

A Study of Leadership of Nursing Students at the Mission Faculty of Nursing, Asia-Pacific International University

Sudaporn Stithyudhakarn

Abstract

Assessment of leadership competence is important in planning for self-development among nursing students. The purpose of this study was to study the leadership competence of nursing students at the Mission Faculty of Nursing, Asia-Pacific International University. The subjects consisted of 75 fourth year nursing students. The research instrument was a questionnaire, which had a content validity and the reliability of .93. Data were analyzed using descriptive statistics. Results showed that the mean score of leadership among nursing students was high ($X=3.55$, $S.D. = 0.98$). Specifically, Ethical competency ($X=3.82$, $S.D.=1.11$), Professional competencies ($X=3.73$, $S.D.=0.94$), Management competency ($X=3.64$, $S.D.=0.91$), and Political economic and social competencies ($X=3.79$, $S.D.=1.08$) were high. On the contrary, Personal competency ($X=3.15$, $S.D.=0.98$), Knowledge and Intelligence competencies ($X=3.30$, $S.D. =0.79$) and uses of technology and foreign language competencies ($X=3.46$, $S.D. =1.03$) were moderate. The results from this study could be used as preliminary information for teachers of the Nursing Leadership Course to improve teaching-learning methods by enhancing students' conceptual and systematic thinking as a leader which will lead to success when working.

Keywords: Leadership competencies, nursing students, Asia-Pacific International University

Introduction

In today's health care world, the quality and effectiveness of services offered are becoming more important than ever as they develop within a rapidly changing and increasingly complex structure (Duygulu, Hicdurmaz, & Akyar, 2011). Both nurses and other health care professionals are expected to be leaders of these changes, to provide their services within the ever changing system, and to become leaders in the requests of the individuals receiving health care services (Duygulu, Hicdurmaz, & Akyar, 2011). Leadership in nursing is an essential issue in the nursing profession because nurses have to work in partnership with other professionals. Therefore, the nursing profession is acknowledged as central to the development and delivery of health care in different situations. Bower (2000) stated that the professional nurse has to develop leadership attitudes, motivation, and skills. There are at least 12 principles in leadership, namely self-understanding, forward looking, living in the present but planning for the future, having a vision, working as a team, risk management, doing the right things, using change as a chance to develop, using problem-solving skills, communicating effectively, being able to mentor others, and managing independently. Furthermore, leadership also involves the ability to influence the attitudes, beliefs, behaviors and feelings of other people (Spector, 2006).

Nursing students, as future leaders, should have an understanding that nurses as members of a large profession, could contribute to the health care system and can become influential leaders not only in their workplace but beyond their classroom as well (Patton, 2007). Hoffman, Harris, and Rosenfeld (2008) suggested that students, who have the nursing faculty as positive role models and mentors, would be more likely to become leaders in nursing education. It is important that faculty members aspire to be transformative role models for their students (Lapidus-Graham, 2012). Experienced nursing faculties are responsible for instilling leadership skills among their nursing student (Cohen, 2007; Kelly, 2007). Nonetheless, Allio (2009) cautions that leadership skills are not spontaneous and may be learned successfully only by certain individuals.

The literature review on nursing leadership indicates that nursing faculty members possess a wealth of experiences which students may learn from in order to develop their leadership skills (McClure & Hinshaw, 2007; Tunajek, 2006; Weingarten, 2008). Aside from the plethora of experiences of nursing faculty, other factors which may serve as learning catalysts for leadership skills include the behaviors and practices of nursing leaders, their traits and characteristics, the impact of the healthcare context and practice settings, and educational participation of nursing leaders (Cummings et al., 2008). It is clear from the discussion above that leadership is considered to be of significant importance to nurses. Furthermore, it appears that nurses are increasingly being expected to undertake leadership roles in different settings. During the transition from being a student to professional nurse, leadership qualities can be fostered with the right intervention on the nursing teachers' part (Curtis, De Vries, & Sheerin, 2011).

The Mission Faculty of Nursing (MFON), Asia-Pacific International University (AIU), believes in a balanced development of all dimensions of human life: these include the physiological, psychological, emotional, societal, and spiritual. It believes in a connection between human beings and God who created this world and the universe, and it views a human being as a holistic, open system. Nurses can bring knowledge, skills, and advanced technology to be responsibly utilized in providing health care service that adheres to moral, ethical and professional standards. Since nursing is a valuable and essential professional in society, the MFON has established a nursing science program of studies in order to produce professional nurses who meet international standards and serve people in society well. Leadership in every dimension is essential in nursing development (Curtis, De Vries, & Sheerin, 2011).

Considering these issues, effective nursing leadership is a crucial tool in shaping nursing practices and health policies (Antrobus & Kitson, 1999). To become effective leaders in their profession, nurses should learn leadership skills and behaviors during their baccalaureate education (Fagin, 2000; Pullen, 2003). With an increasing shortage of Nursing-leaders compounded by the current shortage of professional nurses, it is important to find ways to develop and retain Nursing-leaders to ensure positive outcomes in the health care system (Laschinger, Wong, Ritchie, et al, 2008; Tourangeau, 2003). The report of satisfaction of graduates from their employers in the past year showed moderate levels in leadership skill. Furthermore, the employers commented the need to increase self-confidence and decision-making abilities among nursing graduates. For this reason, the researcher is interested in studying leadership among student nurses. The results of the study will be used to improve the curriculum, student activities, and educational management in both theory and practice to encourage the development of leadership skills and competencies among MFON nursing graduates.

