

## Integrating The Values of Leadership in Public Educational Policies For Training Nurses

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**Abstract:** Nurses are a vital resource of health care systems, a resource that must be valued, bearing in mind that their work has a role in social indicators of health, and also determines topics such as equality and equity, fairness and justice, which support the kind of societies we all want to live in. In the training process, they learn, in the middle of a team, to plan, to put into practice and evaluate general medical care based on acquired knowledge and skills. Future nurses must not only be prepared to meet the needs of the individual, the family, the community, but also to have confidence in their own intellectual and clinical abilities so that they can work responsibly and autonomously, facing at the same time with increasingly complex requirements of healthcare. The refinement of medical training is subsequently achieved by developing the ability to solve problems, to make decisions, to practice leadership in medical care. The acquisition of leadership skills has been identified as a need in training nurses, both from the researches of internal and international professional bodies and from those of clinical units. By harmonizing this need with public educational policies, the unit of learning outcomes "*Leadership and professional communication*" was implemented in the professional training standard. This paper aims to gain insight into the relationship between the values of leadership and the development of a good educational policy in training nurses, with a fundamental impact on the provision of health care in an efficient, integrated and safe manner for the patient.

**Keywords:** Nurses, Leadership, Educational policies

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### Introduction by short descriptions of used terms Nursing

The concept of *nursing* is one of the philosophies that has evolved with the evolution of human society, starting, historically speaking, with Florence Nightingale (1860), who paves the way for public health as the founder of modern nursing, continuing with Virginia Henderson's need theory (1960), and followed by Marjory Gordon's

functional health models (1982). By definition, nursing means caring. It is a profession within the health care sector focused on the care of individuals, families and communities so they may attain, maintain or recover optimal health and quality of life. Nursing and caring are grounded in a relational understanding, unity, and connection between the professional nurse and the patient.

Task-oriented approaches challenge nurses in keeping care in nursing. This challenge is on-going as professional nurses strive to maintain the concept, art, and act of caring as the moral centre of the nursing profession. Keeping the care in nursing involves the application of art and science through theoretical concepts, scientific research, conscious commitment to the art of caring as an identity of nursing, and purposeful efforts to include caring behaviours during each nurse-patient interaction. Thus, in the *training process*, nurses need not only be prepared to meet the needs of the individual, the family, the community, but also to trust their own intellectual and clinical capabilities so that they can work responsibly and autonomously, while at the same time facing the increasingly complex requirements of healthcare.

Educational results should enable the student, the future nurse, to select information in order to assess, plan, implement and evaluate nursing care. Such a result can be achieved by developing a proper professional training standard that creates a relevant and useful teaching and learning environment for both students and teachers.

### **Educational policy**

*Educational policy* represents a set of programs, activities, measures aimed to address some basic human needs for education, among others, as social protection, health, housing and - generally – the increase of social wellbeing by (re)distribution of resources considered to be relevant (money, services, time, etc.).

There is a growing recognition that a sufficient, adequately trained and well-motivated nursing workforce is essential for the health of the world's population. Equitable access to good quality health services cannot be obtained without having an adequate number of properly trained nurses. As a result, a solid functional relationship between the educational and medical sectors is vital.

The ability of professional training programs to prepare clinically competent nursing graduates is a permanent challenge for all actors involved: students, teachers, schools, clinical units, local authorities, line ministries, national and international professional organizations. The simple increase in the number of personnel in the field is not enough to improve the safety of patients and the quality of care provided to them.

### **Leadership**

*Leadership*, which must be considered as a means and not an end, has effects on all organizational, social and personal processes in an organization. Leadership in an organization means, among many others, vision, encouragement, enthusiasm, energy, passion, but also adequate communication with organizational members from different cultural backgrounds, an understanding and correct use of language and cultural symbols, respect

for diverse cultural customs and traditions. A good leader today is the one who has the necessary knowledge and skills to communicate with people from all corners of the world, using appropriately all possible communication means and channels and all technological innovations.

So, this paper will discuss how these values were translated at the level of specific educational programmes for the training and professional evaluation of nurses, as well as in specific programmes dedicated to internalizing the values.

