

Research Article

Clinical Leadership Skills of Registered Nurse: A Qualitative Study from the Perspective of Bangladesh.

Abdul Latif^{1*} Nongnut Boonyoung² Aranya Chaowalit²

¹Doctoral Student, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand.

²Associate Professor, Faculty of Nursing, Prince of Songkla University, Songkhla, Thailand.

*Corresponding author: ablatif15@gmail.com

Abstract

Extreme globalization is largely affecting the knowledge and skills of clinical nurses in providing quality of patient care. However, nurses in Bangladesh are not adequately prepared to effectively lead the clinical care services as the safe and active manner for patients and demands of emerging changes. This study explored the perspectives on clinical nurse leadership (CNL) skills as perceived by different levels of nurses in Bangladesh. A simple qualitative research design was undertaken to explore participants' views on CNL skills using focus group discussions. Fourteen participants were purposively selected from nurse administration, education, and clinical settings. An open-ended with semi-structured interview guideline was used to collect data. Data triangulation was assured by personal interview, recording and field note, observation and expert's analysis. A thematic content analysis emerged eleven themes or skills categories on CNL skills of registered nurses in Bangladesh, including; assessment and diagnosis, patient-centered intervention, imply quality and safety, clinical effectiveness, and technology, caring relationship, multidisciplinary collaboration, communication, and professional practice; and problem solving and decision making; and professional guardianship. Although this study involved relatively small number of participants, these findings may contribute to developing a primary CNL framework. Developing identified skills among nurses may significantly contribute to improve quality of clinical nursing care services in Bangladesh.

Keywords: clinical leadership skills; qualitative study; registered nurse.

Introduction

An extreme globalization is largely affecting the healthcare system of each country including Bangladesh. These increasing changes with medical advancement are not only affected the structure of healthcare organization; also knowledge and skills of health professionals including nurses.^{1,2} To effectively respond to these rising complexities and reforming needs; traditional nursing management

is not working well as the effective model in contemporary healthcare.³ Nurses as largest and frontline clinical workforce, strong clinical leadership is vital to focus new innovations on emerging complexities and customer's satisfaction.⁴ However, nurses in Bangladesh were not adequately prepared for successfully meeting the ongoing changing demands in current and future healthcare.⁵⁻⁷

There was an often claim that quality of nursing in clinical patient care services in Bangladesh is not up to the levels as like as many neighboring countries in South-East-Asia.¹ Some studies reported that along with a severe scarcity of nursing workforces; in Bangladesh, nurses have limited opportunity to update their knowledge and skills with the changing demands of an advanced healthcare system.^{5,6} Therefore, nurses in clinical care are working with lack of positive self-image and vulnerability for expected clinical performance.^{2,6} In addition, due to low self-confidence, they frequently kept them away from active participation in most of the clinical decision-making process and to initiate any change affects the quality of patient care.^{2,8} While in globally, nurses are recognized as important positioned workforce for driving clinical efficiency and providing quality healthcare care for attainment of optimal patient outcomes.^{4,9}

According to Institute of Medicine (IOM), an effective leader of clinical nurses is utmost important for successful implement any change and policy that affects the quality and cost of care.^{4,10} The IOM also acknowledged that a CNL is capable to cultivate a culture of clinical excellence in working with his/her full potential of knowledge, skills, and education.⁴ In addition, CNL can play the key role in lead positive changes to improve the safe environment for patients, staffs and other healthcare professionals.¹⁰ Hence, current literature strongly acknowledged the importance of effective CNL as the fundamental aspect of contemporary complex healthcare as the vehicle for successful healthcare outcome.¹⁰⁻¹²

However in Bangladesh, despite a recognizable need for the development of nurses as the effective clinical leader to be an expert clinical manager⁷; due to lack of context-based evidence, the concept of CNL had received low attention among healthcare administrators and nurses. Moreover, there was also

lack of knowledge on types of leadership skills that should focus for clinical nurses to prepare them as active clinical leader of successfully leading the vulnerable quality of present nursing and upcoming healthcare complexities in the context of Bangladesh. Therefore, this study aimed to explore the key essences and attributes of CNL skills to be most important for clinical RNs in Bangladesh. It was believed that results of this study would provide a real insight into nature of leadership skills as expected for clinical nurses in Bangladesh. Thus, the identified skills components may contribute to the development of a context-specific clinical leadership scale or framework for clinical registered nurses (RNs) in Bangladesh.

