bolstered essential

leadership skills to include effective communication and conflict management skills which translated into improved marketability.

Overall, membership in the NSNA shaped participants' career trajectories in several different ways by providing them the knowledge, experience, resources, and confidence they would have otherwise not obtained if they had not participated in the association. Therefore, it is evident by participant responses that involvement in the NSNA positively impacted participants' nursing careers, improved leadership abilities, and potentially increased participants' interest and seeking of leadership positions as evidenced by the number of participants working on professional boards.

Discussion

The research findings suggest that RNs are more likely to participate on professional boards if they receive support and encouragement from peers, have role models or mentors to foster the likelihood of running and perceive that a professional board will provide them an opportunity that is aligned with their interests. Defining mentoring and what key roles a mentor plays is important in understanding how this can influence registered nurses' participation in board governance. Mentoring is defined by Parsloe (2009), as supporting and encouraging an individual to manage their own learning so that they may maximize their potential, develop their skills, improve their performance, and become the person they want to be. The role of a mentor is usually not streamlined as students look for role models in their mentors (Price & Price, 2009). Lloyd Jones et al. (2001) suggested that one of the purposes of providing clinical placements for student nurses is the development of professional identity and this can be achieved with the aid of a mentor.

Kerry and Mayes (1995) indicated that definitions of mentoring need to include: nurturing; role modeling; functioning (as a teacher, sponsor, encourager,

counselor, and friend); focusing on the professional development of the mentee and sustaining a caring relationship over time. According to McSherry and Snowden (2019), mentoring allows the mentee to access the following:

- A layer of support that enables the mentee to access the knowledge, skills, experience, expertise, and wisdom of the mentor in developing their practice.
- Facilitates the process of the relationship that can promote confidence, assertiveness, improve negotiation skills, and the desire to encourage excellence.
- Lastly that mentoring has great potential to promote a proactive approach to both personal and professional development.

Participant responses suggested that these were the major motivators behind serving on the NSNA Board of Directors. Further and consistent with prior research, participants also suggested that major challenges they faced as both a student nurse and board member were predominantly time management issues and lack of faculty support or guidance (Wheeler & Foster, 2013). Therefore, these research findings could be interpreted to inform current nursing programs as it relates to educating faculty on the benefits associated with nursing students participating in professional boards to bolster leadership and time management skills (Sundean et al., 2019). The argument for educating faculty is that they will hopefully then realize the importance of membership and provide student support. This could eventually bolster the number of student nurses on professional boards. Further, the importance of a supportive faculty relationship in preparing student nurses for board membership was identified in this study.

Interpretation of the research findings also suggests that participation on professional boards will improve the trajectory of their nursing careers and bolster

their leadership abilities thereby making them better nurses and nurse leaders. These research findings are consistent with prior research regarding the development of leadership skills (Thomas et al., 2017) and improving the trajectory of nursing careers (Stalter & Arms, 2016) as a result of board participation. Therefore, interpretation of these research findings may lead stakeholders to consider implementing board membership as a requirement of the nursing curriculum (Sundean et al., 2019) or ensure its promotion to nursing students.

Strengths and Limitations of the Study

Strengths of the current study include the use of validity and reliability measures to ensure the trustworthiness of the research findings. Specifically, I employed Tracy's (2010) *Eight "Big-Tent" Criteria for Excellent Qualitative Research* to establish trustworthiness for my readers. The following practices or techniques were performed to ensure the trustworthiness of the study: (a) a worthy topic was chosen, (b) rich rigor was used in data collection and analysis, (c) sincerity was established by maintaining a reflective journal, (d) credibility was ensured by using member checking, obtaining a rich and thick description of the phenomenon under study, and systematically outlining the methods used to collect and analyze data, (e) resonance was established by collecting student nurses' experiences, (f) research findings are a significant contribution to the current literature and nursing field, (g) ethical considerations were adhered to, and (h) meaningful coherence was achieved.

The limitation of the current study is inherent to the research methodology. Namely, the researcher is the primary instrument and source of data collection in the qualitative methodology (Creswell & Poth, 2016). Therefore, my interpretation of participants' responses was used for the analysis of the research findings. Although I

was careful to include strategies to ensure the validity and reliability of the data, it is not possible to completely isolate extraneous variables and subjectivity when utilizing a human instrument for data collection and analysis. Therefore, my prior knowledge and inherent biases toward the research topic could have affected the data collection and analysis process. Also, the motivation behind participants' involvement in board governance, was not considered to be a bias in carrying out this study.

Other potential limitations of the study include the use of purposive sampling and the potential for social desirability bias (Creswell & Poth, 2016; Villar, 2011). Namely, the use of purposive sampling increases the likelihood of sampling bias wherein the population sampled is not representative of the target population because of how they were sampled (Creswell & Poth, 2016). Therefore, randomized sampling is a better approach to mitigate this potential bias. Finally, social desirability bias is also an inherent risk in qualitative research studies (Villar, 2011). Namely, participants could have responded in a way they perceived to be more favorable as opposed to answering the interview questions honestly. This type of bias can negatively influence the research findings.

Summary

The NSNA allows serving members to experience a real-world professional experience, one outside of textbook learning that instills technical skills and theories in nursing students (Wyllie et al., 2020). However, in the NSNA, the students must go beyond the opinions and insights of their instructors to learn on their own and develop professionalism. The skills they learn from managing problems in the association shape them to become leaders in the profession (Feeg & Mancino, 2018) and to understand macro-level leadership. Conclusively, the analysis of the research data revealed several themes that were used to answer the research questions.

Participants described how they experienced their role as an NSNA Board of Directors member as a type of calling or endeavor that was encouraged or fostered by role models, mentors, or encouraging colleagues (76%). They described their motivation to join as the result of these supportive role models and as the result of the opportunities they perceived being a member of the NSNA Board of Directors could provide them. Some participants also suggested that attending their first conference was a major motivator. Specifically, this endeavor leveraged many opportunities for participants in the form of allowing participants to foster change or provide meaningful experience and knowledge to bolster their resumes. Most participants (n = 9) suggested they experienced their role as a platform from which to learn and grow. Namely, a place to build leadership and conflict management skills while establishing lifelong resources. However, maintaining the status of both nursing students and board members was suggested to be challenging because of the complexity of time management issues.

Participant responses also suggested that involvement in NSNA positively impacted their nursing careers, improved their leadership capabilities, and bolstered the likelihood that they would seek out leadership positions in the future. Participant responses suggested that participation in the NSNA afforded them an extensive support system and resources, bolstered essential leadership skills and confidence, and broadened their perspectives regarding the nursing profession and field. Specifically, participants' responses suggested that their career trajectories were shaped by their NSNA membership affording them a broader view and understanding of the field of nursing, a support network and resources, bolstered confidence, and leadership skills. Chapter 5 will provide a discussion of proposed solutions and implications of the research findings.

CHAPTER FIVE: PROPOSED SOLUTION AND IMPLICATIONS

Despite the 2011 call from the IOM's landmark report, *The Future of Nursing: Leading Change, Advancing Health*, to increase the number of nurses on governing boards, as well as the experience of student nurses serving on boards, there is still a paucity of RNs serving on governing boards in the United States. According to the U.S. Bureau of Labor Statistics (2020), the NOBC has yet to realize its goal because as of 2019, out of 2.9 million working RNs, only over 5,000, which accounts for less than 1%, are serving on governing boards (Harper & Benson, 2019).

This dissertation in practice sought to understand why few nurses serve on governing boards by exploring the experiences of student nurses who served as NSNA Board of Directors members and how that experience potentially impacted their future careers in nursing. This study was an important stepping-stone in nursing education and helps to explain why student nurses should actively receive board governance education and participate on governing boards. Findings from this study could evolve the landscape of nursing education by advocating for a formalized board governance education component as part of the undergraduate nursing curriculum.

Aim Statement

The aim of this qualitative study was to understand the experience of student nurses serving on governing boards and the impact that experience had in shaping their careers as RNs. More specifically, this study's research objectives were to describe and discuss (a) the professional culture and value of board governance education to the nursing profession and (b) the importance of board governance education for nursing curriculums. If we can better understand the experience of student nurses serving on governing boards, then we may understand why there is a low number of RNs serving on governing boards in the healthcare profession.

Proposed Solution

To proffer a solution that will enhance the participation of registered nurses in board governance, it is important that nursing students appreciate the nursing role in healthcare policy. As stated by Walton et al. (2015), nurses need to be full partners, influencers, and advocates in shaping healthcare and policy. Nurses usually have continual contact in caring for patients even after receiving treatment; this makes them figures in health policymaking. Nurses, therefore, have the unique responsibility to bring the business of caring to board agendas and to bring the bedside to the boardroom (Spinks, 2006). Nurses who are active on governance boards can positively impact healthcare on a much larger scale. Furthermore, according to the study findings some of the benefits to students serving on the NSNA include:

- Enhancement of leadership competence;
- Promotion of professionalism in clinical practice;
- Preparation for future leadership positions;
- Enhancement of time management and work-life balance;
- Promotion of professional networking.

Unifying these findings with the experience of nursing students who served on NSNA boards, it is imperative that board governance education be included in the curriculum of nursing students. Also, mentoring of nursing students by active members of governance boards will help to prepare and stimulate undergraduate student nurses' and registered nurses' participation in board governance.

In 2002, the NSNA House of Delegates passed a resolution that incorporates peer mentorship programs into nursing curricula and/or student nurses' associations (Gardner & Schmidt, 2007). This established a community where undergraduate student nurses are exposed early to mentoring and contains elements of guidance,

networking, interaction with peers, and faculty relationships (Andrade & Bassi, 2005). Sundean et al. (2019) stated that nurses understand the complexities and demands of healthcare, but few nurses are engaged on boards of directors and many nurses feel unprepared for the governance leadership role. Educational institutions, therefore, have a crucial role to play in the development of registered nurses who are ready for active participation in board governance and are equipped with governance skills. This can be achieved through curriculum development or curriculum revision.