### **Discussion: Is it necessary and is it relevant for future nurses to be trained about leadership?**

In Romania, the nurse's training program has gone through several stages closely related to demographic, medical, social and economic factors. During the period of 1978 - 1994, there was the Sanitary High School, with a duration of 4 years, after a previous 8-year basic training, obtaining the title of "Medical Sister". Later, considering, in particular, the emotional impact generated by pupils' early contact with the suffering of patients, with their image in situations of weakness, helplessness, inability, morbidity and mortality, since 1998, the educational system has moved to a new stage: Post-High Sanitary School, with a duration of 3 years, after a previous 12-year basic training, obtaining the title of "General Medical Assistant" or "General Nurse". From 1998 to 2007, the training program was adapted to the European principles through the EU PHARE VET program RO 9405 and the strategic objectives of the reform program in vocational and technical education in Romania.

Consequently, the accession of Romania to the European Union and following the specific stages of European recognition of the General Medical Assistant qualification, qualification obtained in Romania, there were significant changes in the structure of the training program. As a result, the educational policies in Romania were aligned with those of the European Union through a new training program for nurses in the following period 2007-2018, in compliance with the provisions of 2005/36/EC Directive.

Starting with 2018, taking into account the changes brought by the 2013/55/EU Directive regarding the recognition of professional qualifications, the training program went through a new qualitative and quantitative transformation. The main improvement in building the training format was the more accurate definition of the Professional Training Standard. This is the document that describe the results that a participant in a training program carried out in vocational and technical education, has to hold at the end of it.

Briefly, the picture of the changes made by the Romanian Nurses Training Program starting from 1978 and up to now, shows an adaptive evolution both to the needs of the health system and to the requirements of the labor market, regarding the following aspects: type of school, duration of the program, number of hours, objectives, structure and descriptors of the curriculum.

In present time, by pursuing an active and continuous training program that includes 4600 hours of theoretical and practical training, the graduate of the post-secondary sanitary school, will have the following basic professional competences, covered by the EU/55/2013 Directive:

- *The competence to independently diagnose necessary medical care, based on existing theoretical and clinical knowledge, and to plan, organize and implement healthcare in treating patients based on acquired knowledge and skills to improve professional practice ) (a)*
- *The competence to collaborate effectively with other actors in the health sector, including through participation in the training of health personnel on the basis of acquired knowledge and skills; (b)*
- *The ability to provide individuals, families and groups of people with information enabling them to have a healthy lifestyle and self-management on the basis of knowledge and skills acquired; (c)*
- *The power to independently initiate immediate measures for the maintenance of life and to apply measures in crisis or catastrophe situations; (d)*
- *The power to provide independent counseling, guidance and support to carers and close persons (e)*
- *The competence to independently ensure the quality of health care and its assessment (f)*
- *The competence to ensure exhaustive professional communication and to cooperate with members of other health professions (g)*
- *The competence to analyze the quality of the assistance provided to improve their general nurse medical practice (h)*

All these goals have been generated through the development of the nursing process, which has gained new dimensions: the role of the nurse has become more complex, one of the tasks being to diagnose and determine the proper therapeutic attitude. The individual is appreciated holistically as a person with physical, emotional, psychological, intellectual, social and spiritual needs. All these needs are interdependent, equally important and represent the basis of the nurse's interventions according to the nursing diagnosis.

Taking into account these prerequisites, the curriculum development involves thinking and structuring the actual learning situations in which students will be involved, acting as requiring prefiguration of the learning experiences that they will undertake. The educational results must allow the student, the future nurse, to select the information, to make possible the appreciation, planning, implementation and evaluation of the nursing care. But, first of all, a future nurse must learn to communicate!

The communication process is very important because the following actions can be carried out: coaching, counseling, coordination, guidance, evaluation and supervision. The chain of understanding is the one that integrates the members of an organization, from the top to the bottom, from the base to the top, from one end to the other. Table 1 presents a comparison by analogy, between the hierarchy of needs of Maslow's pyramid (A. H. Maslow, 1943) - as a theory of motivation - and the hierarchy of communication levels in training nurses.