Study objective

This study aimed to explore the perspectives on clinical nurse leadership (CNL) skills as perceived by different levels of nurses in Bangladesh.

Methods

Study design: This study employed a simple exploratory qualitative research design by incorporating in-depth focus group discussions (FGDs) and interviews by different categories of nurses in Bangladesh to clarify and define important leadership skills of the clinical RN. This study design was employed as prescientific philosophical perspective to generate scientific construct of CNL skills from empirical data and to validate them against the everyday experiences.¹³

Participants: The participants of the study were RNs from different areas of nursing disciplines including; nurse administrators, nurse educators and clinical RNs in a tertiary level hospital in Bangladesh. Fourteen participants in 2 focus groups were purposively selected to be the best informants in terms of the knowledge and experiences in the nursing leadership and clinical care contexts of Bangladesh. The group one comprised seven clinical

RNs who were designated as Senior Staff Nurse (SSN) and consisted of 4 bed-sides general nurses and 3 nurse-in-charges. The group two comprised of four clinical nurse administrators from a medical college hospital and three nurse educators from a nursing college in Bangladesh. The inclusion criteria of the clinical RNs were at least five years of

experiences as a clinical nurse, having at least bachelor of nursing degree and willing to participate. The inclusion criteria for nurse administrators and educators were, at least 5 years work experiences in respective fields of the current position and minimum master degree in nursing (Table 1).

Table 1: The demographic characteristics of the study participants of the focus group discussions (n=14).

Participants characteristics	Frequency	Age	Experience	Sex		Education	
	(n %)	(M \pm SD)	(M \pm SD)	Male	Female	BSN	MSN
Senior Staff Nurse (General)	4(28.5%)	45.5 (4.9)	18.5(5.2)	2	2	3	1
Staff Nurse in charge	3(21.5%)	46.0 (3.5)	21.5 (6.4)	1	2	2	1
Nurse Administrator	4(28.5%)	46.7(7.8)	9.5 (5.3)	0	4	1	3
Nurse Educator	3(21.5%)	56.3(1.5)	26.3(1.2)	2	1	0	3
Total	14(100%)	48.4(6.9)	17.5(7.7)	5	9	6	8

Data collection: An open-ended with semi-structured interview guidelines was developed for data collection to allow respondent to explain their own views and experiences as possible. The interview guide was initially developed with the

help of two expert supervisors, and it was reviewed by two experts in the qualitative study (Figure 10 professor from the faculty of nursing (FON), Prince of Songkla University (PSU); Thailand (Figure 1).

1. What is your current idea or experience of clinical nurse leader or leadership skills?
2. What are the qualities or characteristics a clinical nurse should have as effective leader in caring the patients?
3. What are the specific clinical skills do you think are important for nurses as the effective clinical leader in the perspective of nursing and healthcare of Bangladesh?
4. Please explain the actions or activities that a clinical nurse should perform to demonstrate his/her leadership skills in clinical care? Please, give some specific examples.
5. Beyond the skills we have discussed, what are others essential skills that a nurse should have as effective clinical leader to practices in caring the patients and dealing with patients, families, teams, and others clinical aspects in the context of healthcare in Bangladesh?

Figure 1: Key guiding questions for FGD and interviews of study participants.