Curriculum originally derived from the Latin word “currere,” meaning to run its course (Wiles & Bondi, 2007). Curriculum is defined by Oliva (2009) as a plan of study for all the experiences that students encounter under the direction of the school. Parkay et al. (2010) provided a broader description of the term curriculum:

All of the educational experiences that learners have in an educational program, the purpose of which is to achieve broad goals and related specific objectives that have been developed within a framework of theory and research, past and present professional practice, and the changing needs of society. (p. 4)

This definition provides us with a more evidence-informed approach to curriculum development. This is precisely what is needed to stimulate the participation of nursing graduates and registered nurses in board governance. Nursing students must have an evidence-based education to enable them to meet the ever-changing healthcare needs of patients, even as they work in association with other healthcare professionals. Therefore, nurses need to be systematically evaluated to show the efficiency and effectiveness, and they need to be involved in decision-making for health policy, for which preparation must begin in the initial licensure education programs (CGFNS, 2007).

Evidence that Supports the Proposed Solution

Leadership skills must be learned and mastered over time. Thomas et al. (2017) advocated for the need for student nurses to develop governance skills and suggested that it is needed to meet the standards of the American Association of Colleges of Nursing. With the inclusion of governance board education in the curriculum of nursing students, student nurses will develop entry-level governance competencies.

As found in this research study, support from faculty and administration is critical to student's participation in the NSNA board. Some participants stated that they had a supportive faculty while others stated that they had an unsupportive faculty in their role as NSNA board members. Overall, this study found that participants who received support from their faculty had better time management opportunities, and other activities such as clinical rounds were rescheduled to help them effectively perform both as board members and students. Also, they had a much better experience as members of the NSNA boards because of the level of trust and guidance they received from the faculty.

Another empirical finding from this study that supported students' participation in NSNA boards was having a mentor or a role model (as confirmed by the responses of 76% of participants). While participants responded to the question involving their motivations in seeking out positions on the NSNA Board of Directors, the majority of the participants indicated that being motivated by a role model or mentor was their reason for joining the NSNA board. A particular participant stated that she was motivated by her teacher who challenged her to make a change concerning the lack of non-traditional students in the nursing school program.

Evidence that Challenges the Proposed Solution

From this research, one major piece of evidence that strongly challenges the proposed solutions to promoting nursing student participation in NSNA boards is the diversity in reason. No single reason could be attributed to this fact as participants showed variations in their reasons for being members of the NSNA board. Reasons included:

1. Receiving support and encouragement to run
2. Acknowledging the opportunities NSNA may bring
3. Enjoying the first conference
4. Being required by the school program
5. Being inspired by other members

Also, different events and rewards seemed to be the motivation behind their participation in the NSNA board. While participants were motivated by the actions of role models and mentors, some by their willingness to create change, others were self-motivated by the opportunities it may avail them in the future.

Looking carefully at this one might argue that there is an inherent potential in certain individuals to be part of board governance, but it might take a unique or a different situation to realize this potential.

Furthermore, the issue of time management. It is tasking enough to go through the undergraduate nursing program, but in a situation where this is combined with activities like membership in the NSNA board, it has the potential to become overwhelming. This could serve as a deterrent for students who wish to be part of leadership boards but lack the required time management skill. From the response of participants to the questions on their encountered challenges as a student nurse and

NSNA board member, participants (65%) revealed that time management was among the major challenges as a member of the NSNA board.

Also, some participants stated that “The clinical faculty did not place a lot of importance on professional involvement” even after they received approval from their dean and other participants stated that some faculty had no prior experience on the importance of participating as a member of the NSNA board. This poses a challenge even in a situation where students are interested in board governance. In fact, two participants stated that a lack of proper leadership that supported their participation in the NSNA board was a significant problem as members of the board at that time.

Implementation of the Proposed Solution

Nursing students can mitigate the challenges they experience while volunteering their services on the NSNA Board by demonstrating their commitment to serve as leaders. Consequently, training nursing students on leadership skills can help in mitigating challenges encountered. According to Symenuk and Godberson (2018), undergraduate nursing education should be used to encourage students to embrace leadership through attending conferences and being members of professional organizations. Training on basic board governance education encourages nursing students to be responsible and to use the opportunity to establish their future careers as nurse leaders.

Before nursing students make a commitment to serve on the NSNA Board, they ought to assess their professional capacity to adhere to the role of board members. They should utilize the principles of managing board meetings and avoid the temptations of missing board meetings (Stalter & Arms, 2016). The nursing faculty in colleges and universities are encouraged to support and recognize nursing students who serve on the NSNA Board as emerging leaders because they have an

opportunity to learn unparalleled board governance leadership skills. According to Shellenbarger and Hoffman (2016), faculty should be involved in handling student needs and concerns in order to offer appropriate guidance on effective leadership and coping with challenges within the nursing practice. Enhancing communication skills is also part of mitigating challenges facing nursing students who serve in the NSNA.

Factors and Stakeholders Involved in the Implementation of the Solution

Organizational culture is vital to ensuring that an organization has a shared way of thinking and behaving, thus, enabling members to share ideas rather than being biased in the sharing of information (Mannion & Davies, 2018). An organizational culture that embraces flexibility and leadership can impact the organizational structure through design, as well as implementation; thus, it helps in adopting ways to deal with organizational problems.

Resource allocation is essential for the success of the implementation of the solution. Without adequate resources, it would be difficult for nursing faculty to develop a curriculum that would accommodate studies for board governance education. Additionally, communication and feedback have strong effects on the implementation of a solution because leaders need to communicate with their followers and respond to the feedback from followers to enhance trust.

Stakeholders also influence the way the organization is run by making decisions and planning organizational performance. Some of the stakeholders in NSNA include students, educators, clinicians, and acute care facilities. Nursing students contribute to the implementation of solutions by deciding what would benefit their career while educators plan for a nursing education curriculum that incorporates board governance education.

Table 4*Curriculum Development and Recommended Implementation Timeline*

Submit a request to assemble a curriculum development team	4 months
Organization of a curriculum development team	4 months
Curriculum team meeting protocol	4 months
Presentation of curriculum to the academic board	1 month
Pilot process of the newly established curriculum	6 months
Evaluation of pilot process	3 months

Note. Designed from my findings (Shanthi & Grace, 2015; *The Rough Guide to Curriculum Design: Course Development at Birmingham City University 4th Edition*, 2019).

Evaluating the Outcomes of Implementing the Solution

Leadership in nursing has become a necessity, as it influences the attainment of goals through clinical operations. The Institute of Medicine (IOM) has emphasized the need to train nurses on leadership, as nurse leaders are involved in influencing good conduct, motivating their colleagues, communicating with patients, and attaining team goals (Joseph & Huber, 2015). Consequently, nursing students who aspire to become leaders in healthcare should demonstrate expertise in communication, decision-making, developing visions, as well as offering guidance to their colleagues concerning health issues.

It is also important that measures be put in place to ensure that board governance education is introduced into the curriculum of nursing students. The regular census of nurses who participate in the various governing board should be carried out to help monitor the progress and effect of this change in curriculum as it reflects in the number of nursing students' participation in NSNA. A system of formal

mentoring by past leaders could be introduced into undergraduate nursing programs and this can be routinely evaluated by the faculty.

Data from these processes should be well documented and should be available to well-meaning individuals who seek to better improve nurses' participation in board governance. Thus, faculty should work to minimize the stress that nursing students are exposed to and realize they are making a difference in the NSNA Board, as well as serving the community as future nurse leaders.

Implications

Practical Implications

The level of involvement in the NSNA determines the amount and type of learning taking place. Active members such as board members have more experiences and opportunities to learn enhanced leadership skills and board governance education. Through multiple experiences and opportunities, board members see the "bigger picture" or the nursing societal realm, which other members of the association may never experience. These findings support the involvement theory (Zaichkowsky, 1994; John et al., 2019), which argues that nursing students with more involvement experiences acquire more personal development and knowledge than other uninvolved students. Additionally, the NSNA experience can be an alternate setting to the normal classroom setting as a learning domain.

Participating in conventions and conferences serve as crucial activities of the NSNA that help nursing students and board members learn about professional organizations and professionalism. Attendance in national and state conventions opens the students' eyes to learning possibilities within the association. Experiences gained give board members the broader picture of the profession, including understanding board governance and the politics of a large organization, and they

allow nursing students to network with colleagues while visualizing the work and structure of professional organizations (Price & Reichert, 2017). The other route through which board members learn includes networking with nursing faculty, other board members, faculty advisors, and nursing students. These networks are crucial avenues to developing members and increasing their knowledge.

The three outlined routes to learning in the NSNA (networking, experience, and involvement) are not part of the traditional registered nursing classroom approach of teaching, such as readings and lectures. The findings support the idea that NSNA should be viewed as a clinical arena. In all nursing programs, hospitals, and other care facilities are often used as clinical arenas where students gain experience in putting the theory they learn into practice (Ward et al., 2018). The findings demonstrate that the NSNA should also be considered a clinical arena used by students to put into practice their professionalism and leadership. The distinction between care facilities, for instance, and NSNA as arenas of clinical leadership practice is that care facilities are traditionally recognized learning laboratories that offer nearly all programs in nursing, while NSNA is not a traditional arena. Declaring the NSNA as one of the clinical arenas for developing professionalism and leadership would give the association legitimacy, as well as increase board governance education to a larger number of future registered nurses.

Implications for Future Research

Linking NSNA and board governance education to the curriculum will formalize or legitimize its existence in the nursing programs as well as provide experiences to every nursing student in order to help them learn the role of organizational governance. The skills and knowledge reported in the findings provide an opportunity for nursing faculty to assign engage students in the NSNA. For

instance, since communication skills and problem-solving were some of the skills learned in the NSNA, nursing students may be assigned to local committees where they have to communicate and problem-solve effectively to finish a task. They could also keep journals reflecting on the improvements in communication and problem-solving skills as a result of completing the communication and service-learning assignments.

Also, it was discovered from this study that various events or situations motivated nursing students' participation in the NSNA board. This provides room for further research in this area. This may help to point out key factors that will enhance students' motivation to further participate in board governance.

There is a need to conduct more research on how NSNA board members' experiences are different from those of other members without leadership positions in the organization. Also, research can be conducted in the area of the participation of ethnic minority nurses in leadership since according to Schmieding (2000), there is only a small number of ethnic minority nurses in leadership, especially in the higher-level and influential leadership positions. However, it has been documented that faculty of color were vital in promoting culture and climate of inclusion for students of color in predominantly white schools of nursing (Hassouneh & Lutz, 2013). Phillips and Malone (2014), suggested that nursing should prioritize preparing racial or ethnic minority individuals to assume greater leadership roles as a means of reducing health disparities.