Table 1. Correlations between 5 needs and 5 levels of communication

Needs of Maslow's pyramid	Level	Levels of communication development	Correlations
<i>Physiological</i> 1	1	<i>Communication</i> (definitions, types, process, purpose, role)	<i>Learn to communicate</i> (primary need)
<i>Safety</i>	2	<i>Professional communication</i> (sources of information, specific terminology, selection of information, dysfunctions in communication, expression of opinions and listening strategies)	<i>Can communicate</i> (feeling safe)
<i>Belonging</i>	3	<i>Communication in the medical team</i> (the concept of group/belonging, norms of behavior, status, objectives, principles, coordination and communication networks)	<i>Know how to communicate</i> (feeling understood, having a common language and belonging to a group)
<i>Self-esteem</i>	4	<i>Therapeutic communication</i> (information analysis, confidentiality, respect for boundaries, active listening and observation, counseling people)	<i>Adapt communication to different contexts</i> (having self-esteem, receiving respect and recognition, building reputation)
<i>Self-fulfilling</i>	5	<i>Leadership in the medical team</i> (data management and evaluation, problem solving, decision making, autonomy)	<i>Giving direction, through communication, by using my own influence, authority and expertise, to achieve the pursued objectives</i> (active participation in increasing own performance, communication and organizational culture)

Similarly, Figure 1 shows the correlations between the needs in Maslow's pyramid and the levels of communication. Therefore, the premise of training a leader is the ability to communicate. A good communication plan is an essential part of any management. It is essential that all participants in the activities of the organization are informed about the aspects of interest of their work. Most of the problems that appear within organizations are the direct result of failure in communication, which creates a state of confusion and can lead a good plan to failure. And, as usually, a good plan is the platform for developing the vision of a leader, who will lead his team towards the achievement of well-defined objectives and goals. The team, of which the nurse will undoubtedly be a part, is open to communication. Team members feel that they can express their

opinions and feelings, without fear. Listening is as important as speaking. Thus, differences of opinion are appreciated and conflict resolution methods are understood. Through honest and thoughtful feedback, people learn their strengths and weaknesses, as members of a team. In this way, an atmosphere of trust and acceptance is created, and a sense of community is built, so each member of the team can reach their potential.

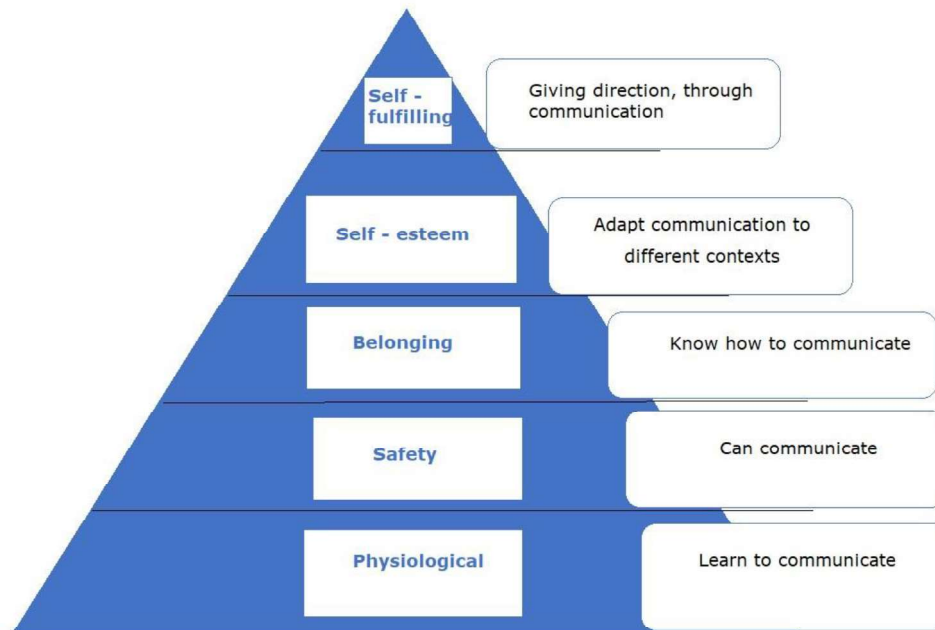


Figure 1. Transposition of the communication levels in Maslow's pyramid

## Method

Finding the need to implement the values and principles of leadership in training of nurses, was initially carried out by the graduates, who accessed career promotion by obtaining the professional degree immediately superior to the beginner degree. Most of them, after that, were appointed to management positions (head assistant, medical care manager) and consider that learning leadership skills during schooling, would have been very useful both in completing tasks and in solving problems from every day, as well as in the context of management positions obtained.