Conceptual Framework

Leadership is important in every workplace and in all careers. The nursing profession also requires firm leadership skills to ensure quality work with clients and patients. This study employed the Competencies of Registered Nurses by the Thai Nursing Council (2010) as a conceptual framework. According to the Thai Nursing Council (2010), the competency of a registered nurse is measured through knowledge, abilities, and attitudes. Having a high competency will enable nurses to practice according to standards of safety and accountability within the scope of their profession while being effective team members, maintaining personal and professional development, and above all, striving to be decent members of society. These competencies can be categorized into eight aspects: 1) Ethics, Code of Conduct, and the Law, 2) Core Nursing and Midwifery Practices, 3) Professional Characteristics, 4) Leadership, Management, and Quality Improvement, 5) Academics and Research Competencies, 6) Communication and Relationships, 7) Information Technology and 8) Social Competency. Every competency was incorporated into the assessment of nurses' leadership characteristics in this study.

Research Methodology

This is a descriptive survey with a 100 % purposive sampling technique. Participants were seventy-five senior nursing students enrolled in the academic year of 2011 at MFON, AIU, Bangkok campus. A modified version of the Leadership Competency Questionnaire was used (Thinkarn, 1997). The questionnaire is composed of two main sections which are demographic data and leadership competency data.

This instrument has a total of 75 items which are composed of positive and negative items using a five-point Likert-scale. It uses a 5-level rating scale with the following criterion for positive items: 5 =

Exceptional (demonstrates exceptional behaviors; serves as a role model and mentor), 4 = Highly Effective (consistently demonstrates effective behaviors and often demonstrates exceptional behaviors), 3 = Effective (consistently demonstrates effective behaviors), 2 = Inconsistent (demonstrates some behaviors but not others, or uses behaviors inconsistently), and 1 = Unsatisfactory (rarely demonstrates competency behaviors; requires significant development). The negative items have the following criterion: 5 = Unsatisfactory (rarely demonstrates competency behaviors; requires significant development), 4 = Inconsistent (demonstrates some behaviors but not others, or uses behaviors inconsistently), 3 = Effective (consistently demonstrates effective behaviors), 2 = Highly Effective (consistently demonstrates effective behaviors and often demonstrates exceptional behaviors), and 1 = Exceptional (demonstrates exceptional behaviors; serves as a role model and mentor). The samples of positive and negative items are demonstrated in Table 1.

Table 1 Examples of Items in ethical competencies and management competencies

Statements	5	4	3	2	1
I respect and perform according to professional ethic.					
I am proud to be a professional nurse.					
I protect the right of all clients.					
I conduct with clients as human being.					
I take care of client as my real relative.					
I never plan before work.					
I cannot invite friend who is member of the team to improve in nursing care during working in the ward.					
I cannot evaluate nursing care of myself and other.					

For the instrument's psychometric evaluation, content validity was performed by eight experts who reviewed the content for relevancy, clarity, and language usage and gave recommendations. After the revision, the final version of the instrument was tried out with a similar group of nursing students ($n = 57$) at the same nursing school. Internal consistency reliability was performed using the Cronbach alpha coefficient and the result was 0.93.

Results and Discussion

The demographic data demonstrated that 90.67% were female, 57.33% were the First (the Eldest) child, 81.33% had parents who were married and living together, 65.33% were willing to study nursing, and 37.33% had a family income of 6,000-12,999 baht/month.

The mean score of leadership competency among of nursing students was high ($X=3.55$, $S.D.= 0.98$). Ethical competencies ($X=3.82$, $S.D.=1.11$), Professional competencies ($X=3.73$, $S.D.=0.94$), Management competencies ($X=4.$, $S.D.=1.08$), and Knowledge and intelligent competencies ($X=3.79$, $S.D.=1.08$) were high, whereas, those of Personal competencies ($X=3.15$, $S.D.=0.98$), Political, economic and social competencies ($X=3.30$, $S.D.=0.79$) and Uses of technology and foreign language competencies ($X=3.46$, $S.D.=1.02$) were moderate. The result is revealed in Table 2.

Table 2 Overall for leadership in student nurse ($N=75$)

Leadership competency	Mean	S.D	Level
Ethical competencies	3.82	1.11	High
Personal competencies	3.15	0.98	Moderate
Professional competencies	3.73	0.94	High
Management competencies	3.64	0.91	High
Knowledge and intelligent competencies	3.30	0.79	Moderate
Political economic and social competencies	3.79	1.08	High
Uses of technology and foreign language competencies	3.46	1.03	Moderate

Table 3 *The percentage of Ethical competencies (n=75)*

Statement	Mean	S.D	Level
I respect and perform according to professional ethics.	4.47	0.92	High
I never work overtime in the ward.	3.65	1.14	High
I am pleased to listen to others' opinion of team member.	4.24	0.98	High
I will leak aclient's secret if it could be of danger to other people.	3.05	1.33	Moderate
I never steal from other people.	4.01	1.67	High
I think that rich clients should be received better nursing care than poor client.	1.84	1.47	Lowest
I am proud to be a professional nurse.	4.51	1.02	Highest
I like to empower the discouraged client about his/her disease.	4.32	0.96	High
I never stand for the wrong person even though he/she is my close friend.	3.86	1.21	High
I protect the rights of all clients.	4.36	0.89	High
I interact with clients as human being.	4.35	0.89	High
I am not on time in every situation.	2.80	0.88	Moderate
I take care of client as my real relative.	4.19	1.04	High
Total	3.82	1.11	High