Data were collected in March 2016 after obtaining permission from the Institutional Review Board (IRB), FON, PSU; Thailand. A written permission from the study places and study participants were granted before conducting FGDs and interviews. The discussions were lasted approximately 2 hours, while, participants were encouraged for open interactions with the researcher. The researcher

appealed participant's interest on the topic of CNL skills as important for the clinical RNs in Bangladesh by expressing their own experiences, explanations, and perspectives from their subjective points of view. An inductive approach was followed during discussions and interviews by moving the questions or clues from a broad generalized idea to more distinct skills. Proper clarifications were made by asking more

explanations if any point was unclear. Collected data were recorded as audio tape and field notes for any special point. In addition to FDGs, after preliminary analysis of collected data, researcher prepared for personal interviews with the number of participants to validate the study findings and necessary adding in explanations on a particular skill categories or themes.

Data Analysis: Data analysis was initiated by transforming the audio tape and field notes into a complete transcribed verbatim. A thematic content analysis using the Iceberg model¹⁴ used to identify the agreement and descriptions of CNL skills for the RNs in Bangladesh. After analyzing, themes emerged from the data set with regards to CNL skills appropriate for nurses in Bangladesh. The data analyses include: transcribed verbatim, coding line by line, classifying into categories/components, and identifying the common themes. The data analysis includes the individual and cross-group analysis.

Trustworthiness

The data triangulation assured by using multiple methods of data collections; such as group discussion, personal interview, recording and field notes, participant's observation, consultation with a panel of experts comprising the MSN and Ph.D. education programs nurses in Bangladesh. The rigors were ascertained at all stages of the researched process including purposive study subjects, data analysis by coding participant's words and descriptions relevance. The data saturation was assured by individual and group analysis including transforming the data to verbatim on the day of data collection. Member checking, use of research assistant and advisor's consultation were assured to increase the credibility and confirmability of findings.

Ethical Considerations

This study was granted the approval from the IRB, Faculty of Nursing, Prince of Songkla University, Thailand (IRB Approval No.MOE.0521.1.05/0589).

Participant's voluntary participation was ensured by explaining underlying study objectives and taking written consent. A permission of audio recording during discussions and interviews was reserved from participants in advanced and confidentiality was maintained by keeping anonymous in the study findings. The transcribed and recorded data were securely stored by the researcher.

Findings

The results of the study presented in this part include the main themes that emerged from collected data of the individual and cross-group analysis. Although two group's participants were different, emerged themes were mostly consistent across the groups. Hence, findings of this study presented here combinedly as skill categories or themes of the clinical leadership of RNs in Bangladesh. Brief information of study participants was provided in Table 1.

Eleven themes emerged from thematic content analysis of the collected data set as participants points of views. As presented below:

(1) Assessment and diagnosis: The assessment and diagnosis skills of patients genuine health problems and needs were identified as most important and first component of clinical RNs as clinical leader of patient care. This skill was explained by study participants as clinical RN's abilities to perform an in-depth clinical assessment of each patient's health status to identify the authentic health problems and needs. These also required the skills to use certain scientific technics or methods as relevant to identify the problems or needs. For example, according to participants' view; ...“*clinical nurse must have an ability for doing an in-depth assessment of each patient to identify patient's actual health problems and psychological problems. So, he/she needs to collect both subjective and objective data for drawing a problem-based solution*” [P-2]. Other said

...“when a patient cannot express or communicate; a nurse must understand him/her by observation skills [P- 4].”

(2) Develop patient-centered intervention:

The patient-centered intervention (PCI) is the most important aspect of the individualized care of the patients.⁴ The participants viewed the PCI as clinical RN’s ability in providing care to a patient with an understanding of patients’ identified health needs and importance of problems, patients/families preference or value to ensure a client-centered care. They believed that nurses as a direct patient care provider, they must have the ability to provide high-quality patient care which must be patient-centered and satisfy the patient needs and values the patient preferences.

For example, one participant stated that ...” a clinical nurse who provides patient-centered care; always demonstrate empathy to the patient’s problems and concentrate on patient satisfaction [P4].” Again, other said,...“timely share of complete information to the patients or relatives about the patient condition or the support that needed for a patient is essential for better management, and it is important to help them make decisions, what they think to do” [P6, 4].”

