

Original Research - Quantitative

Leadership and Management Preparedness after Completing Induction Programme for Newly Graduate Nurses: A Cross-Sectional Study

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Abstract

Background: Leadership and management skills are essential and foundational in nursing, yet they are very complex and built through years of work experiences.

Aim: To examine newly graduate nurses' preparedness of their knowledge, attitude and practice of leadership and management skills after a one-year induction programme in the clinical setting.

Methods: A cross-sectional study on newly graduated Registered Nurses in Brunei Darussalam using a survey developed from key indicators of the Nursing Board for Brunei Darussalam and International Council of Nurses.

Results: Knowledge level of leadership and management skills ranged from 66.1% to 100%. Attitude score was between 15.2% to 93.2%. Practice score was between 19.0% to 94.9%. The results showed that nurses with clinical experiences are more prepared in terms of knowledge, attitude and practice of various leadership and management skills compared to those immediately working in managerial position. Some leadership and management skills (such as task-oriented management and conflict management) were enhanced, and yet certain essential skills (such as advocacy and communication with patients) were diminished as nurses acquired more work experiences.

Conclusion: A well-defined framework on foundational leadership and management skills is deemed important that should commence from nursing educational preparation and consistently assessed and monitored throughout the nursing profession.

Keywords: graduate; nurses; leadership; management; induction; Brunei

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Introduction

Leadership and management are essential and foundational skills in nursing profession, yet there are very complex skills and built through years

of workexperiences. Nursing leadership could be defined as ‘a social and relational process of positive influence and engaged decision making linked to actions and attitudes that benefit nursing, patients, and the healthcare environment’^{1(p5)}. Nursing care management, on the other hand, is characterized by ‘a set of knowledge, tools, instruments, and skills needed to organize the nursing teams’ work needed to maximize performance as to reach institutional goals’². In nursing, leadership and management skills are essential to organize patient care, to be in-charge of ward and clinical settings, and carry out organizational directives³.

The International Council for Nurses (ICN) Framework of Competencies outlined the importance of nurses to be competence in leadership and management skills⁴. It highlights the skills required for each level of nurses including support worker, enrolled nurse, registered nurse, specialist nurse, and advanced practice nurse. In focus of this study, leadership and management skills expected of a registered nurse encompasses advocacy, create positive work environment, adapts leadership style and approaches, conflict management, promote respect and confidence in the team, prioritize workload and manage time, contribute to review of policies and procedures, and contribution to educational and professional development.

In Brunei, the importance is similarly accentuated in the Core Competency Standards for Registered Nurses and Midwives in Brunei Darussalam. The Nursing Board of Brunei (NBB) required all nurses to act at all times with professionalism and competence manner including competence in leadership and management skills⁵. It highlights essential skills to be effective leaders and managers including demonstrate ability to think critically, make sound management decision, delegate, and use resource effectively, support and cooperate in a clinical team,

promote, and maintain professional roles, provide safe work environment, organize, and manage workloads effectively, uphold dignity and integrity, and be accountable for organizational empowerment and effective team.

This research study examined newly graduate nurses’ leadership and management preparedness in terms of knowledge, attitude, and practice after completing induction program in Brunei. It is anticipated that findings from this study can help nurse managers and policy makers to develop a standardized program or training to equip students and newly graduate nurses with knowledge and skills in leadership and management their required so they can work in the healthcare system competently and positively.

Methods

Study aim, design, settings, and samples

The study aim to examine the newly graduate nurses’ knowledge, attitude, and practice on their preparedness of leadership and management skills after completing Induction Program. A cross-sectional study was conducted at the largest hospital in Brunei (Raja Isteri Pengiran Anak Saleha Hospital – RIPAS) for 10 months from August 2020 until May 2021. The targeted populations were newly graduate nurses who had been joining the services less than 3 years and had completed one-year Induction Program organized by the Ministry of Health.

Instrument

Data were collected through self-developed questionnaire, designed based on the key indicators on leadership and management documented by the Nursing Board for Brunei (NBB) in the “Standards of Practice for Nurses and Midwives”⁶ and “Core Competence Standard for Nurses and Midwives,”⁵; and International Council for Nurses (ICN) Framework of

Competencies, Skills and Knowledge for Registered Nurse⁷. There are 32 questions divided into two sections; section 1 (10 questions): demographic data (gender, age, current designation status, year of appointment, year of graduation and year of completing the induction program); sections 2 focus on assessing the nurses' knowledge (8 items), attitude (7 items), and practice (7 items.) The questionnaire was pre-tested among 10 registered nurses to check for comprehensibility of the items, prior to dissemination in the main study.