The result of the Ethical competencies results in this study showed higher level mean value ($X=3.82$). The result confirmed that students, who wanted to study nursing (65.33%), felt proudest to be a professional nurse ($X = 4.51$, $STD = 1.02$) and most likely to perform according to professional ethics ($X = 4.47$, $STD = 0.92$). Furthermore, students who were the eldest child (57.33%) and had married and living together (81.33%) seemed to value the importance of family and its members as important human beings. This value was transformed and shown in the high scores in the item, "to protect the right of all clients" ($X = 4.36$, $STD = 0.89$), conduct with clients as human being ($X = 4.35$, $STD = 0.89$), and take care of client as their own real relative ($X= 4.19$, $STD = 1.04$). Moreover, being the first child (57.33%) is normally expected to uphold an ethical conduct in the family. This may explain why they have high standards of honesty which showed high scores in item "I never steal any stuff of other person" ($X = 4.01$, $STD = 1.67$), and item "I never stand for the wrong person even though he/she is my close friend" ($X = 3.86$, $STD = 1.21$). A correct code for teaching and learning among nurses will foster a firm foundation for ethics. Ethics is an important facet in the health care industry because it involves interventions in the form of health promotion, prevention, rehabilitation and nursing care for clients and patients. Therefore, nursing implementation must uphold sound ethical standings and control over the behavior of the practitioner (Thinkarn, 1997).

Table 4 *The percentage of Personal competencies (n=75)*

Statement	Mean	S.D.	Level
I have self-confidence in everything.	3.28	0.60	Moderate
I cannot control my mood, expression, and manner when I am angry, upset or happy.	3.28	1.16	Moderate
I am a happy person.	4.01	1.06	High
I always like to show or present in front of class.	2.80	1.13	Moderate
I can choose the way of relaxation.	3.83	1.00	High
I am able to lead and bring the group to succeed in work.	3.63	0.91	High
I have difficulty in getting along with others.	1.19	1.25	Lowest
I am an active person.	3.33	0.96	Moderate
I like to think in a strange and new way and it is always accepted by others.	3.20	0.85	Moderate

I am a friendly person.	3.63	0.93	High
I do not like to help others.	0.76	0.98	lowest
I have a good health.	3.77	1.20	High
I have to finish work before I leave.	4.15	0.98	High
I am sincere towards other.	4.41	0.81	High
I do not like to express my opinion in meetings.	3.12	0.91	Moderate
I do not try to solve problems.	1.82	1.18	Moderate
I like to talk with a client during my free time instead of letting the time pass.	3.43	0.82	Moderate
Total	3.15	0.98	Moderate

The mean score of Personal competencies was high ($x=3.31$). The result implied that when students had good health and found the way to regulate stress, these indirectly supported their personal competency. Moreover, this study also confirmed that the personal characters were essential for student nurses to be competent in leadership skills. Examples were demonstrated in high scores of certain characteristics such as being a friendly person, able to lead the group to be successful in work, being sincere to others, and wanting to finish work before leaving. These interpersonal skills are essential to be a leader, as found in a study of leadership where personal competency involves the use of interpersonal skills to influence others to accomplish a specific goal (Sullivan & Garland, 2010).

Table 5 *The percentage of Professional competencies (n=75)*

Statement	Mean	S.D	Level
I am able to correctly practice by using nursing process and/or nursing theory.	3.68	0.84	High
I am able to teach health education.	3.89	0.75	High
I am unable to be a good role model as a professional nurse.	3.80	1.16	High
I am able to convince others.	3.36	0.83	Moderate
I never read or utilized research in nursing care.	3.61	1.02	High
I always use critical thinking before making decisions.	3.73	0.99	High
I am better developing my thinking and nursing method than usual.	3.72	0.86	High
I never get admiration from clients or relative.	3.85	1.16	High
I care for every client with quality and safety.	4.08	0.99	High
I am able to explain the reason of nursing care correctly.	3.56	0.81	High
Total	3.73	0.94	High

The results of Professional competencies of this study showed high levels of mean which was congruent with the study of Jaruwatcharapanitkul (2008) in comparing perceived nursing competency of nursing student between practices in clinical setting by giving nursing care to each client and practices by giving routine nursing care in nursing laboratory. The results showed statistical significant difference (0.01) in high-levels of perceived nursing competency in clinical setting than in nursing laboratory. Professional competencies are crucial to nursing leadership because effective nursing leadership provides guidance for solving complex problems related to nursing care delivery (Smith et. al, 2006). Nurse-leaders create structure, implement processes for nursing care and facilitate positive outcomes. (Anthony, Standing, Glick, et al., 2005) Developing nursing leaders and recruiting and retaining staff nurses into leadership positions are essential components of succession planning for future nursing leadership (Kleinman, 2004). Cummings et al. (2008) suggested that leadership can be developed through specific educational activities, and by modeling and practicing leadership competencies.

