Title:
Preparing Nursing Students as Leaders for Social Change

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Session Title:
Social Justice in Undergraduate Curriculum
Slot:
Q 04: Tuesday, 20 September 2016: 9:00 AM-9:45 AM
Scheduled Time:
9:20 AM

Purpose:
The purpose of this presentation is to highlight a leadership development program for underrepresented and underresourced nursing students who will lead the way toward social change and achievement of health equity in a diverse society.

Keywords:
leadership development, nursing education and social change

References:

Abstract Summary:
Promotion of health equity requires leadership from a diverse cadre of nurses who understand the social determinants of health and are prepared to create change. A program based on the Social Change Model has significantly increased inclusive participation in leadership-building activities in our baccalaureate program.

Learning Activity:

| LEARNING OBJECTIVES | EXPANDED CONTENT OUTLINE |
### Discuss the nurse educator’s role in promoting health equity through student leadership development.

- Responsibility of all nurses to work toward eliminating health disparities
- Importance of inclusive recruitment of program participants
- The Social Change Model as a program framework

### Describe successful aspects of a baccalaureate student leadership development program based on the Social Change Model.

- Instruments for measuring socially responsible leadership
- School-based activities that build socially responsible leadership
- Results of alumni survey demonstrate program impact

### Abstract Text:

Nurse educators are in a unique position to prepare graduates who can lead the social change required to eliminate structural and social determinants that are barriers to health equity (Chinn, 2014; Mohammed, Cooke, Ezeonwu & Stevens, 2014). Health disparities are a global and local concern (World Health Organization, 2016). In the United States, health disparities disproportionately affect minority populations (Department of Health and Human Services, 2011). Schools of nursing can contribute to the elimination of health disparities by intentionally including underrepresented and underresourced students in curricular and extracurricular leadership development programs and creating an inclusive environment that shifts perspectives among all students with regard to their roles and responsibilities in achieving health equity. Programs should aim to build the students’ leadership self-efficacy, include experiences in diverse settings, and provide role models who appreciate the need for positive social change. Ideally, leadership development should begin early in professional education, be guided by a relevant conceptual framework, and be accessible to all, not just to self-identified future leaders or students with the highest grade point averages (Read, Vessey, Amar & Cullinan, 2013).

The mission of our baccalaureate nursing program in the northeastern United States promises a commitment to the promotion of social justice and the development of nurse leaders. However, we recognized that many students, especially those from underrepresented and underresourced backgrounds, did not participate in activities that typically build leadership capacity and nurture the ability to create positive social change. In order to enable those individuals to participate more fully in activities such as research, mentoring programs, service learning, and committee participation, we developed the "Keys to Inclusive Leadership in Nursing“ (KILN) program in 2009 with the support of a HRSA Nursing Workforce Diversity grant. The program, now funded by private foundations with assistance from the university, provides financial support, faculty mentorship, and opportunities to network with nurse leaders for 55 students per year. Participants are selected based on information from the university financial aid office that verifies high need and a student essay that describes how he or she qualifies as underrepresented and/or underresourced. We selected the Social Change Model (SCM Higher Education Research Institute, 1996) as the organizing framework for the KILN program. The SCM guides leadership development programs that prepare students to work effectively with others to create positive social change and is especially relevant for nursing leadership in a diverse and global society. It is the model most often applied in college leadership development (Dugan, Bohle, Woelker, & Cooney, 2014), but no evidence could be found for its adoption by schools of nursing.

The SCM asserts that leadership is a collaborative, service-oriented, values–based process that is about effecting change on behalf of society. It posits that leadership includes people in positional and non-positional roles, views leadership as a process rather than a position, and promotes equity, social justice, self-knowledge, service, and collaboration. The seven values of the SCM cluster across individual (consciousness of self and others, congruence, commitment), group (collaboration, common purpose, controversy with civility), and societal (citizenship) domains. Evidence suggests that high-impact pedagogies derived from the SCM and associated with gains that increase college students’ capacities for socially responsible leadership fall into four categories: sociocultural conversations, mentoring
relationships, community service and membership in off-campus organizations (Dugan, Kodama, Correia, & Associates, 2013). The KILN program provides opportunities for activities in all four categories.

Measuring the impact of leadership development and commitment to social change is a challenge, but a number of instruments are available. The “Socially Responsible Leadership Scale” SRLS-R2, Tyree, 1998; National Clearinghouse for Leadership Programs, 2013) was developed to measure the seven critical values identified in the SCM, plus an eighth construct that measures comfort with change. A recent pilot study of the SRLS-R2 with a racially diverse, financially underresourced group of young prelicensure nursing students resulted in highest scores on the construct of commitment and lowest on the construct of comfort with change (Read, Pino Betancourt & Morrison, 2016). However, the SRLS-R2 contains 69 items, so shorter, more focused instruments may be a more practical way to assess leadership self-efficacy and commitment to social change. The Self-awareness/Self-confidence subscales of the Leadership Self-Efficacy Scale (Bobbio & Manganelli, 2009) and the Social Justice Perceived Behavioral Control/Social Justice Behavioral Intentions subscales of the Social Justice Scale (Torres-Harding, Siers, & Olson, 2012), not previously used with nursing students, were included in our study of baccalaureate nursing graduates described below.

In order to assess the impact of participation in the KILN program, alumni who graduated between 2005-2014 were surveyed (using Qualtrics®) about activities in school and after graduation. They also completed the Social Justice Behavioral Intentions and the Leadership Self-awareness/Self-confidence scales. The sample consisted of 340 graduates (45% response rate), 34 of whom had participated in KILN. Respondents were predominantly female (98%), had graduated from the program before the age of 23 (98%), and were currently employed in nursing (96%). Differences between KILN participants and non-participants were evaluated using chi-square analyses or t-tests with significance set at p<0.05. Compared to nonparticipants, KILN program participants were significantly more likely to be Black, Asian, or Hispanic and to have been dependent on financial aid and required to work for pay while enrolled in the program. Despite their identification with underrepresented and/or underresourced groups, KILN members participated in significantly more leadership-building activities while they were students than non-participants. Activities directly related to the SCM included earning a minor in Hispanic Studies and participating in student government, cultural organizations, diversity advisory board, mentoring programs, and nursing-related service immersion opportunities. Other activities indirectly related to the SCM consisted of earning research fellowships and attending professional conferences. After graduation, 68% of KILN participants reported speaking a language other than English at work, compared to 40% of non-participants. KILN participants achieved higher scores on the Social Justice Behavioral Intentions and the Leadership Self-awareness/Self-confidence scales, but the differences were not statistically significant.

The KILN program has led to more inclusive participation in leadership-building activities in our school, and the Social Change Model has provided a guide for program implementation and evaluation. However, long-term outcome evaluation will be essential to ensure continued support and demonstrate the sustained effectiveness of the program. This important work could ultimately help to reduce health disparities, promote global social justice, and contribute to the betterment of society.

References