Data collection procedure

No immediate or direct contact between the research team and the participants in this study. The eligible participants were identified by the gatekeeper (Nursing Officer – Administration [NOA]) who is assigned by the Director of Nursing Services to facilitate the data collection. The Qualtrics link to the questionnaire were provided by the NOA to all participants. The duration for the survey was 3 weeks. A reminder about submitting the questionnaire was given by the NOA weekly and at three days before the survey end.

Data Analysis

RStudio Version 1.2.5033 for Windows was used to enter and analysed the data. The statistical analyses include descriptive, correlational inferential analysis to determine the relationship between the study domains and sociodemographic factors. Independent *t* test, one-way ANOVA and a Fisher's exact test were used in subgroup analysis to compare sociodemographic factors with study outcomes (Knowledge, Attitude and Practice). All statistical tests are two sided and *p*-value less than 0.05 are considered significant.

Ethical Considerations

Full approval from the joint committee of the Pengiran Anak Puteri Rashidah Sa'adatul Bolkia

(PAPRSB) Institute of Health Sciences Research Ethics Committee (IHSREC) (ERN: UBD/PAPRSBIHSREC/2020/70).

Results

The final total of participants was 59 (response rate = 65.6%). Female nurses' participations (88.1%, SD=13.5) are higher than the male nurses (10.2%, SD=18.8). Female nurses (88.1%) were more likely to be young nurses, aged less than 30 years old (84.7%) and were largely appointed as Staff Nurses (91.5%), with Diploma (76.3%) and work in the ward (62.7%). Many of them graduated before 2018 (79.7%). 67.8% had their induction program from 2019 onwards. This possibly indicated that there is a gap of one year of not practicing as a nurse in between the graduation and employment.

Table 1 presents the overall number and prevalence rate for the newly registered nurses' knowledge on leadership and management based on the correctly answered items. All participants have full score in knowledge on advocacy; accountability; critical thinking and problems-solving skills; and teamwork and collaboration (100%). The nurses also demonstrated substantial knowledge that acknowledged others' contributions and feedback is central for their growth (94.9%). Additionally, it is disturbing to observe that more than half of the nurses illustrated knowledge on leadership and management related to delegation and resource allocation skills were for nurses only (69.5%); and autonomy is less important in-patient care (66.1%).

In table 2, it presents the prevalence rate on the newly nurses' attitude towards leadership and management skills preparedness with their demographic data. There was significant association between year of appointment and question on advocacy for their colleagues and patients. Many nurses who work in the year 2019 onwards (76.4%) (*p*=0.026)

have a positive attitude towards their responsibility as advocate for colleagues and patients as compared to those who have work in the service before the year 2019 (23.5%).

There was also a significant association between year of graduation and question on occupational or environmental hazards. All of those who graduated since 2018 (100%) ($p=0.011$) demonstrated attitude that they should only care for themselves when there were occupational or environmental hazards. This illustrated that the longer the nurses graduated, there were more concern towards the importance of caring only for themselves than others when there were occupational or environmental hazards.

Table 3 present the findings on the newly registered nurse's practice towards leadership and management skills. The finding shows that there is significant difference between participant designation and their attitude towards dealing with conflicts. Participants appointed as Staff Nurses (44.4%) agreed more towards acting professionally when dealing with conflicts compared to the others higher designations (40.0%) ($p=0.032$). This illustrated that Staff Nurses were exposed more to clinical practice and dealt more with patients and their families, hence can practice the leadership and management skills related to conflict management professionally. By contrast, those higher-ranking nurses were less frequent encounter patients and families and were more administratively focus.

It is observed that there is significant finding between year of graduation and the newly registered nurses' attitude towards delegation and resources. There were higher percentage of nurses graduated since 2018 who agreed that delegation and utilization of available resources should be used for their own team (54.6%) compared to other participants graduated since 2019 (45.5%) ($p=0.022$). It can be deduced that the longer they graduated, it is likely that they prioritize resources for their team rather than unnecessarily compromising resources for others.

There were also significant findings between years of induction and workplace safety and positive environments; and years of induction and putting dignity and integrity of the nursing profession and organization at risk. The participants who had completed their induction program since 2019 (73.5%) were observed to be more agreeable towards their responsibilities in ensuring safety, security and having a positive environment at workplace compared to those who had undergone induction program in or prior to 2018 (26.5%) ($p=0.039$).