Implications for Leadership Theory and Practice

Nursing faculty should encourage student involvement in NSNA, which includes running for national leadership positions. They should also motivate student nurses to join any local committee in their school NSNA chapters, such as the

Breakthrough to Nursing, Health Policy and Advocacy, and Finance committees. In addition, they should be supported and encouraged to attend meetings and keep journals of their suggestions and experiences. More importantly, students should be introduced to the organization during the first courses of the nursing program through communication surrounding meetings and keeping journal observations. For instance, what traits of professionalism were witnessed during the conference or meeting.

All these activities are easily carried out with help of a mentor and according to Darling (1984), some of the roles of a mentor are to act as a model, an envisioner, an energizer, a supporter, a challenger a standard provider teacher, a feedback giver, an idea bouncer, a problem solver, and lastly career counselor. Cotton and Ragins (1999) found that informal mentoring is more beneficial than formal mentoring. This is because informal mentoring provides a higher amount of several types of career development functions, including coaching, providing challenging assignments, or increasing mentees' exposure and visibility (Lonnie, 2005). It is friendship first, learning and career second and third. Overall, faculty should motivate their students to be actively involved in the NSNA. Since there is a limited number of NSNA board positions, faculty members can encourage nursing students to become actively involved in local governing boards at the community, school, and state levels.

Summary of the Dissertation in Practice

Being a member of the NSNA Board allows students to implement leadership skills they learn from course materials and books in a real-world environment. Board members are fully committed and often engage in a variety of tasks that require leadership skills. Moreover, involvement in the NSNA increases the chances that a student will be involved with the different professional organizations when they graduate. Many students move on to become not only members but also leaders of

organizations as professional registered nurses. The board members also internalize a broad range of knowledge, skills, and values of the profession from engaging in NSNA leadership. They learn values and skills in time management, problem-solving, organization, delegation, accountability, commitment, responsibility, and empowerment.

Nursing students often encounter a number of challenges when serving in leadership positions with the NSNA, owing to the notion that they do not have sufficient knowledge on leadership and commitment to assist their colleagues in being at the forefront in solving healthcare issues. Nursing programs in many of the higher learning institutions do not encourage nursing students to engage in board governance education. Proper communication is vital for the implementation of strategies meant to solve the challenges experienced by nursing students as they serve on the NSNA board.

Since the active involvement of students positions them to learn a variety of values and skills and to gain knowledge on the profession of nursing through NSNA, educators must recognize and take steps to provide students a similar opportunity. This can be done by linking NSNA and board governance education to the nursing curriculum to formalize or legitimize its presence in the nursing programs and provide experiences to every nursing student. Nursing faculty should also encourage students to not only participate in NSNA but also vie for national leadership positions that provide additional learning opportunities.

As reiterated in the current study, although the involvement in the NSNA Board of Directors relates to a number of challenges; the positive outcomes and potential benefits were proven to outweigh the initial barriers and issues faced by the student nurses. Through the results, it was substantiated that leadership skills assist in

the enhancement and overall development of nursing students. The presence of RN students on the NSNA board was mutually beneficial for both the board and the student, facilitating the next generation of nursing leaders to take an active role in their own careers and in future policymaking.

This study not only adds to the body of knowledge on nursing students' participation in board governance but also provides insight into how nursing students should be encouraged to participate actively in board governance as part of their professional identity. It also allows for a complete and active role as nurses in the health care system, where nurses are viewed not only as a part but also as leaders capable of meaningful impact in the development of the health care system.

References

- Ailey, S., Lamb, K., Friese, T., & Christopher, B. A. (2015). Educating nursing students in clinical leadership. *Nursing Management*, 21(9), 23-28.
<https://doi.org/10.7748/nm.21.9.23.e1304>
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education and Literacy Studies*, 5(2), 9-19. <https://10.7575/aiac.ijels.v.5n.2p.9>
- Al-Dossary, R. N. (2017). Leadership in nursing. In A. Alvinus (Ed.), *Contemporary leadership challenges* (pp. 251-264). InTech. <https://doi.org/10.5772/65308>
- Allen, G. P., Moore, W. M., Moser, L. R., Neill, K. K., Sambamoorthi, U., & Bell, H. S. (2016). The role of servant leadership and transformational leadership in academic pharmacy. *American Journal of Pharmaceutical Education*, 80(7), Article 113.
- American Association of Colleges of Nurses (2008, October 20). *The essentials of baccalaureate education for professional nursing practice*.
<https://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
- American Hospital Association. (2019). *National health care governance survey report*. Available from <https://trustees.aha.org/aha-2019-national-health-care-governance-survey-report>
- American Nurses Association. (2020). *IOM future of nursing report*.
- American Nurses Credentialing Center. (n.d.). *Magnet model: Creating a magnet culture*. <https://www.nursingworld.org/organizational-programs/magnet/magnet-model/>

- Amod, H., & Brysiewicz, P. (2019). Promoting experiential learning through the use of high-fidelity human patient simulators in midwifery: A qualitative study. *Curationis*, 42(1). <https://doi.org/10.4102/curationis.v42i1.1882>
- Andersen, C. A. F. (1999). *Nursing student to nursing leader: The critical path to leadership development*. Delmar Publishers.
- Anderson, A., Waddell, A., Brennan, P., Burnett, C., Anderson, C., & Short, N. (2020). Advancing health policy education in nursing: American Association of Colleges of Nursing Faculty Policy Think Tank. *Journal of Professional Nursing*, 36(3), 100-105. <https://doi.org/10.1016/j.profnurs.2019.09.002>
- Andrade, S., & Bassi, S. (2005). The impact of learning in a mentorship community. *Imprint*, 52(5), 54-56.
- Anfara, V., Brown, K., & Mangione, T. (2002). Qualitative analysis on stage: Making the research process more public. *Educational Researcher*, 31(7), 28-38. <https://doi.org/10.3102/0013189X031007028>
- Antonakis, J. (2012). *Transformational and charismatic leadership*. Sage Publications.
- Antrobus, S., & Kitson, A. (1999). Nursing leadership: Influencing and shaping health policy and nursing practice. *Journal of Advanced Nursing*, 29(3), 746-753.
- Atsalos, C., & Greenwood, J. (2001) The lived experience of clinical development unit (nursing) leadership in Western Sydney, Australia. *Journal of Advanced Nursing*, 34(3), 408-416. <https://doi.org/10.1046/j.1365-2648.2001.01758.x>
- Australian College of Nursing. (n.d). *Emerging nurse leader program*. <https://www.acn.edu.au/leadership/emerging-nurse-leader-program>

- Bandura, A. (1990). Perceived self-efficacy in the exercise of personal agency. *Journal of Applied Sport Psychology*, 2(2), 128-163.
<https://doi.org/10.1080/10413209008406426>
- Bass, B. M. (1985). *Leadership and performance beyond expectations*. Free Press.
- Bass, B. M. (1999). Two decades of research and development in transformational leadership. *European Journal of Work & Organizational Psychology*, 8(1), 9-32. <https://doi.org/10.1080/135943299398410>
- Bass, B. M. (2000). The future of leadership in learning organizations. *Journal of Leadership & Organizational Studies*, 7(3), 18-40.
<https://doi.org/10.1177/107179190000700302>
- Bass, B. M., & Avolio, B. J. (1994) *Improving organizational effectiveness through transformation leadership*. Sage Publications.
- Bass, B. M., Avolio, B. J., Jung, D. I., & Berson, Y. (2003). Predicting unit performance by assessing transformational and transactional leadership. *Journal of Applied Psychology*, 88(2), 207-218. <https://doi.org/10.1037/0021-9010.88.2.207>
- Bass, B. M., & Bass, R. (2008). *The Bass handbook of leadership: Theory, research, and managerial applications* (4th ed.). Free Press.
- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Psychology Press.
- Benson, L. S., & Harper, K. J. (2017). Why your nurses should serve on community health boards. *BoardRoom Press*, 28(1), 4.
- Berg, J. A., Hicks, R. W., & Roberts, M. E. (2017). Professional growth and development: A lifetime endeavor. *Journal of the American Association of Nurse Practitioners*, 29(8), 429-433.

- Bernard, H. R. (2011). *Research methods in anthropology: Qualitative and quantitative approaches* (5th ed.). AltaMira Press.
- Besar, P.H.S.N. & Binti P.H. (2018). Situated learning theory: The key to effective classroom teaching? *International Journal for Educational, Social, Political & Cultural Studies*, 1(1), 49-60.
- Brody, A. A., Barnes, K., Ruble, C., & Sakowski, J. (2012). Evidence-based practice councils: Potential path to staff nurse empowerment and leadership growth. *The Journal of nursing administration*, 42(1), 28-33.
<https://doi.org/10.1097/NNA.0b013e31823c17f5>
- Burns, J. M. (1978). *Leadership*. Harper & Row.
- Callaghan, L. (2007). Advanced nursing practice: An idea whose time has come. *Journal of Clinical Nursing*, 17(2), 205-213. <https://doi.org/10.1111/j.1365-2702.2006.01881.x>
- Calpin-Davies, P. J. (2003). Management and leadership: A dual role in nursing education. *Nursing Education Today*, 23(1), 3-10.
[https://doi.org/10.1016/s0260-6917\(02\)00157-0](https://doi.org/10.1016/s0260-6917(02)00157-0)
- Candela, A. G. (2019). Exploring the function of member checking. *The Qualitative Report*, 24(3), 619-628. <https://nsuworks.nova.edu/tqr/vol24/iss3/14>
- Chandler, G. E. (1992). The source and process of empowerment. *Nursing Administration Quarterly*, 16(3), 65-71. <https://doi.org/10.1097/00006216-199201630-00011>
- Chiok Foong Loke, J. (2001). Leadership behaviors: Effects on job satisfaction, productivity, and organizational commitment. *Journal of Nursing Management*, 9(4), 191–204. <https://doi.org/10.1046/j.1365-2834.2001.00231.x>

Clancey, W. J. (1995). A tutorial on situated learning. In J. Self (Ed.) *Proceedings of the International Conference on Computers and Education* (pp. 49-70).

AACE.

http://methodenpool.unikoeln.de/situierteslernen/clancey_situated_learning.P

[DF](#)

Cleeter, D. (2011). Faculty leadership development: Concept or reality? *Journal of Pediatric Nursing*, 26(4), 285-86.