(3) Imply quality and safety: These skills viewed as RN’s ability of degree to which provided care to an individual patient is consistent to increase the desired outcomes and current professional knowledge that is clinically credible and standard. Based on provided comments and explanations of the focus groups, the content analysis identified several pieces of evidence to the name of this sub-domain as skills to “imply quality and safety in patient care”, such as; traditional techniques sometimes maybe not appropriate; need to balance cost, quality and patients ability. A participant recommended that ...” as practice-based discipline; nurses needed the advanced and updated knowledge

that are theatrically sound and empirically tested to bring an expected outcome of care provisions” [p6, 8]. While other participant told; ...” a nurse as a clinical leader should have the ability to utilize their theoretical nursing knowledge to guide their actions or practices and that is the reason for nursing education [p12]. Similarly ... “combination of theatrical knowledge and past successful experience are essential for the quality care and same time [p3]; he must consider the context of making decisions about a patient care” [p5].

(4) Evaluate clinical effectiveness: This skill of clinical leader was viewed as RN’s ability to ensure that a continuous monitoring and follow-up evaluation of a patients’ condition is maintained in order to determine patient’s prognosis toward the attainment of the expected outcome of care provision. The analysis revealed that ensuring continuous patient’s assessment; monitoring and follow-up evaluation of delegated activities must be put into account as part of evaluating patients’ progress and expected the outcome of care. A participant said that...“a clinical leader or RN should perform routine and subsequent follow-up of patients to evaluate patients’ condition and progress” [(p3]. Similarly other said...“it is vital to document all key information about patient and response to changing needs to modify care as patient’s condition” [p5].

(5) Technology skills: The emerged theme of technology skills of the RN was considered as the most important component to optimize the quality of patient care by integrating different advanced medical equipment or technologies. According to study participants, these skills were about RN’s ability to demonstrate an optimal and effective use of various advanced patient care equipment/tools/machinery in providing direct or indirect patient care. Most participants agreed that nurses in Bangladesh have less opportunity and skills to use advanced technology in clinical care and in

person using needs. For example; ...“ *a nurse needs quality to use existing routine and advanced medical machinery in direct and indirect patient care, such as- computerized information, search new knowledge etc.*”[p3]. Added more ...“ *basic skills in computer technology and internet use are also important for any nurse, especially skilled nurse for any level including clinical care or administration.....*” [p7]. Again ...“*though, we have less facility, but nurses, especially in the ICU, CCU and critical care; they must need special skills in advance technology for comprehensive care*” [p9].

(6) Caring relationship: Establishing a caring relationship with patients and families was considered as key skills of the clinical nurse leader of a therapeutic relationship with patients and families. These skills were explained by focus group participants as the degree to which a clinical nurse has the ability to develop and maintain a respectful, helping and trusting relationship with patients and families during dealing with patients problem, needs or concerns. Many participants of focus groups highlighted that nurses' ability to develop and maintain a good cooperative harmonious interpersonal relationship is not only important to patients, also important to work with coworkers. About this component, a participant said, ...” *a good cooperative and harmonious relationship with coworkers, patients, and patients relatives are the most important weapon as an effective leader, in which skills of behavior communication is vital*”[p6, 8]. Another said...“*nurses are always worked with the sick people and when they feel very crisis or mentally depressed. So, she/he must show the empathy to the patient and it is important for nurses that he/she is caring and concern to patients' problems*” p4].

(7) Interdisciplinary collaboration: The skill of interdisciplinary collaboration of the CNL was inferred to RN's ability to effectively work in

partnership with nursing and other inter-professional teams as mutual respect shared decision and collaboration to achieve quality patient care. The discussions of focus group revealed that an effective clinical patient care requires strong collaboration among all health team members; such as a nurse, doctors, and others support staffs. Participant acknowledged that...“*a nurse should always cooperative, supportive and sharing to the group members and must understand the feelings of the individual group member...because; it is important for effective group communicates and delegate the responsibility to the other members for continuity of care*” [p4, 6]. Again, other said ...*for example, the patient may have several problems; some can manage alone and others may not or some problems may be unclear. So a nurse needs to work in coordination with other nurses and doctors to share and manage problems effectively*” [p1].