Table 6 *The percentage of Management competencies (n=75)*

Statement	Mean	S.D.	Level
I never plan before work.	4.20	0.96	High
I have knowledge in organization management.	3.13	0.74	Moderate
I am able to give appropriate assignment to members of team.	3.57	0.89	High
I cannot help a member of the team to improve in nursing care while working in the ward.	3.67	1.00	High
As a team leader, I able to cooperate between members in the team and other teams.	3.41	0.97	Moderate
I cannot evaluate nursing care of myself and of others.	3.81	1.01	High
I am able to understand communicate with others.	3.75	0.89	High
I am able to create student activity projects.	3.31	0.84	Moderate
I put up a public relation sign when I am responsible in a public place.	3.40	1.05	Moderate
I am unable to convince friends to join projects that I response.	3.92	0.95	High
I am able to advertise many friend s to join the project that I am responsible for encourage.	3.45	0.87	Moderate
I am able to give information or advice about the project that I am responsible for.	3.49	0.78	Moderate
All of my decision making is grounded in reason.	3.88	0.91	High
If a decision has positive results for my patient, I will take that decision even in emergencies.	3.95	0.93	High
Total	3.64	0.91	High

The Management competency had high mean score. The statements “I never plan before work” or “I cannot invite friend who is member of the team to improve in nursing care during working in the ward” or “I cannot evaluate nursing care of myself and other” or “I am unable to convince friend to join the project that I response”, all had high mean scores. Reflecting on these results, the instructor should consider providing a “real world” nursing practical experience that will potentially reduce the “reality shock” of the clinical setting as well as expose nursing students to both positive and negative behaviors exhibited in the workplace (Lockewood-Rayermann, 2003). Furthermore, results of some items pertinent to management competency were congruent with Hawkins (2009), whereby transformational leaders provides an influence to empower others. “I am able to give appropriate assignment to member of team.” In terms of management, nursing faculty could invite their students in collaborative tasks to assist the healthcare organization or educational institution (Hawkins, 2009).

Table 7 The percentage of Knowledge and intelligent competencies (n=75)

Statement	Mean	S.D.	Level
I have true knowledge in subjects that I have learned.	3.24	0.71	Moderate
I do not like to give a reason to my teacher when I do not understand the content.	3.20	0.99	Moderate
I always follow new innovations in the nursing field.	3.08	0.80	Moderate
I am able to solve any problem.	3.36	0.73	Moderate
I do not like to study and learn to lead others.	3.47	0.89	High
I have knowledge around myself both inside and outside the nursing field.	3.18	0.69	Moderate
I have learned and understood in health promotion, prevention, treatment, and rehabilitation for client according to National Public Health Policy	3.57	0.74	High
Total	3.30	0.79	Moderate

Results showed that Knowledge and intelligence competencies was moderate ($X=3.30$). The statements "I do not like to study and learn to lead other" and "I have learn and understand in health promotion, prevention, treatment, and rehabilitation for client according to National Public Health Policy" showed an inactive acquisition of leadership and health care knowledge. Therefore, the instructor should encouraged students to improve in Knowledge and intelligent competencies. The leader must be knowledgeable about leadership and be able to apply leadership skills in all aspects of work (Curtis et al., 2011). The Knowledge and intelligence competencies are essential to enhance nursing leadership. In other words, nursing knowledge derived from nursing practice was instrumental in influencing their leadership (Curties et al., 2011). Knowledge is also an essential component of accountability and facilitates the process of making effective judgment that is reflective of current nursing practice (Badzek, 2008).

Table 8 *The percentage of Political, economic and social competencies (n=75)*

Statement	Mean	S.D.	Level
I am never interested in political and economic issues of Thailand.	3.99	1.08	High
I believe economic problems in the present will not affect care providers and clients.	4.01	1.04	High
I always vote for a member of parliament.	3.65	1.17	High
I am always a leader when bargaining with friend.	3.23	0.88	Moderate
I am bored with queues when I wait for service.	3.49	1.17	Moderate
I always turn off the water tap running when no one is using it.	4.37	1.15	High
Total	3.79	1.08	High

The mean of political, economic and social competencies were at a high level. This result echoed Spector's (2006) study. It is proposed that leadership involves influencing the attitudes, beliefs, behaviors and feelings of other peoples. Nursing students, as future leaders, should have an understanding that nurses as members of a large profession, could contribute to the health care system and can impact and have influence as leaders beyond the classroom (Patton, 2007).

Table 9 *The percentage of Uses of technology and foreign language competencies (n=75)*

Statement	Mean	S.D.	Level
I can use a computer.	4.35	1.06	High
I never use the internet.	4.45	1.13	High
I search for knowledge about technology of nursing instrument.	3.92	1.02	High
I can listen to English very well.	2.81	1.02	Moderate
I cannot speak English very well.	3.33	1.15	Moderate
I can fluently read English.	3.03	0.97	Moderate
I can fluently write English.	2.73	0.84	Moderate
I am able to use English for developing quality of nursing care.	3.05	1.01	Moderate
Total	3.46	1.03	Moderate

The moderate leadership mean was found in use of technology and foreign language competencies and Political economic and social competencies. This study was incongruent with Srisudta (2004) where nursing students had high levels of knowledge and information technology skills and were able to use and access sources from information technology. These competencies among MFON students need to be increased. The school of nursing could recommend a course for computer literacy that includes skills in basic processing programs, calculation, and collection and presentation of data. Furthermore, the institution should also provide knowledge to student nurses in the use of the Internet to search for information, as well as health and nursing knowledge and build effective communication skills. In addition, nursing students should be aware of social, economic, political and cultural change. The result can take after Phothidara's (2011) study in that the management of nursing education by establishing classroom-learning group allowed nursing students to

learn from real-world situations. Moreover, they were encouraged to have positive thinking. Therefore, they were capable of applying critical nursing knowledge to improve nursing profession.

