**Social Change: A Framework for Inclusive Leadership Development in Nursing Education**

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**ABSTRACT**

**Background:** The social change model (SCM) promotes equity, social justice, self-knowledge, service, and collaboration. It is a relevant framework for extracurricular leadership development programs that target students who may not self-identify as leaders. **Method:** Application of the SCM in a leadership development program for prelicensure nursing students from underresourced or underrepresented backgrounds is described. Students’ opinions about leadership for social change were explored through a focus group and a pilot test of an instrument designed to assess the values of the SCM. **Results:** Students lack the experience required to feel comfortable with change, but they come into nursing with a sense of commitment that can be nurtured toward leadership for social change and health equity through best practices derived from the SCM. These include sociocultural conversations, mentoring relationships, community service, and membership in off-campus organizations. **Conclusion:** Nurse educators can cultivate inclusive leadership for social change using the SCM as a guide. [J Nurs Educ. 2016;55(3):164-167.]

Leadership competence, which is essential for all nurses and required in prelicensure nursing curricula (American Association of Colleges of Nursing, 2008), is a lifelong developmental process that should be guided by a comprehensive conceptual framework (Scott & Miles, 2013). Participation in extracurricular leadership development programs can build a student’s confidence, provide experiences, and set the stage for a lifetime of meaningful activities. However, these programs must be accessible to all with attention to addressing the challenges of inclusivity (Read, Vessey, Amar, & Cullinan, 2013). The polishing diamonds approach, where self-identified student leaders or those with high grade point averages are targeted for opportunities, will never result in the development of a diverse cadre of professionals who can truly lead the way toward health equity. This article describes an extracurricular leadership development program for underrepresented and underresourced nursing students and introduces the social change model (SCM; Higher Education Research Institute, 1996) as its framework. The SCM, often used in non-nursing higher education settings, is especially relevant for nursing leadership in a diverse society.

**Social Change as a Framework for Student Leadership Development**

Student leadership development programming and inclusivity became increasingly intentional in the authors’ generic baccalaureate nursing program after being awarded a Nursing Workforce Diversity Grant from the Health Resources and Services Administration in September 2009 for an initiative called Keys to Inclusive Leadership in Nursing (KILN). It had been long since recognized that many students, especially those from underrepresented and underresourced backgrounds, did not participate in activities that were typically viewed as leadership building, such as undergraduate research, semester abroad, service-learning opportunities, committee participation, networking events, and others. The KILN program, now funded by a private foundation with support from the university, provides resources and mentorship to 55 students each academic 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 or underresourced. For example, participants are typically first-generation college students who speak a language other than English at home and whose families have a limited ability to provide financial and other supports. Participation in leadership-building activities has...
now become a typical characteristic of KILN participants, and the authors believe that the adoption of the SCM as a unifying framework has contributed to these outcomes.

The SCM

Because social responsibility has become increasingly viewed as an important college outcome, the SCM has been identified as the model most often applied in college leadership development (Dugan, Bohle, Woelker, & Cooney, 2014; Owen, 2012). The SCM model was developed by the Higher Education Research Institute (1996) of the University of California Los Angeles (UCLA) for college students who want to learn to work effectively with others to create positive social change over their lifetimes. The SCM asserts that leadership is a collaborative, service-oriented, values-based process that is about effecting change on behalf of society. 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. The model posits that leadership includes individuals in positional and nonpositional roles, views leadership as a process rather than a position, and promotes equity, social justice, self-knowledge, service, and collaboration.

Relevance of Social Change for Nursing

The centrality of nursing in the intertwined areas of health care leadership and the promotion of social justice is a focus of contemporary discourse within the profession. Nursing’s Social Policy Statement (American Nurses Association, 2010) characterized nursing as an evolving discipline, with a responsibility to serve the interests of society through active and enduring leadership in public and political determinations about health care. The Institute of Medicine (2010) highlighted the need to educate nurses who can meet the present and future demands of health care—a goal that requires preparation for leadership roles in the redesign of the system. There is movement toward replacing the traditional focus on individualized behavioral health promotion strategies with a social justice agenda that would more effectively reduce the health inequities resulting from structural and other social determinants of health (Reutter & Kushner, 2010; Mohammed, Cooke, Ezeonwu, & Stevens, 2014). In nursing education, support is building for an “emancipatory nursing” approach that “seeks to address social and structural factors that influence health and that seeks social justice for all as a direct path to health and well-being” (Chinn, 2014, p. 487). Thus, the need for insightful nurse leaders with diverse backgrounds has become increasingly important.