(8) Skills in communication: Skill of communication was identified as most vital skills of a clinical nurse as key to understand the patients' feelings, problems and needs; especially who are unable to express or communicate. These skills were defined as clinical nurse leader's ability to perform a comprehensible mutual exchange of ideas and information with patients and with the team. According to a study participant... “*a clinical nurse must have a high level of communication skills, both for verbal and non-verbal*” [p2]. Another added that...“*effective use of verbal and non-verbal communication is not only important for transforming information of a nurse to a patient but important to understand patient's unexpressed views and for effective negotiation with patients or team*” [p6].

(9) Professional practice: An integration of core values of nursing into practice is fundamental for a clinical to demonstrate the ability of professional practice. The skills of professional practice was defined

as a RN's ability to integrate the core values of professional nursing into the clinical practice to deal with the patients, families, and members of the health team. This was also included a sense of accountability; integrity; human dignity; and practice with legal aspects of nursing. According to focus group participant, "...*a nurse with professional behaviors in the activities demonstrate that he/she is humor and honest; for example... good dealing, smiling face, ethical and try to provide the best care for a patient*" [p14]. Another participant added that "...*a nurse leader should cordial, responsible and helping that reflects his/her caring heart, hand and mind; and must respectful to patients' rights*" [p7].

(10) Problem-solving and decision-making (PSDM): the PSDM acknowledged by study participants as fundamental component of effective CNL as skills of a nurse in clinical decision-making or problem solving. It refers to RN's ability in defining and clarifying patients'/clinical problems and needs to make reliable, valid and durable clinical solution; which included recognize the problems and clarify the issue, gather data and understand the cause, make logical decision, consider and compare available options, and try to add the creativity. A participant stated that ..."*in the context of Bangladesh, problem-solving and decision-making skills of a bedside nurse are very important to solve verities of problems in our health care, especially to make a decision of work with many limitations*" [p3, 4].

The discussions reflected that these skills were about clinical nurse leader's ability in making a reliable, valid and durable clinical solutions or decisions in relation to patient care; with an understanding of the cause, defining and clarifying patients' clinical problems and for clinical nursing issues related to the quality of care.

(11) Professional guardianship: Participating in the enhancement of professional advancement was

refers to the nurse's ability to demonstrate a role of professional representativeness and guardianship in constructive change and advancement of nursing and nurses. The members of the focus group realized that 'Bangladesh nursing is suffering from the long-term crisis of leadership at all levels', as said by one participant [p3]. Therefore, the future nurses at all levels must hold the responsibility of professional guardianship to move nursing forward. For example ..."*clinical nurse is the key person and front liner to highlight the profession by demonstrating their role in caring the patients, advocacy for the profession and raising voice for ensuring high-quality patient care* [P4, 7]." Similarly ..."*It is essential to take responsibility for each nurse, how we can improve our profession. However, this is required a professional commitment and deliberation*" [p2, 4]. Again, ..."*each nurse can do many things to high light the profession and professional image, example- activities for social-welfare and publicity; seminar, symposium, social activity etc.*" [p6, 7, 5].

Discussion

This study explored clinical leadership skills of RNs in Bangladesh by incorporating the focus group discussions and interviews with RNs from different nursing disciplines. The data analysis identified eleven themes as components of clinical RN's leadership skills and important in Bangladesh from the viewpoints of focus group participants. Thus, the most important outcome of this study was introducing a new leadership framework for clinical nurses in Bangladesh. Although participants of this study were purposively selected from single nursing education institution and hospital; they were most experienced nurses and possibly the best informants on the topic of interest. Thus, we can strongly argue that findings of the study can be useful to other nurses in the similar contexts of Bangladesh.