Following the collected observations, questionnaire-based research was initiated at the school level to determine more precisely the degree in which leadership brings added value to a future nurse. The questionnaire contained the question: *"How useful would it be to introduce a learning unit about leadership into the training program?"* and was applied to a number of 968 graduates registered for the main degree exam in September 2017 (group A) and to a number of 320 students of the school in the final year of study (group B), between September 2017 and January 2018. Analysis of the data obtained will be presented below as percentage values, according to the way the original scale was used (Yes/No/I don't know).

The results are contained in Figure 2 and Figure 3.

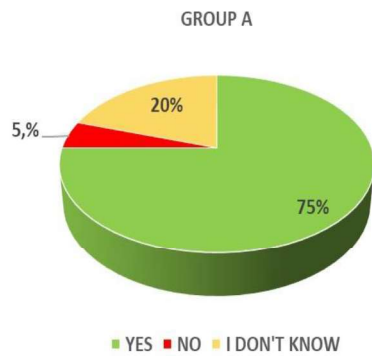


Figure 2. Results in group A

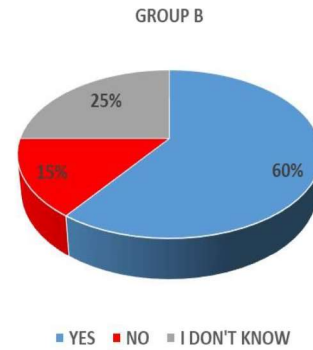


Figure 3. Results in group B

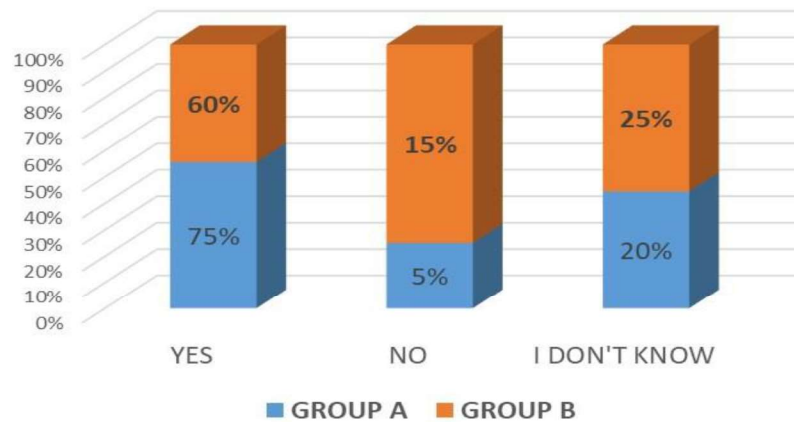


Figure 4. Comparison of the results in group A and group B

As a result, through consultation with similar schools in the country, national curriculum commission, sectoral committees, professional associations, profile organizations and other regulatory bodies and in conjunction with the provisions of directive 2013/55/EU, a new Professional Training Standard (PTS) and a new Curriculum (CRR) for training of nurses were developed, which applies starting with September 2018 (OMEN 3499/2018).

Professional competencies or competency units, generically called "Competencies", which underlie the design of the Professional Training Standard (PTS) in the general nurse's profession, are included in the PTS content by correlating with learning outcomes units to highlight the link between learning outcomes and skills required at work. A learning outcomes unit is a component of a PTS that describes a professional qualification corresponding to a complex of competencies and consists of a coherent set of knowledge, skills and attitudes that can be evaluated.