Leadership competencies in student nurses in this study was congruent with the study of Lapidus-Graham (2012) in that the lived experiences of participation among nursing students were associated to leadership behaviors, and six themes emerged: (1) leadership: communication, collaboration and resolving conflict, (2) mentoring and mutual support, (3) empowerment and ability to change practice, (4) professionalism (5) sense of teamwork, and (6) accountability and responsibility. In addition, this study indicated that the MFON is producing nursing students in accordance with the Thai National Qualifications Framework of 2009 that was formulated by the Office of the Higher Education Commission, Ministry of Education, with knowledge and proficiency in six areas; (1) moral and ethic development, (2) knowledge and skills, (3) interpersonal and responsibility skills, (4) numerical analysis and communication skills, (5) information technology skills, and (6) professional practice skills. In addition, it reconfirmed Hoffen, Harris, and Rosenfeld's (2008) study that suggested that students, who have positive role models and mentors such as nursing faculty during nursing school, were more likely to become leaders in education. Faculty serve as transformational role-models for leadership behaviors, demonstrate leadership in the classroom and in the clinical area and assist students to participate in professional activities.

Limitations and Recommendations

There are three limitations regarding this study. First, the generalizability of the study findings is limited by the fact that all participants were from one nursing school, taking the same classes and living in the same environment. Second, the small sample size may not be enough to determine nursing students' leadership. Finally, since the study used self-report questionnaire, self-report bias could occur as well. Students might have been answering the questions in the way to present themselves in a socially acceptable manner. Social desirability can be given along with this questionnaire to subjects in the future research in order to check on the validity of the response.

Implications

Results of this study can be used as guidelines for teaching leadership skills. Moreover, results can be used as guidelines for administrator to develop curriculum, student activities, and educational management.

Conclusion

Results of this study are important to develop leadership skills among nursing students. Nursing leadership competencies can be developed through educational activities modeling and practicing leadership. Opportunities to practice, observe and model leadership skills may be an important impact for self-efficacy in leadership behaviors. Moreover, results suggested that educational programs should be tailored to educating nursing students as leaders.

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About the Author

Sudaporn Stithyudhakarn, RN, PhD, is senior lecturer in the Faculty of Nursing, Asia-Pacific International University, Thailand.

Appendix 1

A questionnaire แบบสอบถาม

A questionnaire to investigate leadership in nursing student in the Mission Faculty of Nursing, Asia-Pacific International University

แบบสอบถามสำรวจภาวะผู้นำของนักศึกษาพยาบาล คณะพยาบาลศาสตร์มิชชัน มหาวิทยาลัยนานาชาติเอเชีย-แปซิฟิก

Instruction: คำชี้แจง

The questionnaire is divided into two parts composed of : แบบสอบถาม แบ่งออกเป็น 2 ตอน ประกอบด้วย

Part I: Demographic profiles of the respondent ตอนที่ 1 ข้อมูลส่วนบุคคลสำหรับผู้ตอบแบบสอบถาม

Part II: Questions about leadership of the respondent ตอนที่ 2 แบบสอบถามภาวะผู้นำของนักศึกษาพยาบาล

Part I: Demographic profiles of the respondent ตอนที่ 1 ข้อมูลส่วนบุคคลสำหรับผู้ตอบแบบสอบถาม

Instructions: Please indicate your answer with a tick (✓) in the bracket provide.

คำชี้แจง: กรุณาตอบคำถามโดยทำเครื่องหมาย (✓) ลงในหน้า

1. Gender เพศ () male ชาย () female หญิง
2. Sequence of birth in family ลำดับบุตรในครอบครัว
 - () First child/eldest child บุตรคนโต หรือบุตรคนเดียว
 - () Middle child บุตรคนกลาง
 - () Youngest child บุตรคนสุดท้อง
3. Present parent marital status สถานภาพครอบครัว
 - () Married บิดามารดาอยู่ด้วยกัน
 - () Remarried บิดาหรือมารดาแต่งงานใหม่
 - () Separated บิดามารดาแยกกันอยู่
 - () Divorce บิดามารดาหย่ากัน
 - () Either father or mother died บิดาหรือมารดาถึงแก่กรรม
 - () Both parent died บิดามารดาถึงแก่กรรมทั้งคู่
 - () Other, please specify อื่นๆ (โปรดระบุ.....)
4. Reason for choosing to study เหตุผลในการเลือกเข้าศึกษาวิชาชีพพยาบาล
 - () Wanted to study สมควรใจเรียนด้วยตนเอง
 - () Received advice from other เลือกตามคำแนะนำของผู้อื่น
 - () Forced to study ถูกบังคับให้เลือก
 - () Other, please specify อื่นๆ (โปรดระบุ.....)
5. Family income รายได้ของครอบครัว (ของบิดา มารดา หรือผู้ปกครอง)
 - () ≤ 5,999 Baht/month ตั้งแต่ 5,999 บาทต่อเดือนลงมา
 - () > 6,000-12,999 Baht/month ตั้งแต่ 6,000 - 12,999 บาทต่อเดือน
 - () > 13,000-29,999 Baht/month ตั้งแต่ 13,000-29,999 บาทต่อเดือน
 - () > 30,000 Baht/month มากกว่า 30,000 บาทต่อเดือนขึ้นไป

Part II: Questions about leadership of the respondent ตอนที่ 2 แบบสอบถามภาวะผู้นำของนักศึกษาพยาบาล

Instruction: คำชี้แจง

These questions investigate perceived and performance of nursing student in Leadership of student nurse. The response has to read and be considered of his/her habit, feeling, thinking, or uses be done congruent with the statement. Thus, the answer is no right or wrong. The important is respondents please choose answer which fit for you and your response will not be affected of your grade.

This questionnaire has 75 items. Please indicate your answer with a tick (✓) in the bracket provide.