Clements, A. J., Kinman, G., Leggetter, S., Teoh, K., & Guppy, A. (2016). Exploring commitment, professional identity, and support for student nurses. *Nurse Education in Practice*, 16(1), 20-26.

<https://doi.org/10.1016/j.nepr.2015.06.001>

Commission on Graduates of Foreign Nursing Schools. (2007). *Building global alliances III: The impact of global nurse migration on health service delivery*. CGFNS.

Connors, S., Dunn, R., Devine, K., & Osterman, C. (2007). Strategies for cultivating nursing leadership. *Nurse Leader*, 5(5), 26-32.

<https://doi.org/10.1016/j.mnl.2007.07.005>

Cotton, J. L., Miller, J. S., & Ragins, B. R. (2000). Marginal mentoring: The effects of type of mentor, quality of relationship, and program design on work and career attitudes. *Academy of Management Journal*, 43(6), 1177-1194.

Cox, J. B., & Radwan, S. S. (2015). *ASAE handbook of professional practices in association management*. Jossey-Bass.

Creswell, J. W. (2007). *Qualitative inquiry & research design: Choosing among five approaches*. Sage.

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage.

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE Publications.

<https://books.google.com/books?id=bOLFDQAAQBAJ>

Cummings, G. (2004). Investing relational energy: The hallmark of resonant leadership. *Nursing Leadership*, 17(4), 76–87.

<https://doi.org/10.12927/cjnl.2004.17019>

Cummings, G. G., MacGregor, T., Davey, M., Lee, H., Wong, C. A., Lo, E., Muise, M., & Stafford, E. (2010). Leadership styles and outcome patterns for the nursing workforce and work environment: A systematic review. *International Journal of Nursing Studies*, 47(3), 363–385.

<https://doi.org/10.1016/j.ijnurstu.2009.08.006>

Curtis E. A., Fintan K. S. & De Vries J. (2011). Developing leadership in nursing: The impact of education and training. *British Journal of Nursing*, 20(6), 346–

352. <https://doi.org/10.12968/bjon.2011.20.6.344>

Daigle, J., Straub, C., Leahy, J., De Urioste-Stone, S., Ranco, S., Siegert, N. (2019).

How campers' beliefs about forest pests affect firewood transport behavior: An application of involvement theory. *Forest Science*, 65(3), pg. 363–372.

<https://doi.org/10.1093/forsci/fxy056>

Darling, L.A.W. (1984) What do nurses want in a mentor? *Journal of Nursing Administration*, October, pp. 42-44.

Definition of Nursing Terms. (n.d.). NCSBN. Retrieved June 19, 2021, from

<https://www.ncsbn.org/nursing-terms.htm>

- De Gagne, J. C. (2011). The impact of clickers in nursing education: A review of literature. *Nurse Education Today*, 31(8), e34–e40.
<https://doi.org/10.1016/j.nedt.2010.12.007>
- Démeh, W., & Rosengren, K. (2015). The visualisation of clinical leadership in the content of nursing education—a qualitative study of nursing students' experiences. *Nurse Education Today*, 35(7), 888-893.
<https://doi.org/10.1016/j.nedt.2015.02.020>
- Dignam, D., Duffield, C., Stasa, H., Gray, J., Jackson, D., & Daly, J. (2012). Management and leadership in nursing: An Australian education perspective. *Journal of Nursing Management*, 20(1),65-71. <https://doi.org/10.1111/j.1365-2834.2011.01340.x>
- DiMattio, M. J. K. (2015). A view from the hospital boardroom. *Nursing Outlook*, 63(5), 533-536. <https://doi.org/10.1016/j.outlook.2015.07.002>
- Doody, O., & Doody, C. M. (2012). Transformational leadership in nursing practice. *British Journal of Nursing*, 21(20), 1212–1218.
<https://doi.org/10.12968/bjon.2012.21.20.1212>
- Dyess, S. M., Sherman, R. O., Pratt, B. A., & Chiang-Hanisko, L. (2016). Growing nurse leaders: Their perspectives on nursing leadership and today's practice environment. *The Online Journal of Issues in Nursing*, 21(1).
<https://doi.org/10.3912/OJIN.Vol21No01PPT04>
- Ellenbecker, C. H., Fawcett, J., Jones, E. J., Mahoney, D., Rowlands, B., & Waddell, A. (2017). A staged approach to educating nurses in health policy. *Policy, Politics, & Nursing Practice*, 18(1), 44-56.
<https://doi.org/10.1177/1527154417709254>

- Erkutlu, H., & Chafra, J. (2012). The impact of team empowerment on proactivity: The moderating roles of a leader's emotional intelligence and proactive personality. *Journal of Health Organization and Management*, 26(4-5), 560–577. <https://doi.org/10.1108/14777261211256918>
- Evans, M. (2012). Beyond the integrity paradox – towards ‘good enough’ governance? *Policy Studies*, 33(1), 97–113. <https://doi.org/10.1080/01442872.2011.637324>
- Fagerstrom, L. (2006). The dialectic tension between “being” and “not being a good nurse.” *Nursing Ethics*, 13(6), 622–632. <https://doi.org/10.1177/0969733006069697>
- Fagin, C. M. (2000). *Essays on nursing leadership*. Springer Publishing.
- Feeg, V., & Mancino, D. J. (2018). New graduates' first jobs and future plans: Debt, employers, and education prospects. *RN*, 4(86), 6.
- Ferrell, B., Malloy, P., Mazanec, P., & Virani, R. (2016). CARES: AACN's new competencies and recommendations for educating undergraduate nursing students to improve palliative care. *Journal of Professional Nursing*, 32(5), 327-333. <https://doi.org/10.1016/j.profnurs.2016.07.002>
- Fetter, M. S. (2009). Baccalaureate nursing students' information technology competence—Agency perspectives. *Journal of Professional Nursing*, 25(1), 42–49. <https://doi.org/10.1016/j.profnurs.2007.12.005>
- Finnegan, A., McGhee, S., Roxburgh, M., & Kent, B. (2018). Knowledge translation and the power of the nursing academic conference.
- Fischer, S. (2016). Transformational leadership in nursing: A concept analysis. *Journal of Advanced Nursing*, 72(11), 2644-2653. <https://doi.org/10.1111/jan.13049>

- Forsyth, D. R. (2010). *Group dynamics* (5th ed.). Wadsworth Cengage Learning.
- Gardner, E. A., & Schmidt, C. K. (2007). Implementing a Leadership Course and Mentor Model for Students in the National Student Nurses' Association, *Nurse Educator*: Volume 32 - Issue 4 - p 178-182 doi: 10.1097/01.NNE.0000281081.48925.11
- Garfield, A. (2017). 6 practices we can all learn from the Jesuit Tradition. Relevant. <https://relevantmagazine.com/culture/film/6-practices-we-can-all-learn-from-the-jesuit-tradition>
- Giddens, J. (2018). Transformational leadership: What every nursing dean should know. *Journal of Professional Nursing*, 34(2), 117-121. <https://doi.org/10.1016/j.profnurs.2017.10.004>
- Gilbert, S., Horsman, P., & Kelloway, E. K. (2016). The motivation for transformational leadership scale. *Leadership & Organization Development Journal*, 37(2), 158–180. <https://doi.org/10.1108/LODJ-05-2014-0086>
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ?* Bantam Books.
- Goleman, D. (2006). *Social intelligence: The new science of human relationships.* Bantam Books.
- Gonen, A., Lev-Ari, L., Dganit S., & Meital, A. (2016). Situated learning: The feasibility of an experimental learning of information technology for academic nursing students. *Cogent Education*, 3(1), Article 1154260. <https://doi.org/10.1080/2331186X.2016.1154260>
- Goolsby, M. J., & DuBois, J. C. (2017). Professional organization membership: Advancing the nurse practitioner role. *Journal of the American Association of Nurse Practitioners*, 29(8), 434-440.

- Governance Institute. (2011). *Dynamic governance: An analysis of board structure and practices in a shifting industry*. 2011 Biennial Survey of Hospitals and Healthcare Systems.
<https://www.governanceinstitute.com/page/BiennialSurvey>
- Grossman, S., & Valiga, T. (2012). *The new leadership challenge: Creating the future of nursing* (4th ed.). F. A. Davis Company.
- Halstead, J. A. (2017). Professional nursing organizations. *Issues and trends in nursing: Practice, policy, and leadership* (2nd ed., pp. 107-118).
http://samples.jbpub.com/9781284104899/9781284104981_CH05_Pass03.pdf
- Harper, K. J., & Benson, L. S. (2019). The importance and impact of nurses serving on boards. *Nursing Economics*, 37(4), 209–212.
<https://insights.ovid.com/nursing-economic/nrsec/2019/07/000/importance-impact-nurses-serving-boards/5/00006073>
- Harper, M., & Cole, P. (2012). Member checking: Can benefits be gained similar to group therapy? *The Qualitative Report*, 17(2), 510-517.
- Hassouneh, D., Lutz, K.F. (2013). Having influence: faculty of color having influence in schools of nursing. *Nursing Outlook*, 61(3),153-163.
<https://doi.org/10.1016/j.outlook.2012.10.002>
- Hawks, J. H. (1992). Empowerment in nursing education: Concept analysis and application to philosophy, learning, and instruction. *Journal of Advanced Nursing*, 17(5), 609-618. <https://doi.org/10.1111/j.1365-2648.1992.tb02840.x>
- Hegge, M. (2011). The empty carriage: Lessons in leadership from Florence Nightingale. *Nursing Science Quarterly*, 24(1), 21-25.
<https://doi.org/10.1177/0894318410389068>

- Hersey, P., Blanchard, K. H., & Natemeyer, W. E. (1979). Situational leadership, perception, and the impact of power. *Group & Organization Studies*, 4(4), 418-428. <https://doi.org/10.1177/105960117900400404>
- Hicks, R. W., & Patterson, R. (2017). Navigating nursing education. *AORN Journal*, 106(6), 523-533. <https://doi.org/10.1016/j.aorn.2017.10.001>
- Hill, K. (2008). Volunteerism: Another path to leadership skill. *Journal of Nursing Administration*, 38(7/8), 319-321.
- History of the magnet recognition program*. (2020, April 24). Wolters Kluwer. <https://www.wolterskluwer.com/en/expert-insights/history-of-the-magnet-recognition-program>
- Hood, K., Cant, R., Baulch, J., Gilbee, A., Leech, M., Anderson, A., & Davies, K. (2014). Prior experience of interprofessional learning enhances undergraduate nursing and healthcare students' professional identity and attitudes to teamwork. *Nurse Education in Practice*, 14(2), 117–122.
- Hopkins, B. R. (2015). *Bruce R. Hopkins' nonprofit law dictionary*. Wiley.
- House, R. J. (1976). A 1976 theory of charismatic leadership. In J. G. Hunt & L. L. Larson (Eds.), *Leadership: The cutting edge* (pp. 189–207). University Press.
- House, R. J., & Aditya, R. N. (1997). The social scientific study of leadership: Quo vadis? *Journal of Management*, 23(3), 409–473.
- Hughes, V. (2018). What are the barriers to effective nurse leadership? A review. *Athens Journal of Health*, 5(1), 7-20. <https://doi.org/10.30958/ajh.5-1-1>
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. National Academies Press. <https://doi.org/10.17226/12956>
- Jackman-Murphy, K. P., Uznanski, W., McDermott-Levy, R., & Cook, C. (2018). Climate change: Preparing the nurses for the future. *Deans Notes*, 39(2), 1-3.

Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., & Najafi Kalyani, M. (2016).

The challenges of nursing students in the clinical learning environment: A qualitative study. *The Scientific World Journal*, Article 1846178.

<https://doi.org/10.1155/2016/1846178>

Johansen, C., Chisholm, B., Secong, D., Sihat, A., Amratlal, A., & McGraw, S.

(2020). Building competency-based practice into democratically elected boards. *Journal of Nursing Regulation*, 10(4), 4-12.

[https://doi.org/10.1016/S2155-8256\(20\)30008-9](https://doi.org/10.1016/S2155-8256(20)30008-9)

Joseph, M. L., & Huber, D. L. (2015). Clinical leadership development and education

for nurses: prospects and opportunities. *Journal of Healthcare Leadership*, 7, 55–64. <https://doi.org/10.2147/JHL.S68071>

Karien, J., & Mida, H. (2016). The motivational needs of primary health care nurses

to acquire power as leaders in the clinic setting. *Health SA Gesondheid*, 22,

43-51. <https://doi.org/10.1016/j.hsag.2016.09.005>

Kellerman, B. (1984). *Leadership: Multidisciplinary perspectives*. Prentice-Hall.

Kelly, P. (2013). *Nursing leadership and management* (2nd ed.). Elsevier.

Kerry, T., & Mayes, A. S. (Eds.). (1995). *Issues in mentoring*. Psychology Press.

Khan, K., Pattison, T., & Sherwood, M. (2010). Simulation in medical education.

Medical Teacher, 33(1), 1-3. <https://doi.org/10.3109/0142159X.2010.519412>

Khoury, C. M., Blizzard, R., Moore, W. W., & Hassmiller, S. (2011). Nursing

leadership from bedside to boardroom: A Gallup national survey of opinion leaders. *Journal of Nursing Administration*, 41(7–8), 299–305.

Kirkpatrick, S. A., & Locke, E. A. (1991). Leadership: Do traits matter? *The*

Executive, 5, 48–60. <https://doi.org/10.5465/AME.1991.4274679>

- Kobe, S. C., Downing, C., & Poggenpoel, M. (2020). Final-year student nurses' experiences of caring for patients. *Curationis*, 43(1), 1-9.
<https://doi.org/10.4102/curationis.V43i1.2033>
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Prentice-Hall.
- Komives, S. R., & Wendy, W. (2017). *Leadership for a better world: Understanding the social change model of leadership development* (2nd ed.). Jossey-Bass.
- Kopf, R., Watts, P., Meyer, E., & Moss, J. (2018). A competency-based curriculum for critical care nurse practitioners' transition to practice. *American Journal of Critical Care*, 27(5), 398-406. <https://doi.org/10.4037/ajcc2018101>
- Korth, J. (2016). Communication and coaching: Keys to developing future nurse leaders. *Nurse Leader*, 14(3), 207-211.
<https://doi.org/10.1016/j.mnl.2015.04.004>
- Kotter, J. P. (1990). *A force for change: How leadership differs from management*. Free Press.
- Krasikova, D. V., Green, S. G., & LeBreton, J. M. (2018). Destructive leadership: A theoretical review, integration, and future research agenda. *Journal of Management*, 39(5), 1308-1338. <https://doi.org/10.1177/0149206312471388>
- Kuraoka, Y. (2018). Effect of an experiential learning-based program to foster competence among nurse managers. *Journal of Nursing Management*, 26(8), 1015-1023. <https://doi.org/10.1111/jonm.12628>
- Kvas, A., Seljak, J., & Stare, J. (2013). The use of competency models to assess leadership in nursing. *Iranian Journal of Public Health*, 42(9), 988-995.

- Lai, F-Y., Tang, H-C., Lu, S-C., Lee, Y-C., & Lin, C-C. (2020). *Transformational leadership and job performance: The mediating role of work engagement*. SAGE Open. <https://doi.org/10.1177/2158244019899085>
- Landeen, J., Carr, D., Culver, K., Martin, L., Matthew-Maich, N., Noesgaard, Ch., Beney-Gadsby, L. (2016). The impact of curricular changes on BSCN students' clinical learning outcomes. *Nurse Education in Practice*, 21, 51-58.
- Lathrop, B. (2013). Nursing leadership in addressing the social determinants of health. *Policy, Politics, & Nursing Practice*, 14(1), 41-47.
<https://doi.org/10.1177/1527154413489887>
- Lave, J., & Wenger, E. (1991). *Learning in doing: Social, cognitive, and computational perspectives. Situated learning: Legitimate peripheral participation*. Cambridge University Press.
<https://doi.org/10.1017/CBO9780511815355>
- Lawrence, D. (2013). Nurses in health care governance: Is the picture changing? *Journal of Nursing Care Quality*, 28(7), 103-107.
- Lawrence, D. P., Gabriel, J. P., Nora, E. W., & Lisa, J. S., (2019). Building the case for including nurse leaders on healthcare organization boards. *Nursing Economics*, 37(4), 169-177.
- L'Ecuyer, K. M., von der Lancken, S., Malloy, D., Meyer, G., & Hyde, M. J. (2018). Review of state boards of nursing rules and regulations for nurse preceptors. *Journal of Nursing Education*, 57(3), 134-141.
<https://doi.org/10.3928/01484834-20180221-02>
- Lewis, S. (2015). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage.

- Li, S., Ye, X., & Chen, W. (2019). Practice and effectiveness of “nursing case-based learning” course on nursing student's critical thinking ability: A comparative study. *Nurse Education in Practice*, 36, 91-96.
- Lloyd Jones, M., Walters, S., Akehurst, R. (2001). The implications of contact with the mentor for preregistration nursing and midwifery students. *Journal of Advanced Nursing*, 35(2), 151-60. <http://doi.org/10.1046/j.1365-2648.2001.01832.x>. PMID: 11442694.
- Logan, J. E. (1994). *The National Student Nurses Association: A “professional clinical” arena for learning the culture and values of the nursing profession* [Doctoral dissertation, Iowa State University]. Iowa State University Digital Repository. <https://doi.org/10.31274/rtd-180813-9746>
- Logan, J. E., Pauling, C.D., & Franzen, D.B. (2011). Health care policy development: A critical analysis model. *Journal of Nursing Education*, 50(1), 55-58. <https://doi.org/0.3928/01484834-20101130-02>
- Logan, J., & Franzen, D. (2001). Leadership and empowerment: The value of the National Student Nurses Association for beginning students. *Nurse Educator*, 26(4), 198-200.
- Logan, J., Franzen, D., Pauling, C., & Butcher, H. (2004). Achieving professionhood through participation in profession organizations. In L. Haynes, T. Boese, & H. Butcher (Eds.), *Nursing in contemporary society: Issues, trends, and transition to practice* (pp. 52-70). Pearson Prentice Hall.
- Logan, P., & Clarke, S. P. (2016). Get your hands dirty! Improving student clinical experiences. *Nursing Management*, 47(5), 10-12. <https://doi.org/10.1097/01.NUMA.0000482499.82817.f2>

- Lonnie, D. I. (2005). A Review of Formal and Informal Mentoring: Processes, Problems, and Design. *Journal of Leadership Education*, 4(1), 31-50.
- Lord, R. G., De Vader, C. L, & Alliger, G. M. (1986). A meta-analysis of the relation between personality traits and leadership perceptions. *Journal of Applied Psychology*, 71(3), 402-410. <https://doi.org/10.1037/0021-9010.71.3.402>
- MacLean, S., Kelly, M., Geddes, F., & Della, P. (2017). Use of simulated patients to develop communication skills in nursing education: An integrative review. *Nurse Education Today*, 48, 90-98.
- Malloy, P., Ferrell, B., Virani, R., & Mazanec, P. (2018). Promoting palliative care internationally: Building leaders to promote education, practice, and advocacy. *Journal of Pain and Symptom Management*, 55(2), S140-S145. <https://doi.org/10.1016/j.jpainsymman.2017.03.032>
- Mancino, D. J. (2002). *50 years of the National Student Nurses' Association*. National Student Nurses' Association.
- Mann, R. D. (1959). A review of the relationship between personality and performance in small groups. *Psychological Bulletin*, 56(4), 241–270. <https://doi.org/10.1037/h0044587>
- Mannion, R., & Davies, H. (2018). Understanding organizational culture for healthcare quality improvement. *BMJ*, 363. <https://doi.org/10.1136/bmj.k4907>.
- Mannix, J., Wilkes, L., & Daly, J. (2013). Attributes of clinical leadership in contemporary nursing: An integrative review. *Contemporary Nurse*, 45(1), 10-21. <https://doi.org/10.5172/conu.2013.3505>
- Mannix, J., Wilkes, L., & Daly, J. (2015). Aesthetic leadership: Its place in the clinical nursing world. *Issues in Mental Health Nursing*, 36(5), 357-361. <https://doi.org/10.3109/01612840.2015.1011361>

- Marshall, E. S. (2011). *Transformational leadership in nursing*. Springer.
- Mason, D. J., Keepnews, D., Holmberg, J., & Murray, E. (2013). The representation of health professionals on governing boards of health care organizations in New York City. *Journal of Urban Health, 90*(5), 888-901.
<https://doi.org/10.1007/s11524-012-9772-9>
- Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Sage.
- Mbewe, C., & Jones, M. (2015). Does associate degree curricula adequately prepare nurses for leadership roles? *MedSurg Nursing, 24*(1), S1-S13.
- McBride, A. B. (2017). Serving on a hospital board: A case study. *Nursing Outlook, 65*(4), 372-379. <https://doi.org/10.1016/j.outlook.2016.12.006>
- Mcfall, L. (1987). Integrity. *Ethics, 98*(1), 5–20.
- McNatt, Z., Thompson, J. W., Mengistu, A., Tatek, D., Linnander, E... Bradley, E. H. (2014). Implementation of hospital governing boards: Views from the field. *BMC Health Services Research, 14*(1), 178.
<http://www.biomedcentral.com/1472-6963/14/178>
- McSherry, R., & Snowden, M. (2019). Exploring primary healthcare students and their mentors' awareness of mentorship and clinical governance as part of a local continuing professional development (CPD) program: Findings of a quantitative survey. *Healthcare, 7*(4), 113.
<https://doi.org/10.3390/healthcare7040113>
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. Jossey-Bass.
- Merriam, S. B., Johnson-Bailey, J., Lee, M. Y., Kee, Y., Ntseane, G., & Muhamad, M. (2001). Power and positionality: Negotiating insider/outsider status within

and across cultures. *International Journal of Lifelong Education*, 20(5), 405-416. <https://doi.org/10.1080/02601370110059537>

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation* (4th ed). Jossey-Bass.