Similar results were also observed that showed participants who had undergone the induction program since 2019 (89.5%) tend to put dignity and integrity of the nursing profession and organization at risk, compared to those completed the induction program in or prior to 2018 (10.5%) ($p=0.016$).

Table 1: Responses to knowledge items (correct answer only) (n=59)

		Correct
		n (%)
1.	advocacy skills are important part of nursing duty.	59 (100.0)
2.	accountability, critical thinking, and problem-solving skills are essential for dealing with conflict situation.	59 (100.0)
3	teamwork and collaboration are significant at work.	59 (100.0)
4	acknowledgement of others' contributions and feedback is central for growth.	56 (94.9)

Cont... Table 1: Responses to knowledge items (correct answer only) (n=59)

5.	understanding occupational health, safety and environment precautions is not part of nursing care.	52 (88.1)
6.	understanding goals, vision and mission of the unit/ward are not the responsibility of nurses.	52 (88.1)
7.	delegation and resource allocation skills are for nurses only.	41 (69.5)
8.	autonomy is less important in patient care.	39 (66.1)

Table 2. Prevalence of attitude and association with the demographic factors.

DEMOGRAPHIC DATA	Q1 n (%)	Q2 n (%)	Q3 n (%)	Q4 n (%)	Q5 n (%)	Q6 n (%)	Q7 n (%)
Overall (Strongly agree/Agree)	55 (93.2)	52 (88.1)	10 (16.9)	54 (91.5)	1 (1.7)	44 (74.6)	9 (15.2)
Gender							
Female	49 (94.2)	45 (86.5)	6 (11.5)	47 (90.4)	1 (1.9)	39 (75.0)	7 (13.5)
Male	5 (83.3)	6 (100)	3 (50.0)	6 (100)	0 (0.00)	5 (83.3)	1 (16.7)
P-value a	0.319	0.338	0.086	0.427	0.723	0.877	0.839
Age							
<30	46 (92.0)	44 (80.0)	8 (16.0)	46 (92.0)	1 (2.0)	38 (76.0)	7 (14.0)
>30	9 (100)	8 (88.9)	2 (22.2)	8 (88.9)	0 (0.00)	6 (66.7)	2 (22.2)
P-value a	0.379	0.939	0.717	0.758	0.549	0.059	0.916
Designation							
Staff nurse	50 (92.6)	47 (87.0)	9 (16.7)	49 (90.7)	1 (1.85)	41 (75.9)	8 (14.8)
Others	5 (100)	5 (100)	1 (20.0)	5 (100)	0 (0.00)	3 (60.0)	1 (20.0)
P-value a	0.528	0.391	0.777	0.477	0.734	0.651	0.948
Highest Qualification							
Diploma	41 (91.1)	38 (84.4)	6 (13.3)	40 (88.9)	1 (2.2)	33 (73.3)	9 (20.0)
Degree/ Master	14 (100)	14 (100)	4 (28.6)	14 (100)	0 (0.0)	11 (78.6)	0 (0.0)
P-value a	0.248	0.116	0.381	0.192	0.354	0.822	0.304
Employment							
Ward	34 (91.9)	31 (83.8)	7 (18.9)	34 (91.9)	1 (2.7)	27 (72.9)	6 (16.2)
Clinic	21 (95.5)	21 (95.5)	3 (13.6)	20 (90.9)	0 (0.0)	17 (77.3)	3 (13.6)
P-value a	0.599	0.180	0.662	0.896	0.735	0.725	0.485
Year of Appointment							
<2019	13 (23.5)	13 (25.0)	4 (40.0)	16 (29.6)	0 (0.0)	10 (22.7)	4 (44.4)
>=2019	42 (76.4)	39 (75.0)	6 (60.0)	39 (70.4)	1 (100)	34 (77.3)	5 (55.6)
P-value a	0.026*	0.318	0.207	0.154	0.764	0.162	0.539
Year of Graduation							
<2018	44 (80.0)	41 (78.9)	8 (80.0)	42 (77.8)	1 (100)	33 (75.0)	9 (100)
>=2019	11 (20.0)	11 (21.2)	2 (20.0)	12 (22.2)	0 (0.0)	11 (25.0)	0 (0.0)
P-value a	0.810	0.672	0.650	0.238	0.468	0.309	0.011*
Year of Induction Program							
<2018	16 (29.1)	41 (78.9)	4 (40.0)	16 (29.6)	0 (0.0)	14 (31.8)	4 (44.4)
>=2019	39 (70.9)	11 (21.2)	6 (60.0)	38 (70.4)	1 (100)	30 (68.2)	5 (55.6)
P-value a	0.058	0.672	0.717	0.164	0.205	0.757	0.658

a Fisher's exact test *Significant P-value <0.05

Q1 It is my responsibility to be advocate for my colleagues and patients.