Research on Leadership Development Programs

The development of students as socially responsible leaders is a purpose commonly found in university mission statements that has been a prominent area of study over the past two decades, especially in liberal arts settings (Dugan et al., 2014). In 1999, Burkhardt and Zimmerman-Oster conducted one of the first multifaceted formal evaluations of funded leadership development programs and examined the impact of participation in leadership activities on measures such as understanding of self, ability to set goals, sense of personal ethics, willingness to take risks, civic responsibility, multicultural awareness, community orientation, and a variety of leadership skills. Findings revealed that participants in formal leadership programs were much more likely to report significant changes on those outcomes, compared with nonparticipants.

Avolio and Lester (2012) presented evidence that leadership development has both inborn and situational influences and suggested interventions that can increase leadership self-efficacy in young emerging leaders. Leadership development should be viewed as an ongoing journey throughout the lifespan, where the individual utilizes self-reflection and experience to create a positive leader self-concept that results in leadership behaviors. This process can be facilitated by (a) instilling the message to emerging leaders that they have personal control over their development; (b) exposing emerging leaders to successful leaders for observational and social persuasion; (c) providing opportunities for service in leadership positions, where emerging leaders can experience both success and failure and build their leader self-efficacy; and (d) giving developmental feedback and encouragement that builds leadership self-efficacy.

Dugan, Kodama, Correia, and Associates (2013) synthesized evidence-based best practices that reflect the values of the SCM and build leadership capacity across various demographic groups, using data from more than 250 colleges and universities that participated in the Multi-Institutional Study of Leadership Development, launched in 2006. The data gathered from that study also addressed some challenges of college leadership development programs, such as the need to increase collaborations across departments and to make better use of evaluation data for strategic planning (Dugan & Komives, 2007; Owen, 2012). In addition, Dugan et al. (2011) concluded that leadership programs have a narrow breadth of impact because 65% of senior students reported never participating in an individual leadership experience.

Although specific student leadership experiences, such as positional roles, can cultivate leadership self-efficacy, a critical lens must be applied when those roles are primarily occupied by students from dominant groups (Dugan et al., 2013). This has particular relevance in nursing and health care because health equity is at stake. A climate of inclusivity within a university is the key to the success of underrepresented and underresourced students and sets the stage for program initiatives to be effective. Creating such culture change requires intentional embrace of a broad definition of diversity and open discussions about definitions of labels, underlying assumptions about student aptitudes, and strategies for ensuring student success (Read et al., 2013).

Adopting the SCM: Pilot Research Findings From the KILN Program

Initial steps toward adoption of the SCM as a framework for the KILN program involved a pilot test of the Socially Responsible Leadership Scale-Revised Version Two (SRLS-R2; National Clearinghouse for Leadership Programs, 2013; Tyree, 1998) and a follow-up focus group. After obtaining approval from the university’s Office of Research Protections, the 68-item SRLS-R2 was administered to 17 juniors and seniors (age range = 19 to 21 years) enrolled in the KILN program. This
instrument uses a set of statistically valid and reliable scales constructed to measure the seven critical values identified in the SCM, plus an eighth construct that measures comfort with change. Items are scored on a 5-point Likert scale, where a higher score indicates greater socially responsible leadership capacity. The purpose of this pilot study was to enable review of this proprietary instrument and solicit students’ opinions about whether the SRLS-R2 constructs could be used to evaluate the long-term goals of the KILN program. Although no statistical inferences could be made based on the small sample, the SRLS-R2 pilot revealed that students scored highest on the construct of commitment (six items, mean = 4.67) and lowest on the construct of comfort with change (10 items, mean = 3.85).

The authors of the current study conducted a follow-up focus group to explore students’ opinions about the SRLS-R2 constructs and the desired long-term outcomes of the KILN program. Eight junior and senior nursing students who had completed the SRLS-R2 participated. All students in this racially diverse group qualified as financially underresourced by university guidelines. The audiotaped 1-hour session was conducted and analyzed by a faculty member who had expertise in focus group methodology and familiarity with the SRLS-R2 and the KILN program.

Students in the focus group conversed comfortably about their perceptions of the attributes of an admirable leader. These attributes included the ability to advocate for self and others, cultural competence, listening, networking and organizational skills, decisiveness, comfort with change and public speaking, open mindedness, well-roundedness, self-awareness, humility, and advanced education. They described socially responsible nursing leadership as a long-term commitment that recognizes disparities and creates avenues for positive change. Socially responsible nursing leadership requires an understanding of one’s own power to make change and a commitment to help those who may not be represented due to sociocultural or health circumstances. Participants credited experiences in the KILN program for increasing their awareness of the relevance of those attributes and reassuring them that leadership development is a lifelong process within a career that may unfold in unexpected ways. Many items on the SRLS-R2 resonated with students, especially those related to a nurse’s responsibility to the community. They all agreed that the SCM was a strong framework for the KILN program that will set the stage for socially responsible decision making throughout their careers.