Merriam-Webster. (n.d.). *Merriam-Webster.com dictionary*. Retrieved September 12, 2020, from <https://www.merriam-webster.com/dictionary/student>.

Miles, J., & Scott, E. (2019). A new leadership development model for nursing education. *Journal of Professional Nursing*, 35(1), 5-11.
<https://doi.org/10.1016/j.profnurs.2018.09.009>

Moehl, K., Wright, R., Shega, J., Malec, M., Fitzgerald, G. K... Wiener, D. (2020). How to teach medical students about pain and dementia: E-Learning, experiential learning, or both? *Pain Medicine*, 1(1).
<https://doi.org/10.1093/pm/pnaa187>

Moon, S. E., Van Dam, P. J., & Kitsos, A. (2019). Measuring transformational leadership in establishing nursing care excellence. *Healthcare*, 7(4), 132.
<https://doi.org/10.3390/healthcare7040132>

Moradi Korejan, M., & Shahbazi, H. (2016). An analysis of the transformational leadership theory. *Journal of Fundamental and Applied Science*, 8(3), 452-461.

Morrison, R. S., Jones, L., & Fuller, B. (1997.) The relation between leadership style and empowerment on job satisfaction of nurses. *The Journal of Nursing Administration*, 27(5), 27-34. <https://doi.org/10.1097/00005110-199705000-00007>

Moustakas, C. (1994). *Phenomenological research methods*. Sage.

Muhammad A., Ali, W., Robina, K., Kousar, P., & Muhammad, H. (2016). The effect of transformational leadership on nurses' performance. *Texila International Journal of Nursing*, 2(2), 1-16.

<https://doi.org/10.21522/TIJNR.2015.02.02.Art035>

Murray, R. (2018). An overview of experiential learning in nursing education.

Advances in Social Sciences Research Journal, 5(1), 1-6.

<https://doi.org/DoI:10.14738/assrj.51.4102>

National Academies of Sciences, Engineering, and Medicine. 2021. *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. Washington,

DC: The National Academies Press. <https://doi.org/10.17226/25982>

National Student Nurses' Association. (2018). *About NSNA*.

<https://www.nсна.org/about-nsna.html>

National Student Nurses' Association. (2021). *Earn certificate and contact hours*.

<https://www.nсна.org/faculty-certificate-program.html>

National Student Nurses' Association. (n.d) *Testimonials from the NSNA Board of Directors*. <https://www.nсна.org/testimonials.html>

Nesbit, P. L. (2012). The role of self-reflection, emotional management of feedback, and self-regulation processes in self-directed leadership development. *Human Resource Development Review*, 11(2), 203-226.

<https://doi.org/10.1177/1534484312439196>

Nickitas, D. M., Middaugh, D. J., & Feeg, V. (2018). *Policy and politics for nurses and other health professionals*. Jones & Bartlett Learning, LLC.

Niven, C. A., & Scott, P. A. (2003). The need for accurate perception and informed judgement in determining the appropriate use of the nursing resource: Hearing

the patient's voice. *Nursing Philosophy*, 4(3), 201–210.

<https://doi.org/10.1046/j.1466-769x.2003.00143.x>

Northouse, P. G. (2018). *Leadership: Theory and practice* (8th ed.). Sage.

Nurses on Boards Coalition. (2017). The Nurses on Boards Coalition: The goal is to have 10,000 nurses on boards by 2020. *Nursing Education Perspectives*, 38(5), 293. <https://doi.org/10.1097/01.nep.0000000000000220>

Nursing and Midwifery Council. (2010). *Standards for competence for registered nurses*. <https://www.nmc.org.uk/standards/standards-for-nurses/pre-2018-standards/standards-for-competence-for-registered-nurses/>

Oliva, J. (2006). A seat at the power table: The physician's role on the hospital board. *Physician Executive*, 32(4), 62-66.

Oliva, P. F. (2009). *Developing the curriculum* (7th ed.). Boston: Pearson Education.

Olson, A. K., & Simerson, B. K. (2015). *Leading with strategic thinking: Four ways effective leaders gain insight, drive change, and get results*. John Wiley & Sons.

Organization for Economic Co-operation and Development. (2013). *Health status* [Data set]. http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT

Ortlipp, M. (2008). Keeping and using reflective journals in the qualitative research process. *The Qualitative Report*, 13(4), 695-705. <https://nsuworks.nova.edu/tqr/vol13/iss4/8>

Oudshoorn, A. (2005.) Power and empowerment: Critical concepts in the nurse-client relationship. *Contemporary Nurse*, 20(1), 57-66. <https://doi.org/10.5172/conu.20.1.57>

Pai, H. (2016). An integrated model for the effects of self-reflection and clinical experiential learning on clinical nursing performance in nursing students: A

longitudinal study. *Nurse Education Today*, 45, 156-162.

<https://doi.org/10.1016/j.nedt.2016.07.011>

Parkay, F. W., Anctil, E. J., & Hass, G. (2010). *Curriculum leadership: Readings for developing quality educational programs*. Allyn & Bacon.

Park, H., Phill Ja, K., Lee, H., Yoon Jung, S., Kyoung, H... Hong, E.-Y. (2019).

Factors affecting the intention of hospital nurses to stay at work: In relation to authentic leadership and nursing organizational culture. *Journal of Korean Clinical Nursing Research*, 25(1), 34-42.

<https://doi.org/10.22650/JKCNr.2019.25.1.34>

Park, M., Jeong, M., Lee, M., & Cullen, L. (2020). Web-based experiential learning strategies to enhance the evidence-based-practice competence of undergraduate nursing students. *Nurse Education Today*, 91, Article 104466.

<https://doi.org/10.1016/j.nedt.2020.104466>

Parsloe E, Leedham M (2009) *Coaching and mentoring*, 2nd ed. Kogan Page, London

Pauling, C. D., & Logan, J. (2016). Weaving NSNA into a nursing curriculum. *Dean's Notes*, 38(2), 1-4.

<https://www.ajj.com/sites/default/files/services/publishing/deansnotes/winter16.pdf>

Phillips, J.M., Malone, B. (2014). Increasing racial/ethnic diversity in nursing to reduce health disparities and achieve health equity. *Public Health Reports*, 129(Suppl 2), 45-50. <https://doi.org/10.1177/00333549141291S209>

Pillow, W. S. (2003). Confession, catharsis, or cure? Rethinking the uses of reflexivity as methodological power in qualitative research. *Qualitative Studies in Education*, 16(2), 175-196.

<http://doi.org/10.1080/0951839032000060635>

- Prezerakos, P. E. (2018). Nurse managers' emotional intelligence and effective leadership: A review of the current evidence. *The Open Nursing Journal*, 12(1), 86-92. <https://doi.org/10.2174/1874434601812010086>
- Price, A., & Price, B. (2009). Role modelling practice with students on clinical placements. *Nursing Standards*, 24(11), 51–6.
- Price, S., & Reichert, C. (2017). The importance of continuing professional development to career satisfaction and patient care: meeting the needs of novice to mid-to late-career nurses throughout their career span. *Administrative Sciences*, 7(2), 17.
- Prybil, L. D. (2016). Nursing engagement in governing health care organizations: Past, present, and future. *Journal of Nursing Care Quality*, 31(4), 299–303. <https://doi.org/10.1097/NCQ.0000000000000182>
- Pullen, M. L. (2003). Developing clinical leadership skills in student nurses. *Nurse Education Today*, 23(1), 34-39.
- Rana, R. S., Abbas, A., Fariba, B., & Hossein, R. (2016). Nurses' perception of the concept of power in nursing: A qualitative research. *Journal of Clinical and Diagnostic Research*, 10(12), LC10-LC15. <https://doi.org/10.7860/JCDR/2016/22526.8971>
- Rita, F., Beatriz, A., & Fátima, P. (2018). Nursing management and leadership approaches from the perspective of registered nurses in Portugal. *Journal of Hospital Administration*, 7(3), 1-8. <https://doi.org/10.5430/jha.v7n3p1>
- Rodríguez-García, M., Medina-Moya, J., González-Pascual, J., & Cardenete-Reyes, C. (2018). Experiential learning in practice: An ethnographic study among nursing students and preceptors. *Nurse Education in Practice*, 29, 41-47. <https://doi.org/10.1016/j.nepr.2017.11.001>