Q2 I uphold dignity and integrity of the nursing profession and organization.

- Q3 I should avoid and ignore conflict in the unit/ward.
 Q4 I support the ward's/unit's mission and goals and provides feedback to ensure its success.
 Q5 Upgrading my knowledge and understanding of nursing care are not mandatory.
 Q6 I use resources effectively and able to delegate according to needs/requirements.
 Q7 I should only care for myself when there are occupational or environmental hazards.

Table 3. Prevalence of practice and association of demographic data.

DEMOGRAPHIC DATA	Q1 n (%)	Q2 n (%)	Q3 n (%)	Q4 n (%)	Q5 n (%)	Q6 n (%)	Q7 n (%)
Overall (Strongly agree/Agree)	56 (94.9)	46 (78.0)	26 (44.1)	11 (19.0)	49 (83.1)	45 (76.3)	19 (33.3)
Gender							
Female	50 (96.2)	42 (80.8)	22 (42.3)	9 (17.3)	43 (82.7)	39 (75.0)	16 (32.0)
Male	5 (83.3)	4 (66.7)	4 (66.7)	2 (33.3)	5 (83.3)	5 (83.3)	3 (50.0)
P-value	0.179	0.419	0.256	0.343	0.969	0.652	0.379
Age							
<30	48 (96.0)	39 (78.0)	23 (46.0)	11 (22.0)	41 (82.0)	39 (78.0)	15 (30.6)
>30	8 (88.9)	7 (77.8)	3 (33.3)	0 (0.0)	8 (88.9)	6 (66.7)	4 (50.0)
P-value	0.371	0.988	0.481	0.119	0.612	0.462	0.281
Designation							
Staff nurse	51 (94.4)	44 (81.5)	24 (44.4)	11 (20.4)	4 (80.0)	41 (75.9)	17 (32.1)
Others	5 (100)	2 (40.0)	2 (40.0)	0 (0.0)	45 (83.3)	4 (80.0)	2 (50.0)
P-value	0.589	0.032*	0.848	0.263	0.849	0.838	0.463
Highest Qualification							
Diploma	43 (95.6)	36 (80.0)	20 (44.4)	7 (15.6)	36 (80.0)	35 (77.8)	12 (27.9)
Degree/ Master	13 (92.9)	10 (71.4)	6 (42.9)	4 (28.6)	13 (92.9)	10 (71.4)	7 (50.0)
P-value	0.689	0.499	0.917	0.275	0.2663	0.626	0.128
Employment							
Ward	35 (94.6)	27 (72.9)	17 (45.9)	7 (18.9)	31 (83.8)	28 (75.7)	13 (36.1)
Clinic	21 (95.5)	19 (86.4)	9 (40.9)	4 (18.2)	18 (81.9)	9 (24.3)	6 (28.6)
P-value	0.884	0.230	0.706	0.944	0.846	0.889	0.560
Year of Appointed							
<2019	15 (26.8)	11 (23.9)	7 (26.9)	1 (9.1)	12 (24.5)	10 (22.2)	3 (15.8)
>=2019	41 (73.2)	35 (76.1)	19 (73.1)	10 (90.9)	37 (75.6)	35 (77.8)	16 (84.2)
P-value	0.804	0.297	0.976	0.136	0.315	0.129	0.202
Year of Graduation							
<2018	45 (80.4)	36 (78.3)	18 (69.2)	6 (54.6)	12 (24.5)	34 (75.6)	14 (73.7)
>=2019	11 (19.6)	10 (21.7)	8 (30.8)	5 (45.5)	37 (75.6)	11 (24.4)	5 (26.3)
P-value	0.566	0.615	0.077	0.022*	0.315	0.160	0.491
Year of Induction Program							
<2018	19 (33.9)	15 (32.6)	8 (30.8)	1 (9.1)	13 (26.5)	13 (28.9)	2 (10.5)
>=2019	37 (66.1)	31 (67.4)	18 (69.2)	10 (90.9)	36 (73.5)	32 (71.1)	17 (89.5)
P-value	0.220	0.900	0.834	0.069	0.039*	0.329	0.016*
a Fisher's exact test *Significant P-value <0.05							
Q1	I communicate effectively with my patients and colleagues.						
Q2	I act professionally when dealing with conflicts.						
Q3	I contribute and participate towards achieving the ward/clinic/unit goals and objectives.						
Q4	I delegate and use available resources only for my team.						
Q5	I ensure the ward/clinic/unit is safe, secure, and always having positive environment.						
Q6	I ensure all nurses abide by the occupational health and safety measures.						
Q7	I always put dignity and integrity of the nursing profession and organization at risk.						