In the new training program, the learning outcomes unit "*Leadership and professional communication*" was introduced, through which leadership values were implemented. The contents about leadership were oriented, organized and structured at a *standard (basic) level* - theories, definitions, classifications and subclassifications, typologies, styles, with general applicability in the personal, organizational and professional sphere.

The leadership style is defined by the way in which a leader, regardless of his field, offers a direction, a strategy, managing to implement his plans and to motivate, direct and guide the people he coordinates. There are big differences between leadership styles, but also particularities that allow the identification of each approach, through its advantages and disadvantages.

The first major study of leadership styles was conducted by Lewin, Lippitt and White (1939), developed in the following decades and cited in most works on this topic. Each of them made an important contribution, and together they described the characteristics of three great leadership styles: authoritarian (autocratic), participative (democratic) and delegative (*laissez-faire*) leadership. Each of these styles has dominant characteristics and are useful in the nursing profession.

*Autocratic* leaders dictated terms and people had to obey them blindly. *Democratic* leaders discussed all probabilities and also made followers to take their own decisions. *Laissez – faire* is the extreme opposite to autocratic leadership style. They completely parted with all responsibilities to the followers. Later, other ways of leading were added, adapted to the evolution of society, to trends and to the real needs of the moment, but the principles of their definition respected the strategy of the three authors.

Leadership manifests itself differently, being influenced by the social, economic, sometimes even the political context, it depends on the culture and interests of the organization, on its purpose, but also on the characteristics and personality of the leader. The interaction between all these elements has given birth, over time, to several classifications of leadership, but regardless of the size or field of activity of the company, the leadership style is an important aspect that influences the productivity of the organization.

## Results

The Order of Nurses and Midwives of Romania which is a professional and regulatory organization with the role of developing norms and rules for practicing the profession of generalist nurse, midwife and nurse, so that professionals can provide quality services to patients, in safety and security conditions, consider that the ability of medical personnel to meet the citizen's need to have quality health system is directly linked first and foremost to the reform of the educational system of professional training.

The professional organization took the training leaders of the medical teams, to *another (higher) level*. Starting from 2020, it organizes and conducts leadership courses for nurses who occupy management positions in



clinical units. Entitled „*Leadership program in medical care, for care directors and chief assistants in Romania*”, the contents of these trainings took into account several aspects, such as:

- *Organizational culture and ethics*
- *Human resources management*
- *Time management*
- *Performance management*
- *Professional ethics and deontology*
- *Change management*
- *Global leadership*
- *Current and future directions for the nursing and midwifery profession in Romania: priorities from the perspective of politics, leadership and education*

These aspects are defining for the development of an integrated multitask operating system, with minimum response times and with the involvement of all members of the organization, being intended to be internalized by all actors in the health system.

The leadership style adopted by nursing managers depends on the climate of the group. The manager needs to find out whether the needs of the group are meted out and whether the group is so formed in order to handle group goals. In this case, the nurse leader needs to first make a retrospect of his or her behavioral traits. Accordingly, the current situation in the organization should be taken into consideration and the nurse manager should change leadership style as per the situation.

A nurse's personality may not suit the particular role assigned. Hence, the nurse manager needs to find out the differences in his or her personality and change them according to the role focus. Secondly, nursing managers must be capable of directing and planning the group effectively and efficiently. Nurse Managers must positively motivate the team to perform tasks efficiently. In this case, democratic nurse managers are considered to be more efficient and task-oriented than those who adopt an authoritative or a laissez-faire style of leadership. The group task also determines the appropriate leader and at times the style of leadership needed to be followed by the leader.

Consequently, the qualities of a responsible nurse are based on morality, values, moral principles, respect, personal integrity, courage, tenacity, self-esteem and expertise. It empowers others by facilitating, investing, sharing, authorizing, enabling. These are extremely important characteristics that the nurse must have and that we need in patient care. To evolve, leadership potential needs skills, confidence, and must consider a leader's ability, evidence of knowledge and skills, including transversal skills, as we sometimes call them: trust, integrity, as well as a moral compass. The leader must share a vision of the future, be able to work in a team and reach a consensus together, and also be able to make unilateral decisions when necessary.