แบบสอบถามชุดนี้ เป็นแบบสอบถามความรู้สึกและการปฏิบัติของนักศึกษาในเรื่องภาวะผู้นำของนักศึกษาพยาบาล โดยมี ข้อความให้นักศึกษาอ่านแล้วให้พิจารณาว่า นักศึกษามีลักษณะนิสัย ความรู้สึก ความคิด หรือเคยปฏิบัติเหมือนกับข้อเท็จจริงในข้อความนั้น อย่างไร ดังนั้น คำตอบของนักศึกษาจึงไม่มีถูกหรือผิด ข้อสำคัญขอให้นักศึกษาตอบให้ตรงกับสภาพความเป็นจริงของตนเองให้มากที่สุด และ คำตอบที่ได้จะไม่มีผลกระทบต่อผลการเรียนของนักศึกษา

แบบวัดนี้มีทั้งหมด 75 ข้อ วิธีการตอบแบบวัด ให้นักศึกษาใส่เครื่องหมาย ✓ ลงในช่องว่างที่กำหนดให้ ตามความจริง

Meaning of sequence of score

ลำดับค่าคะแนนที่ใช้มีความหมาย ดังนี้

5	mean หมายถึง	Most perform ปฏิบัติมากที่สุด
4	mean หมายถึง	Very perform ปฏิบัติมาก
3	mean หมายถึง	Moderate perform ปฏิบัติปานกลาง
2	mean หมายถึง	Little perform ปฏิบัติน้อย
1	mean หมายถึง	Less perform ปฏิบัติน้อยที่สุด

Item	Leadership status of student	1	2	3	4	5
ข้อ	ภาวะผู้นำของนักศึกษา					
1	<p>Personal competency สมรรถนะด้านบุคลิกภาพ</p> <p>1.1 I have self-confidence in everything. ข้าพเจ้ามีความเชื่อมั่นในตนเองในทุกเรื่อง</p> <p>1.2 I cannot control my mood, expression, and manner when I am angry, upset or happy. ข้าพเจ้าไม่สามารถควบคุมอารมณ์ สีหน้า ท่าทางได้ เมื่อกรธ เสียใจ และดีใจ</p> <p>1.3 I can smile easily. ข้าพเจ้าเป็นคนหัวเราะได้ง่าย</p> <p>1.4 I always like to show or present in front of class. ข้าพเจ้าชอบอกไปแสดง หรือพูดที่หน้าชนคน</p> <p>1.5 I can choose the way of relaxation. ข้าพเจ้าสามารถเลือกวิธีคลายเครียดได้</p> <p>1.6 I am able to lead and bring the group to succeed in work. ข้าพเจ้าสามารถนำและพากลุ่มให้ทำงานสำเร็จ</p> <p>1.7 I have difficulty in getting along with others. ข้าพเจ้าเป็นคนที่ปรับตัวเข้ากับผู้อื่นได้ยาก</p> <p>1.8 I am active person. ข้าพเจ้าเป็นคนคล่องแคล่วว่องไว</p> <p>1.9 I like to think in a strange and new way and it is always accepted by others. ข้าพเจ้าชอบคิดเรื่องแปลกๆ ใหม่ๆ และได้รับการยอมรับจากผู้อื่นอยู่เสมอ</p> <p>1.10 I am a friendly person. ข้าพเจ้าเป็นที่รักของบุคคลทั่วไป</p> <p>1.11 I do not like to help others. ข้าพเจ้าไม่ชอบช่วยเหลืองานของผู้อื่น</p> <p>1.12 I have a good health. ข้าพเจ้ามีสุขภาพอนามัยดี ไม่ค่อยเจ็บป่วย</p>					
	<p>1.13 I have to finish work before I leave. ข้าพเจ้าต้องทำงานให้เสร็จก่อน จึงจะลงจากห้องผู้ป่วย</p> <p>1.14 I am sincere towards others. ข้าพเจ้ามีความจริงใจให้กับทุกคน</p> <p>1.15 I do not like to express my opinion in meetings. ข้าพเจ้าไม่ชอบแสดงความคิดเห็นในที่ประชุม</p> <p>1.16 I do not try to solve problems. ข้าพเจ้าไม่มีความพยายามในการแก้ไขปัญหา</p> <p>1.17 I like to talk with a client during my free time more instead of letting the time pass. ข้าพเจ้าจะใช้เวลาว่างไปพูดคุยกับผู้ป่วยมากกว่าปล่อยให้เวลาผ่านไปเฉยๆ</p>					