Discussion

To the best of the authors' knowledge, this is the first study that examine leadership and management preparedness in terms of knowledge, attitude, and practice, among newly graduated nurses after undertaking a one-year induction programme.

Knowledge

First, the study found that the newly registered nurses have full correct score for knowledge on advocacy; accountability; critical thinking and problems-solving skills; and teamwork and collaboration. All these are the main indicators for leadership and management in the Core Competencies Standards for Registered Nurses and Midwives, Brunei (Core Competency Domain 3: Leadership and Management)⁵ and in International Nurses Council (ICN) Framework of Competencies, Skills and Knowledge for Registered Nurse⁷. Although nurses' induction program in Brunei is not intended towards preparation of leadership and management skills, the program indirectly have instilled some knowledge components. It is feasible that Nursing Leadership Development Model⁸ may be incorporated in the current induction program.

Surprisingly, the nurses have low correct knowledge score on the importance of patients' autonomy in patient care. This finding is consistent with a study conducted in the United States that evident that nurses were deficient about on patients' autonomy⁹. Our study was quantitative and did not explore rationales behind this. It could be deduced that new nurses' induction program in Brunei have minimal impact on the knowledge preparedness pertaining to patient autonomy. There is a strong indication for the need to review and revise the existing induction program to strengthen this concept.

Attitude

Advocacy was viewed as important in the early

years of work but attitude towards the importance of advocacy decreases as years of work increases. Nurses' roles as advocator have two main functions: as informer to the patient; and as supporter of the patient's decision¹⁰. It is possible that in the early years of work, nurses are focused on patients care, hence view their role as patients advocate utmost important¹⁰⁻¹². By contrast, throughout the work experiences, nurses may become task orientated which consequently result to lack of time spent for communication with patients, hence diminishing their role as advocator¹³. This study findings reflected that the induction program in Brunei is less effective in preparing the new registered nurses on advocacy. Further research needs to be carried out to understand the exact cause.

Practice

This study finding illustrated that new graduate nurse who are exposed more to clinical practice, dealt more with patients and their families, hence, more prepared to practice the leadership and management skills related to conflict management. This is consistent with a similar study conducted in Evelina London Children's Hospital that demonstrated nurses spent approximately 450 hours over a 24-week period in managing conflict¹⁴. Nurses' induction program in Brunei sufficiently prepares newly registered nurses with skills on conflict management.

This study findings revealed that newly graduate nurses tend to put nursing profession dignity and integrity at risk, especially among those who recently completed their induction program. Since, the eligible participant in this study only focus on the new nurses that had been working in the health services less than three years, most probably these new nurses are still deficit in experiences and understanding on dignity and integrity in nursing profession. Nursing professional value includes respectfulness, responsiveness,

compassion, trustworthiness and integrity⁷.

Implications to Practice

Nurses should be actively engaged in the evaluation process to ensure a two-way perspectives: nurse administrative; and the nurses¹⁵. The current programme could also adopt structures from more established programme such as from the NHS Trust (The Royal Wolverhampton), that provides longer preceptee status (12-months) involving structured induction, learner-centered study for interprofessional and professional-specific learning, and peer support¹⁶.

A continuous system of monitoring can ensure that nurses will be theoretically knowledgeable and also continuously ready and be confidence to practice leadership and management throughout their nursing profession¹⁵.

Another strategy to increase leadership and management preparedness is through simulation training. This method could be infused into the Induction Program. Teaching nurses through simulation could allow them to practice and demonstrate competence in areas involving knowledge, skills, critical thinking and communication skills¹⁷.

Limitations

The results of this study should be interpreted within its limitations. This study only represents newly graduate nurses in the study site. The results may not be generalized to the newly graduate nurses nationwide. Further qualitative studies should be carried out to understand newly registered nurses' perceptions and experiences on the preparedness on leadership and management skills.

Conclusion

Leadership and management preparedness in nursing practice should encompass a continuity of

education and training for the nursing students at the education institution and when they graduated and start working at the health institution. A continuous system of monitoring of development of the leadership and management skills should exist to ensure that the skills are sustained and efficient. Further in-depth qualitative study is required to explain rationales for the deficit in leadership and management preparedness.

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