- Roux, G. M., & Halstead, J. A. (2018). *Issues and trends in nursing: Practice, policy, and leadership*. Jones & Bartlett Learning.
- Saldāna, J. (2009). *The coding manual for qualitative researchers*. Sage.
- Saldāna, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Sage.
- Schmidt, F. L., & Hunter, J. E. (2000). Select on intelligence. In E. A. Locke (Ed.), *Handbook of principles of organizational behavior* (pp. 3–14). Blackwell.
- Schmieding, N.J. (2000). Minority nurses in leadership positions: a call for action. *Nursing Outlook*, 48(3), 120-127. <https://doi.org/10.1067/mno.2000.100490>
- Scully, N. J. (2014). Leadership in nursing: The importance of recognizing inherent values and attributes to secure a positive future for the profession. *Collegian*, 22(4), 439-444. <http://dx.doi.org/10.1016/j.colegn.2014.09.004>
- Sebastian, J., Breslin, E., Trautman, D., Cary, A., Rosseter, R., & Vlahov, D. (2018). Leadership by collaboration: Nursing's bold new vision for academic-practice partnerships. *Journal of Professional Nursing*, 34(2), 110-116. <https://doi.org/10.1016/j.profnurs.2017.11.006>
- Seidman, I. (2006). *Interviewing as qualitative research: A guide for researchers in education and the social sciences* (3rd ed.). Teachers College Press.
- Sfantou, D. F., Laliotis, A., Patelarou, A. E., Sifaki-Pistolla, D., Matalliotakis, M., & Patelarou, E. (2017). Importance of leadership style towards quality of care measures in healthcare settings: A systematic review. *Healthcare*, 5(4), 1-17. <https://doi.org/10.3390/healthcare5040073>
- Shanthi, R., and Grace, A. (2015). Curriculum Development in Nursing Education. Where is The Pathway?. *IOSR Journal of Nursing and Health Science*, 4(5). <https://doi.org/10.9790/1959-04537681>

- Shellenbarger, T., & Hoffman, R. (2016). Advising 101: Lessons in advising for nursing student success. *Teaching and Learning in Nursing, 11*(3), 92-100. <https://doi.org/10.1016/j.teln.2016.01.006>
- Sielof, C. L. (2003). Measuring nursing power within organizations. *Journal of Nursing Scholarship, 35*(2), 183-187. <https://doi.org/10.1111/j.1547-5069.2003.00183.x>
- Sigalit, W., Sivia, B., & Michal, I. (2017). Factors associated with nursing students' resilience: Communication skills course, use of social media, and satisfaction with clinical placement. *Journal of Professional Nursing, 33*(2), 153-161.
- Smedley, A., & Morey, P., (2009). Improving learning in clinical nursing environment: Perception of senior Australian Bachelor of Nursing students. *Journal of Research in Nursing, 15*(1), 75-88. <https://doi.org/10.1177/1744987108101756>
- Smith, S. L., Manfredi, T., Hagos, O., Drummond-Huth, B., Moore, P. D. (2006). Application of the clinical nurse leader role in an acute care delivery model. *Journal of Nursing Administration, 36*(1), 29-33. <https://doi.org/10.1097/00005110-200601000-00008>
- Smolowitz, J., Speakman, E., & Wojnar, D. (2015). Role of the registered nurse in primary health care: Meeting health care needs in the 21st century. *Nursing Outlook, 63*(2), 130-136. <https://doi.org/10.1016/j.outlook.2014.08.004>
- Sosik, J. J., & Jung, D. I. (2010). *Full range leadership development: Pathways for people, profit, and planet*. Psychology Press.
- Spinks, M. (2006). Bringing the bedside to the boardroom and the boardroom to the bedside. *Nursing Management, 13*(8), 10-01.

- Stalter, A. M., & Arms, D. (2016). Serving on organizational boards: What nurses need to know. *Online journal of issues in nursing, 21*(2), 8-8.
<https://doi.org/10.3912/OJIN.Vol21No02PPT01>
- Stogdill, R. M. (1948). Personal factors associated with leadership: A survey of the literature. *Journal of Psychology, 25*(1), 35–71.
<https://doi.org/10.1080/00223980.1948.9917362>
- Stogdill, R. M. (1974). *Handbook of leadership: A survey of theory and research*. Free Press.
- Sullivan, E. J. (2017). *Effective leadership and management in nursing* (9th ed). Pearson.
- Sundean, L. J., & McGrath, J. M. (2016). A meta-synthesis exploring nurses and women on governing boards. *Journal of Nursing Administration, 46*(9), 455-461. <https://doi.org/10.1097/NNA.0000000000000375>
- Sundean, L. J., & Polifroni, E. C. (2016). A feminist framework for nurses on boards. *Journal of Professional Nursing, 32*(6), 396-400.
<http://dx.doi.org/10.1016/j.profnurs.2016.03.007>
- Sundean, L. J., Polifroni, E. C., Libal, K., & McGrath, J. M. (2018). The rationale for nurses on boards in the voices of nurses who serve. *Nursing Outlook, 66*(3), 222-232. <https://doi.org/10.1016/j.outlook.2017.11.005>
- Sundean, L. J., White, K. R., Thompson, L. S., & Prybil, L. D. (2019). Governance education for nurses: Preparing nurses for the future. *Journal of Professional Nursing, 35*(5), 346–352. <https://doi.org/10.1016/j.profnurs.2019.04.001>
- Symenuk, P., & Godberson, S. (2018). Leadership experiences in undergraduate education: A student perspective. *International Journal of Nursing Student Scholarship, 5*. <http://creativecommons.org/licenses/bync/4.0/>

Szekendi, M., Prybil, L., Cohen, D. L., Godsey, B., Fardo, D.W., & Cerese, J. (2015).

Governance practices and performance in US academic medical centers.

American Journal of Medical Quality, 30(6), 520-525.

<https://doi.org/10.1177/1062860614547260>

Tajfel, H. (1974). Social identity and intergroup behaviour. *Social Science*

Information, 13(2), 65–93. <https://doi.org/10.1177/053901847401300204>

Theofanidis, D., & Fountouki, A. (2018). Limitations and delimitations in the research process. *Perioperative Nursing*, 7(3), 155–164.

<http://doi.org/10.5281/zenodo.2552022>

Thomas, P., Servello, D., & Williams, J. (2017). Baccalaureate Education: The

Foundation for Healthcare Board Participation. *Nursing forum (Hillsdale)*,

52(4), 289-297. <https://doi.org/10.1111/nuf.12201>

Thongpriwan, V., Leuck, S. E., Powell, R. L., Young, S., Schuler, S. G., & Hughes, R. G. (2015). Undergraduate nursing students' attitudes toward mental health nursing. *Nurse Education Today*, 35(8), 948-953.

<https://doi.org/10.1016/j.nedt.2015.03.011>

The Rough Guide to Curriculum Design: Course Development at Birmingham City

University 4th Edition. (2019). Birmingham City University.

<https://bcuassets.blob.core.windows.net/docs/The-Rough-Guide-to-Curriculum-Design-4th%20Edition.pdf>

Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.

U.S. Bureau of Labor Statistics. (2020a). *Occupational employment and wages, May 2019* [Data set]. <https://www.bls.gov/oes/current/oes291141.htm>

- U.S. Bureau of Labor Statistics. (2020b). *Occupational outlook handbook, registered nurses*. <https://www.bls.gov/ooh/healthcare/registered-nurses.htm#tab-3>
- Valentine, J. (1998). Naming the other: Power, politeness and the inflation of euphemisms. *Sociological Research Online*, 3(4), 37–53.
<https://doi.org/10.5153/sro.184>
- Van As, F. (2017). Communities of practice as a tool for continuing professional development of technology teachers' professional knowledge. *International Journal of Technology and Design Education*, 28(2), 417-430.
- Verkuyl, M., & Hughes, M. (2019). Virtual gaming simulation in nursing education: A mixed-methods study. *Clinical Simulation in Nursing*, 29, 9-14.
<https://doi.org/10.1016/j.ecns.2019.02.001>
- Villar, A. (2011). Response bias. In *Encyclopedia of survey research methods* (pp. 752-753). SAGE Publications. <https://dx.doi.org/10.4135/9781412963947>
- Walton, A., Lake, D., Mullinix, C., Allen, D., & Mooney, K. (2015). Enabling nurses to lead change: The orientation experiences of nurses to boards. *Nursing Outlook*, 63(2), 110–116. <https://doi.org/10.1016/j.outlook.2014.12.015>
- Ward, M., Knowlton, M. C., & Laney, C. W. (2018). The flip side of traditional nursing education: A literature review. *Nurse education in practice*, 29, 163-171.
- Watt, D. (2007). On becoming a qualitative researcher: The value of reflexivity. *The Qualitative Report*, 12(1), 82-100.
- Weberg, D. (2010). Transformational leadership and staff retention: An evidence review with implications for healthcare systems. *Nursing Administration Quarterly*, 34(3), 246-258. <https://doi.org/10.1097/NAQ.0b013e3181e70298>

- Wei, H., Roberts, P., Strickler, J., & Corbett, R. W. (2019). Nurse leaders' strategies to foster nurse resilience. *Journal of Nursing Management*, 27(4), 681-687.
<https://doi.org/10.1111/jonm.12736>
- Weingarten, C. T., Copel, L., & Schmidt, C. K. (2019). The nursing process as a model for supporting student attendance at state and National Student Nurses Association Conferences. *Dean's Notes*, 40(4), 1-4.
<https://www.ajj.com/sites/default/files/services/publishing/deansnotes/spring2019.pdf>
- Wenger, E. (1999). *Communities of practice: Learning, meaning, and identity*. Cambridge University Press.
- Wheeler, R. M., & Foster, J. W. (2013). Barriers to participation in governance and professional advancement: A comparison of internationally educated nurses and registered nurses educated in the United States. *The Journal of Nursing Administration*, 43(7/8), 409-414.
<https://doi.org/10.1097/NNA.0b013e31829d6227>
- Whittington, J. W., Nolan, K., Lewis, N., & Torres, T. (2015). Pursuing the triple aim: The first 7 years. *The Milbank Quarterly*, 93(2), 263-300.
<https://doi.org/10.1111/1468-0009.12122>
- Widang, I., & Fridlund, B. (2003). Self-respect, dignity, and confidence: Conceptions of integrity among male patients. *Journal of Advanced Nursing*, 42(1), 47-56.
<https://doi.org/10.1046/j.1365-2648.2003.02578.x>
- Wiles, J., & Bondi, J. (2007). *Curriculum development: A guide to practice* (7th ed.). Pearson/Merrill/Prentice Hall.
- Wiles, R., Crow, G., Heath, S., & Charles, V. (2008). The management of confidentiality and anonymity in social research. *International Journal of*

Social Research Methodology, 11(5), 417-428.