Item	Leadership status of student	1	2	3	4	5
ข้อ	ภาวะผู้นำของนักศึกษา					
2	<p>Knowledge and intelligent competencies สมรรถนะด้านความรู้และสติปัญญา</p> <p>2.1 I have true knowledge in subject that I have learn. ข้าพเจ้ามีความรู้ในวิชาที่เรียนมากอย่างแท้จริง</p> <p>2.2 I do not like to give a reason with teacher when I do not understand the content. ข้าพเจ้าไม่ชอบแสดงเหตุผลกับอาจารย์ เมื่อไม่เข้าใจในเนื้อหาที่เรียน</p> <p>2.3 I always follow the new innovation of nursing field. ข้าพเจ้าติดตามผลงานที่แปลงใหม่ในวงการพยาบาลเสมอ</p> <p>2.4 I able to solve any problem. ข้าพเจ้าสามารถแก้ปัญหาต่างๆได้</p> <p>2.5 I do not like to study and learn to lead other. ข้าพเจ้าไม่ชอบศึกษาและเรียนรู้ที่จะนำผู้อื่น</p> <p>2.6 I have knowledge around myself both inside and outside nursing field. ข้าพเจ้ามีความรู้รอบตัว ทั้งในและนอกวิชาชีพพยาบาล</p> <p>2.7 I have learn and understand in health promotion, prevention, treatment, and rehabilitation for client according to National Public Health Policy ข้าพเจ้ามีความรู้ ความเข้าใจ ในการส่งเสริมสุขภาพ การป้องกันโรค การรักษา และการฟื้นฟูสุขภาพประชาชน ตามนโยบายการพัฒนาสาธารณสุขของประเทศไทย</p>					
3	<p>Professional competencies สมรรถนะเชิงวิชาชีพ</p> <p>3.1 I am able to correctly practice by using nursing process and/or nursing theory. ข้าพเจ้าสามารถฝึกปฏิบัติงานบนห้องผู้ป่วยได้อย่างถูกต้อง โดยอาศัยกระบวนการพยาบาล และ/หรือ ทฤษฎีทางการพยาบาล</p> <p>3.2 I am able to teach health education. ข้าพเจ้าสามารถสอนสุขศึกษาผู้ป่วยได้</p> <p>3.3 I am unable to be a good role model as a professional nurse. ข้าพเจ้าไม่สามารถเป็นแบบอย่างที่ดี ในการเป็นพยาบาลวิชาชีพให้แก่เพื่อนๆ ได้</p> <p>3.4 I am able to convince others. ข้าพเจ้ามีความสามารถในการพูดโน้มน้าวจิตใจผู้อื่นได้ดี</p> <p>3.5 I never read or utilized research in nursing care. ข้าพเจ้าไม่เคยอ่าน หรือนำผลการวิจัยมาใช้ในการพยาบาล</p> <p>3.6 I always use critical thinking before making decisions. ข้าพเจ้าคิดอย่างมีวิจารณญาณทุกครั้ง ก่อนจะตัดสินใจกระทำสิ่งต่างๆ</p> <p>3.7 I am able to better develop my thinking and nursing method than usual. ข้าพเจ้าสามารถพัฒนาความคิด และวิธีการพยาบาล ได้ดีกว่าเดิม</p> <p>3.8 I never get admiration from clients or relative. ข้าพเจ้าไม่เคยได้รับคำชื่นชมจากผู้ป่วยและญาติ</p> <p>3.9 I am take care for client with quality and safety. ข้าพเจ้าให้บริการแก่ผู้ป่วยอย่างมีคุณภาพและปลอดภัย</p> <p>3.10 I am able to explain the reason of nursing care correctly. ข้าพเจ้าสามารถอธิบายเหตุผลของการพยาบาล ได้อย่างถูกต้องอยู่เสมอ</p>					

Item	Leadership status of student	1	2	3	4	5
ข้อ	ภาวะผู้นำของนักศึกษา					
4	<p>Management competencies สมรรถนะเชิงบริหาร</p> <p>4.1 I never plan before work. ข้าพเจ้าไม่เคยมีการวางแผนก่อนปฏิบัติงาน ข้าพเจ้าไม่มีความรู้ในเรื่องของการจัดองค์การ</p> <p>4.2 I have knowledge in organization management. ข้าพเจ้าสามารถมอบหมายงาน (Assignment) ให้แก่สมาชิกในทีมได้อย่างเหมาะสม</p> <p>4.3 I am able to give appropriate assignment to members of team. ข้าพเจ้าสามารถมอบหมายงาน (Assignment) ให้แก่สมาชิกในทีมได้อย่างเหมาะสม</p> <p>4.4 I cannot hep a member of the team to improve in nursing care during working in the ward. ข้าพเจ้าไม่สามารถช่วยเหลือเพื่อนที่เป็นสมาชิกในทีมปรับปรุงการพยาบาล ขณะฝึกปฏิบัติงานบนห้องผู้ป่วยได้</p> <p>4.5 As a team leader able to cooperate with member in the teams and other team. ขณะฝึกปฏิบัติงานเป็นหัวหน้าทีม ข้าพเจ้าสามารถติดต่อประสานงานระหว่างสมาชิกในทีม และภายนอกหน่วยงานได้</p> <p>4.6 I cannot evaluate nursing care of myself and other. ข้าพเจ้าไม่สามารถประเมินผลการพยาบาลของตนเองและผู้อื่นได้</p> <p>4.7 I am able to understand communication with others. ข้าพเจ้าสามารถสื่อสารให้ผู้อื่นเข้าใจได้ด้วย</p> <p>4.8 I am able to create student activity projects. ข้าพเจ้าสามารถคิดโครงการเกี่ยวกับกิจกรรมนักศึกษาได้</p> <p>4.9 I put up a public relation sign which I response in a public place. ข้าพเจ้าติดป้ายประชาสัมพันธ์โครงการที่ข้าพเจ้ารับผิดชอบในที่ที่เห็นได้ชัดเจน</p> <p>4.10 I unable to convince friends to join projects that I am responsible. ข้าพเจ้าไม่สามารถโน้มน้าวให้เพื่อนๆ มาร่วมโครงการที่ข้าพเจ้ารับผิดชอบ</p> <p>4.11 I am able to encourage many friends to join the project that I am responsible for. ข้าพเจ้าสามารถประชาสัมพันธ์ให้เพื่อนเป็นจำนวนมากมาร่วมโครงการที่รับผิดชอบ</p> <p>4.12 I am able to giver information or advice about the project that I am responsible for. ข้าพเจ้าสามารถให้คำแนะนำหรือคำปรึกษาเกี่ยวกับโครงการที่รับผิดชอบได้ตลอดเวลา</p> <p>4.13 All of my decision making is grounded in reason. การตัดสินใจทุกอย่างของข้าพเจ้าต้องมีเหตุผลที่เหมาะสม</p> <p>4.14 If a decision has positive results for my patient, I will take decision even in emergencies. เมื่อตัดสินใจว่า การพยาบาลนี้น่าจะทำให้เกิดผลดีต่อผู้ป่วยฉุกเฉิน ข้าพเจ้าจะรีบทำทันที</p>					
5	<p>Ethical competencies สมรรถนะเชิงจริยธรรม</p> <p>5.1 I respect and perform according to professional ethic. ข้าพเจ้าเคารพ และปฏิบัติตามจรรยาบรรณของวิชาชีพ</p> <p>5.2 I never work overtime in the ward. ข้าพเจ้าไม่เคยปฏิบัติงานบนห้องผู้ป่วยเกินเวลา</p>					