Although few themes of the current study were almost similar to CNL competence or skills proposed or identified in other different studies of other countries^{10, 14-16}; many themes also varied from those above studies. These incomparable results of the present study might be reasonable, as culture influence or working environment in Bangladeshi hospitals will effect on the required essences of CNL skills to find the results dissimilar with earlier studies in the others countries. For example, review of existing literature revealed that contextual factors or issues may have a strong influence on the types of leadership and the required skills for effectiveness of the leaders: such as- the situation, types or nature of work, healthcare delivery model, education, experiences etc.^{17,18}

In this study, participants considered the first set of skills for CNL, as clinical nurse's ability to diagnose the genuine health problems and specific nursing needs of a patient that requires using various assessment techniques. According to the focus group, a CNL should have the abilities to screen patient's complex health problems, determine holistic needs, and draw the clinical conclusion based on available subjective and objective data. The participants prioritized on the above skills so that a CNL can establish to provide a patient-centered nursing intervention based on understanding the patient's unique health problems and their preferences or values, which were parallel with CNL competence proposed by American Association of Colleges of Nursing (AACN)¹⁰ and the IOM in The United States of America⁴ expected for nurses' skills as patient-centered care.

Participants highlighted the importance of nurses' ability in evaluating the clinical effectiveness of the provided care through ongoing monitoring of the patients through continuous follow-up as vital to estimate the prognosis of the patient's conditions. Although, these skills were different to the CNL

attributes with the existing studies of other countries; but participants argued that as the clinical expert leader, a nurse should identify specific clinical indicators and manage clinical change pertinent to patient condition. In addition, with growing medical technology, focus group emphasized special priority about the skills of advanced medical equipment to ensure the comprehensiveness of care.

As like as many others global researched findings,^{10,14-16} study participants discussed and identified the several human skills, important for CNL in Bangladesh. According to focus group data, a nurse's important skill is maintaining a caring relationship with the patients and families that must be respectful, trusty, responsive and caring. Since nurses in clinical care always work as the team; they must have an ability to effectively work in partnership with multidisciplinary teams with the qualities of mutual respect and team responsibility.

Another important component of human skill for nurses was very comparable to almost all nursing leadership study, such as skills of communication.¹⁹ The ability to share ideas and information with patients and teams including effective use of verbal and non-verbal skills were highlighted as important for communication. The "practice with professional values" was also identified from the data set. Some examples of these skills were- exhibit a sense of accountability; integrity; human dignity; and equally treating all patients and including practice nursing with professional standards, which were comparable to skills of altruism.¹⁰

The participants acknowledged that nurses are always being exposed to several problems in daily practices, which they need to solve by their own or many times they are needed to take decision for the patients as well as for clinical works. Thus, as like as other studies^{10, 20} Bangladeshi clinical nurse's also important the ability to clinical problem-solving & decision making. Several other

studies explained these skills CNL's critical thinking or analytical skills.^{10, 14}

Finally, focus groups highly realized that nursing in Bangladesh has been suffering from a long-term crisis of leadership at all levels of professional sphere. Therefore, the future nurses at all levels must hold the responsibility of professional guardianship to move nursing forward and represent nursing as the valuable profession as proposed by AACN.¹⁰ Participants explained the CNL's role as mentorship for the profession, which was referred as professional guardianship, most important to uphold the professional image of nursing in Bangladesh.

It is strongly believed that these identified eleven themes will represent the core CNL skills of the RNs for the specific health and nursing care contexts in Bangladesh. Thus, we expect that developing these skills among nurses will significantly contribute to improving clinical care

services in healthcare of Bangladesh.

Conclusion

This study attempted to explore the constructs of clinical leadership skills of RN in Bangladesh. The finding is worthwhile to develop preliminary leadership framework for the clinical RNs, especially for new nurses and nursing students to develop their clinical leadership skills within the identified perspectives. However, it is strongly recommended that future research is needed to examine its validity with large group number of study sample by both from qualitative and quantitative data collection and analysis.

Acknowledgement

The authors would like to thank to the government of Bangladesh and the Directorate General of Nursing & Midwifery (DGNM) for study support.