<https://doi.org/10.1080/13645570701622231>

- Wong, C. A., & Cummings, G. G. (2007). The relationship between nursing leadership and patient outcomes: A systematic review. *Journal of Nursing Management*, 15(5), 508–521. <https://doi.org/10.1111/j.1365-2834.2007.00723.x>
- Wright, K., Rowitz, L., Merkle, A., Reid, W. M., Robinson, G... Baker, E. (2000). Competency development in public health leadership. *American Journal of Public Health*, 90(8), 1202–1207. <https://doi.org/10.2105/ajph.90.8.1202>
- Wyllie, G., French, E., Dodd, N., Lee, Y., & Honey, M. (2020). How to bridge the theory-to-practice gap. *Kai Tiaki: Nursing New Zealand*, 26(1), 22-23.
- Xu, J. H. (2017). Leadership theory in clinical practice. *Chinese Nursing Research*, 4(4), 155-157. <https://doi.org/10.1016/j.cnre.2017.10.001>
- Zaccaro, S. J., Kemp, C., & Bader, P. (2017). Leader traits and attributes. In J. Antonakis, A. T. Cianciolo, & R. J. Sternberg (Eds.), *The nature of leadership* (3rd ed., pp. 29–55). Sage Publications.
- Zaichkowsky, J. (1994). The Personal Involvement Inventory: Reduction, Revision, and Application to Advertising. *Journal of Advertising*, 23(4), 59-70.
<http://www.jstor.org/stable/4188951>

Appendix A

Letter of Informed Consent

July 22, 2021

Dear Participant,

Thank you for your willingness to participate in this study. My name is Kenya Williams, a doctoral student at Creighton University, and I am the researcher for this study. You are invited to participate in this research by taking part in a one-on-one interview with me. The purpose of this study is to explore how student nurses experience and understand their role as National Student Nurses' Association (NSNA) Board of Directors members and how that experience shapes their career trajectories as registered nurses. As a researcher, I am interested in understanding the experiences of nursing students who have served in elected NSNA Board of Director positions.

Upon completion of this study, the aim is to develop a list of best practices and initiatives for nursing faculty that will support nursing students seeking board governance positions. Your participation in the study is voluntary and there is no compensation for participating. As a participant, you can withdraw from the study at any time. If you decide not to be in this study, your choice will not affect your relationship with the researcher of this study. There will be no penalty to you.

Procedures

If you volunteer to participate, you will be asked to participate in a one-on-one interview that will be recorded. The interviews should take 45-60-minutes to complete and will be about your experiences serving on the NSNA Board of Directors. To provide flexibility to the participants, all interviews will be conducted via Zoom Video Conference using the video and audio elements to capture and later transcribe the conversation between the researcher and participant. Participants will be asked to review the transcripts from both recorded interviews to review for accuracy and add additional comments.

Potential Risks

There are no foreseeable risks and/or discomforts than what is encountered in everyday life. Feel free, at any time, to stop participation if you feel any discomfort or emotional stress.

Benefits

There are no direct benefits of participating in this study. However, your answers and your participation may help us learn more about the influence of board governance participation and education for future nursing students.

Confidentiality

Your privacy, confidentiality, and anonymity will be respected and maintained throughout the entire study. To ensure confidentiality and protect your anonymity, the information shared with the researcher including all electronic data (recordings, transcripts, and field notes) will be stored on a password-protected computer to which

only the researcher has access. The results from this research will be published in a dissertation in practice study and may be used for publications and conference presentations at a later date. However, all findings will be reported in a manner which protects your confidentiality and anonymity.

If you have any questions about this dissertation in practice, or your participation in the study, they can be directed to me via email at KenyaWilliams@creighton.edu or via phone at 347.454.4800. You can also contact my dissertation chair, Dr. Carly Speranza (CarlySperanza@creighton.edu). If you have questions about your rights as a participant, please contact the Institutional Review Board at Creighton University via phone at 402.280.2126.

Participant Agreement

I have read the information provided in this consent form. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Appendix B

Bill of Rights for Research Participants

As a participant in a research study, you have the right:

1. To have enough time to decide whether or not to be in the research study, and to make that decision without any pressure from the people who are conducting the research.
2. To refuse to be in the study at all, or to stop participating at any time after you begin the study.
3. To be told what the study is trying to find out, what will happen to you, and what you will be asked to do if you are in the study.
4. To be told about the reasonably foreseeable risks of being in the study.
5. To be told about the possible benefits of being in the study.
6. To be told whether there are any costs associated with being in the study and whether you will be compensated for participating in the study.
7. To be told who will have access to information collected about you and how your confidentiality will be protected.
8. To be told whom to contact with questions about the research, about research-related injury, and about your rights as a research participant.
9. If the study involves treatment or therapy:
 - a. To be told about the other non-research treatment choices you have.
 - b. To be told where treatment is available should you have a research-related injury, and who will pay for research-related treatment.

Appendix C

Email Invitation to Participants

Dear (Name of Participant),

Hello! My name is Kenya Williams, and I am a doctoral student at Creighton University. I am writing to invite you to take part in a research study I am conducting related to student nurses serving on the NSNA Board of Directors. You are being contacted today because the NSNA database indicated that you were and elected member of the NSNA Board of Directors while you were a student nurse. I would love to learn more about your experience!

Participating means agreeing to an online recorded interview with me about your experience as a student nurse serving on the NSNA Board of Directors. The interview should take about 45-60 minutes to complete, and participation is voluntary – you can choose to withdraw at any time without penalty. While there is no compensation involved but being able to share your story could be a unique and interesting experience.

The purpose of my research is to explore how student nurses experience and understand their role as National Student Nurses' Association (NSNA) Board of Directors members and how that experience shapes their career trajectories as registered nurses (RNs). As a researcher, I am interested in understanding the experiences of nursing students who have served in elected NSNA Board of Director positions. Upon completion of this study, the aim is to develop a list of best practices and initiatives for nursing faculty that will support nursing students seeking board governance positions.

As members of the nursing community, it is important that we support one another when we are able. It is my hope that you will agree to participate.

Please contact me via email or phone if you would like to learn more about this study and potentially participate.

Thank you so much. I hope to hear from you soon!

Kenya Williams

Telephone:

Appendix D

Participant Demographic Form

Age: _____

Gender:

- Male
- Female
- Other _____

Race and Ethnic Background (Choose one):

- American Indian
- Alaskan Native
- Asian
- Black, African American, African Descent
- Hispanic origin or descent
- Native Hawaiian or Pacific Islander
- White
- Other _____

Position Held in NSNA: _____

Year(s) of Service: _____

Are you currently employed? YES NO

How would you classify your economic status?

- Low Income
- Lower Middle Class
- Middle Class
- Upper Middle Class
- Upper Class
- Other _____

Pseudonym (What name would you like to assign yourself?) _____

Appendix E

Semi-structured Interview Protocol

Introduction Script

Thank you for volunteering and agreeing to be interviewed for this research project. I am interested in learning about your experience as a student nurse who served in an elected position for the National Student Nurses' Association Board of Directors. The purpose of this study is to describe and explore how board governance participation has influenced nursing students in their careers as registered nurses. As a researcher, I am interested in understanding the experiences of nursing students who have served in elected Board of Director positions.

Throughout this interview, I will ask you questions about student/nurse faculty engagements, Board of Director experience, board governance education, mentoring relationships, and your leadership. My goal is to understand your experiences as you served on the NSNA Board of Directors and how that experience impacted your current career as a registered nurse.

I will remind you that this interview is being recorded. Please know that as outlined in the informed consent, confidentiality and anonymity will be maintained throughout the process. You have read, signed, and been provided a copy of the informed consent for your records. Do you need me to reread it or address any questions that relate to the form? During the interview, you are welcome to take a break at any time, and if you ever feel uncomfortable with the interview, you may excuse yourself and decide not to participate in this study. Do you have any questions about the procedures? Do you consent to beginning the interview?

Okay, let us begin the interview.

Interview Questions:

- Grand Question – Tell me your NSNA leadership story...

As appropriate, the following questions will be used as *probes* to expand the story:

- What was your position on the NSNA Board of Directors?
- What was the impetus for you serving on the NSNA Board of Directors? For example, were you influenced by a role model or mentor and if so, how?
- What were the challenges you faced as a student nurse once you became a member of the NSNA Board of Directors?
- Reflecting on your experiences, how did the nursing faculty relationship prepare or hinder your role on the NSNA Board of Directors?

- Reflecting on your experiences, how did serving on the NSNA Board of Directors impact your nursing career?
- How you think serving on the NSNA Board of Directors impacted your leadership ability?
- Are you currently serving on a professional governing board?
- If there is more you'd like to add about your experience as a student nurse the NSNA Board of Directors, or your experience serving? If so, please feel free to do so.
- Before we end the interview, are there any questions you have for me regarding the interview or the research?

Thank you for participating in this interview. I will be contacting you after your interview has been transcribed via an email with questions about the accuracy or perhaps to clarify some of your responses.

Appendix F

IRB Approval



Office of the Provost
Research Compliance

DATE:	13-Jan-2021
TO:	Williams, Kenya
FROM:	Social / Behavioral IRB Board
PROJECT TITLE:	Expanding Boards: A Study of the Experience of Former National Student Nurses' Association Board of Directors Members from 2010-2020
REFERENCE #:	2001549-01
SUBMISSION TYPE:	Initial Application
REVIEW TYPE	Exempt
ACTION:	APPROVED
EFFECTIVE DATE:	13-Jan-2021
EXPIRATION DATE:	None

Thank you for your Initial Application submission materials for this project. The following items were reviewed with this submission:

- Creighton University HS eForm
- Study Protocol
- Email Invitation to Participants
- Site Agreement- Signed December 20, 2020

This project has been determined to be exempt from Federal Policy for Protection of Human Subjects as per 45CFR46.101 (b) 2.

All protocol amendments and changes are to be submitted to the IRB and may not be implemented until approved by the IRB. Please use the modification form when submitting changes.

If you have any questions, please contact the IRB Office at 402-280-3208 or irb@creighton.edu. Please include your project title and number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Creighton University Social / Behavioral IRB Board-02.

Institutional Review Board

☎ 402.280.2126 | ☎ 402.280.3200

Dr. C.C. and Mabel L. Criss Health Sciences Complex I
2500 California Plaza Omaha, NE 68178

creighton.edu

creighton.edu/researchservices/rcocommittees/irb