Item	Leadership status of student	1	2	3	4	5
ข้อ	ภาวะผู้นำของนักศึกษา					
	5.3 I pleased to listen to others' opinion. ข้าพเจ้ายินดีรับฟังความคิดเห็นของสมาชิกในทีม					
	5.4 I will leak a client's secret if it could be of danger to other people. ข้าพเจ้าจะเปิดเผยความลับของผู้ป่วย ถ้าเห็นว่าเป็นอันตรายต่อผู้อื่น					
	5.5 I never steal from other people. ข้าพเจ้าไม่เคยลักขโมยสิ่งของของผู้อื่น					
	5.6 I think that rich client should be received better nursing care than poor clients. ข้าพเจ้าเห็นว่า ผู้ป่วยที่ร่ำรวยควรได้รับบริการพยาบาลดีกว่าผู้ป่วยที่ยากจน					
	5.7 I am proud to be a professional nurse. ข้าพเจ้าภูมิใจที่ได้ประกอบวิชาชีพการพยาบาล					
	5.8 I like to empower the discouraged client about he/she disease. ข้าพเจ้าชอบพูดให้กำลังใจผู้ป่วยที่ห้อแท้ในโรคของตนเอง					
	5.9 I never stand for the wrong person even though he/she is my close friend. ข้าพเจ้าไม่เคยเข้าข้างคนที่ทำผิด แม้ว่าจะเป็นเพื่อนสนิทก็ตาม					
	5.10 I protect the rights of all clients. ข้าพเจ้าปกป้องสิทธิของผู้ป่วยทุกคน					
	5.11 I interact with clients as human being. ข้าพเจ้าปฏิบัติต่อผู้ป่วยในฐานะเพื่อนมนุษย์					
	5.12 I am not on time in every situation. ข้าพเจ้ารักษาเวลาได้ ไม่ทุกสถานการณ์					
	5.13 I take care of client as my real relative. ข้าพเจ้าให้การดูแลเค้าใจใส่ผู้ป่วยเท่าๆ กับพี่ดูแลญาติของตนเอง					
6	Political economic and social competencies สมรรถนะเชิงการเมือง เศรษฐกิจ และสังคม 6.1 At present, I am never interested in political and economic issues of Thailand. ข้าพเจ้าไม่เคยสนใจติดตามข่าวสาร การเมือง และเศรษฐกิจของประเทศไทยในปัจจุบัน					
	6.2 I believe economic problems in the present will not affect to care providers and clients. ข้าพเจ้าเชื่อว่าปัญหาเศรษฐกิจในปัจจุบันมีผลกระทบต่อผู้ให้และรับบริการพยาบาล					
	6.3 I always vote for a member of parliament. ข้าพเจ้าไปโหวตให้เลือกตั้งผู้แทนราษฎรทุกรัช					
	6.4 I am always a leader when bargaining with friend. ข้าพเจ้าเป็นผู้นำในการเจรจาต่อรองเรื่องต่างๆ ให้เพื่อนๆ เสมอ					
	6.5 I am bored with queues when I wait for service. ข้าพเจ้าเบื่อหน่ายการเข้าคิวเมื่อรอรับบริการต่างๆ					
	6.6 I always turn off the water tap when I see running when no one is using it. ข้าพเจ้าจะปิดก๊อกน้ำด้วยตนเองทุกครั้ง เมื่อเห็นก๊อกน้ำเปิดทิ้งไว้					

Item	Leadership status of student	1	2	3	4	5
ข้อ	ภาวะผู้นำของนักศึกษา					
7	Uses of technology and foreign language competency สมรรถนะการใช้เทคโนโลยี และภาษาต่างประเทศ					
	7.1 I can use a computer. ข้าพเจ้าสามารถใช้คอมพิวเตอร์ได้					
	7.2 I never use the internet. ข้าพเจ้าไม่เคยใช้อินเทอร์เน็ต					
	7.3 I search for knowledge about technology of nursing instrument . ข้าพเจ้าค้นคว้าหาความรู้เกี่ยวกับการใช้เครื่องมือทางการแพทย์บ้าลที่มีเทคโนโลยีใหม่ๆ					
	7.4 I can listen to English very well. ข้าพเจ้าสามารถฟังภาษาอังกฤษได้ดี					
	7.5 I cannot speak English very well. ข้าพเจ้าไม่สามารถพูดภาษาอังกฤษได้ดี					
	7.6 I can fluently read English. ข้าพเจ้าสามารถอ่านภาษาอังกฤษได้ดี					
	7.7 I can fluently write English. ข้าพเจ้าสามารถเขียนภาษาอังกฤษได้ดี					
	7.8 I am able to use English for developing quality of nursing care. ข้าพเจ้าสามารถใช้ภาษาอังกฤษเพื่อพัฒนาคุณภาพการแพทย์บ้าล					