Overall, it was concluded from the SRLS-R2 pilot and the focus group that young prelicensure nursing students lack the experience required to feel comfortable with change, but they come into nursing with a sense of commitment. The change construct in the SRLS-R2 reflects scores on items such as comfort with transition, looking for and finding energy in new ways of doing things, and the ability to work well in new environments. These attributes likely develop over time and with the confidence that comes with success. However, commitment may be an internal characteristic that is fairly well-developed in high school and may have contributed to these students’ choice of nursing as a career and a religious-based nursing program in particular. Items related to the commitment construct on the SRLS-R2 include willingness to devote time and energy to things that are important, following through on promises, and focusing on one’s responsibilities.

Identifying and Implementing Practices for Shaping Socially Responsible Leadership

The Multi-Institutional Study of Leadership Development (Dugan et al., 2013) identified high-impact practices that are influential in shaping college students’ capacities for socially responsible leadership. The practices fell into four categories, which were used to plan activities for the evolving KILN program. The four categories and some examples of related KILN activities include:

- Sociocultural conversations: Language and cultural immersion programs, written logs and blog posts, and participation in the school’s diversity advisory board meetings provide opportunities for conversations that address nurses’ advocacy for the vulnerable and underserved to influence health and social policy agendas.
- Mentoring relationships: Formal mentoring program with assigned faculty mentors, informal peer mentoring, and other mentorship opportunities on campus, such as research fellowships and supervised student organizations.
- Community service: Activities that benefit the community, build student self-efficacy, and foster university and community relationships, such as local health fairs and influenza vaccination clinics, service immersion, and clinical placement in nontraditional community settings.
- Membership in off-campus organizations: Local and national nursing organizations provide a way for students to observe and interact with leader role models outside of the university, make connections for future collaborations, and witness the values of citizenship and controversy with civility that sets the stage for later participation in politically active organizations.

Dugan et al. (2013) also found that it is important to provide experiences that are sequenced to meet students’ developmental needs over time and with sensitivity to specific influences that may vary by racial and ethnic group. For example, African American/Black, Asian-Pacific American, and White students responded more positively to having a faculty mentor than did Latino students, whose leadership capacity was better predicted by having a peer mentor. Individual differences in students’ backgrounds and experiences challenge educators to provide support systems that are relevant to a diverse student population and to use sociocultural conversations to inform those efforts.

Discussion

The literature presented in this article reveals that the development of socially responsible leaders is a goal of many college programs that is often underpinned by the SCM. Evidence-based practices can facilitate the achievement of this goal. Nursing programs have yet to adopt a conceptual model or report on long-term outcomes of extracurricular leadership development initiatives, yet the need to prepare nurses as leaders with a social justice lens is broadly accepted. In a multicultural society afflicted with health disparities, the tenets of the SCM resonate.

Building and sustaining a leadership development program for nursing students works best when the university’s vision and
mission are congruent with the goals of the program. The development of leadership capacity should be valued as an important aspect of the social dimension of student formation. A faculty leadership structure for the program needs to be implemented, university and community resources need to be leveraged, and external funding should be sought to enhance the initiative. Programs must extend beyond didactic content and into co-curricular and extracurricular activities that are supervised or mentored by faculty and nurse leaders. The conceptual framework selected for the program should ideally be adopted throughout the institution, and students of all abilities and backgrounds should reap the benefits of full participation in such programs.

Specific, measurable outcomes that would demonstrate the long-term effectiveness of socially responsible leadership development programs need to be identified. Those outcomes should reflect the participants’ activities that are aimed at reducing health disparities, promoting social justice, and contributing to the betterment of society. We have begun such an evaluation through an alumni survey that includes items related to work in an underserved area, participation and leadership in committees and professional organizations, mentorship activities, community service, leadership self-efficacy, and attitudes about sociocultural issues. Despite the difficulties inherent in obtaining long-term, follow-up data from alumnae and alumni, such a study could provide valuable information about best practices that could ultimately contribute to positive social change.

Conclusion

Social justice and health equity are essential aspects of the mission of nursing. Social change is an active, long-term process that begins with insight and is realized through skills that can be taught and developed in a nursing program and carried forward in one’s career and as a citizen of society. Nurse educators are in a prime position to cultivate leadership for social change through intentional student programs that recognize the developmental nature and need for inclusivity in student formation.

References