References

1. Islam A, Biswas T. Health system in Bangladesh: Challenges and opportunities. *Am J Health Res.* 2014; 2(6): 366-374. doi: 10.11648/j.ajhr.20140206.18
2. World Health Organization, Bangladesh (WHO). Strengthened health system: Nursing and midwifery; 2010. Available from: <http://www.ban.searo.who.int/en/Section3/Section41/Section98.htm>
3. Al-Sawai A. Leadership of healthcare professionals: Where do we stand?. *Oman Med J.* 2013; 28(4): 285-7. doi: 10.5001/omj.2013.79
4. Institute of Medicine (IOM, USA). The future of nursing: Leading change, advancing health. Washington, DC: National Academies Press; 2011. doi: 10.17226/12956
5. Latif A, Thiangchanya P, Nasae T. Relationship between organizational climate and nurses' job satisfaction in Bangladesh. Paper presented in the 2nd international conference and proceeding at Faculty of Liberal Art, Prince of Songkla University; 2010 April 10; Hatyai, Thailand.
6. Country Assessment on Nursing and Midwifery (CANM). In-depth country assessment on nursing and midwifery in Bangladesh. [internet]. 2011 [cited 2017 Dec 2]. Available from: http://www.academia.edu/8075983/In-depth_Country_Assessment_on_Nursing_and_Midwifery_in_Bangladesh_2011
7. Lund KD, Huda SN, Berland A. Proceedings-cooperative dialogue on advanced nursing education in Bangladesh. Bangladesh: Alliance for Nursing Development in Asia, ANDA; 2013.
8. Andaleeb SS, Siddiqui N, Khandakar S. Patient satisfaction with health services in Bangladesh. *Health Policy Plan.* 2007; 22 (4): 263-73. doi: 10.1093/heapol/czm017

9. Hughes RG. Patient safety and quality: An evidence-based handbook for nurses. Rockville, US: Agency for Healthcare Research and Quality; 2008.
10. American Association of Colleges of Nursing (AACN). White paper on the education and role of the clinical nurse leader. AACN; 2007.
11. Australian College of Nursing (ACN). Nurse leadership: A white paper by ACN 2015. [Internet]. 2015 [cited 2017 Dec 2]. Available from: ACN_Nurse_Leadership_White_Paper_FINAL.pdf
12. Porter-O'Grady T, Clark J, Wiggins M. The case for clinical nurse leaders: Guiding nursing into the 21st century. *Nurse Leader*. 2011; 8(1): 37-41. doi.org/10.1016/j.mnl.2009.11.002
13. Calder JB. Focus groups and the nature of qualitative marketing research. *J Mark Res*. 1977; 14(3): 353-64.
14. Supamanee T, Krairiksh M, Singhakhumfu L, et al. Preliminary clinical nursing leadership competency model: A qualitative study from Thailand. *Nurs Health Sci*. 2011; 13:433-9. doi: 10.1111/j.1442-2018.2011.00649.x
15. Smola BK. Refinement and validation of a tool measuring leadership characteristics of baccalaureate nursing students. In: Strickland OL, Waltz CF, editor. Measurement of nursing outcomes. 2nd ed. New York, NY: Springer Publishing Company, Inc; 1988.
16. NHS Leadership Academy. Clinical leadership competency framework [Internet]. 2012 [cited 2017 Dec 2]. Available from: https://www2.warwick.ac.uk/fac/med/about/global/etatmba/training/malawi/module2/clcf_self_assessment_tool.pdf
17. Curtis EA, DeVries J, Sheerin FK. Developing leadership in nursing: Exploring core factors. *Br J Nurs*. 2011; 20(5): 306-9. doi: 10.12968/bjon.2011.20.5.306
18. Cummings G, Lee H, MacGregor T, et al. Factors contributing to nursing leadership: A systematic review. *J Health Serv Res Policy*. 2008; 13(4): 240-8. doi: 10.1258/jhsrp.2008.007154
19. Canadian Nurses Association (CNA). Framework for the practice of registered nurses in Canada. 2nd ed. Canada: Canadian Nurses Association; 2015.
20. Stanley DJ. Clinical leadership and innovation. *J Nurs Educ Pract*. 2012; 2(2): 119-26. doi: 10.5430/jnep.v2n2p119