Nurses and midwives can develop the empowerment of others by respecting their views, their opinions and by soliciting these opinions, through their managerial skills that demonstrate empathy and empowerment towards others. They enable participation, invite others to get involved, and have the authority and responsibility they accept.

## Conclusion

Initiative, determination, cohesion, brevity, patience and argumentation are among the skills needed in changing educational policies. Thus, it has been proven that the *necessary change* required following the identification of a need and for satisfying it, goes through several stages: identifying the type of *need*; the *will* to produce change to satisfy the need; the *power* to achieve change; *implementing* the change; *satisfying* the need. The key words needed on the path to change educational policies are presented in the Figure 5, below:

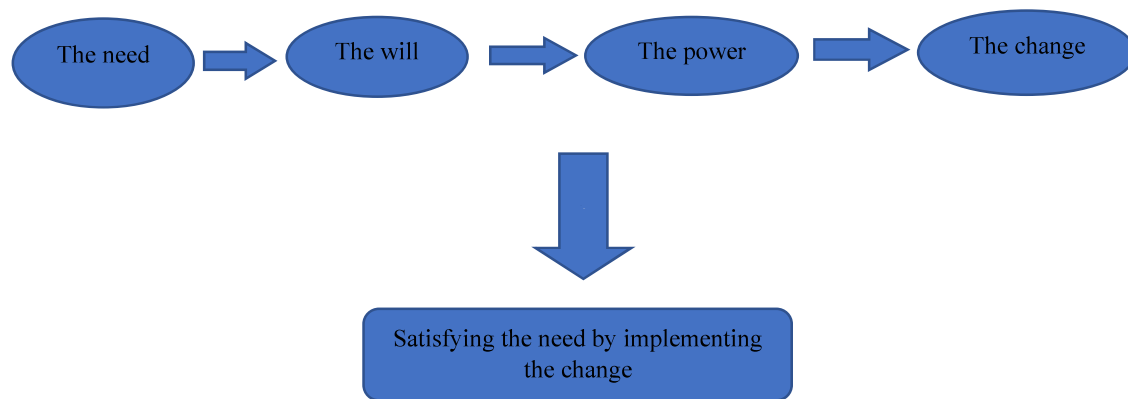


Figure 5. The key words in changing process

Along this approach, from individuals, schools, clinical facilities, hospitals, to professional organizations, government institutions and the community, each with its own contribution, the driving force behind the main goal, has been to achieve and maintain better care and a healthier society.

Interdependence and interconnectivity are characteristics of the current age in which we live. Obviously, we also encounter this new reality within organizations that now operate in heterogeneous environments, with employees from different corners of the world, of various ages, ethnicities, religious or political orientations, with a *mélange* of customs, traditions, beliefs, with different ways of perception of time or space, with different ways of communicating and relating to success or failure, with different degrees of digital literacy. Operating within the parameters of today's global world, organizations need to adapt quickly and efficiently to this reality. They implicitly need leadership that is attentive and responsible towards issues of diversity and inclusion, capable of creating an appropriate organizational culture/climate for intercultural work groups while being at the same time customized to the type of organization.

The biggest issue is finding proper ways, which will ensure the building and the perpetuation of a leader structure, which is professional, autonomous, flexible, efficient, capable of development and adaptation in new contexts.

So, leadership in nursing is required in order to efficiently manage the challenges and obstacles which result due to healthcare workforce and workplace problems.

## Recommendations

Overall, boosting and improving the training of nurses, must be the permanent target of educational policies in the field of health, by establishing the framework of needs and difficulties and by coordinating and facilitating the implementation of discovered solutions.

## Acknowledgements

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[https://www.edu.ro/sites/default/files/SPP\\_asistent%20medical%20generalist\\_2018.pdf](https://www.edu.ro/sites/default/files/SPP_asistent%20medical%20generalist_2018.pdf) Anexele nr. 1-3 la Ordinul ministrului educației naționale nr. 3.499/2018 privind aprobarea standardului de pregătire profesională, a planului de învățământ și a programelor școlare pentru calificarea profesională Asistent medical generalist, nivel 5, al Cadrului național al calificărilor pentru care se asigură pregătirea prin învățământul preuniversitar postliceal, din 29.03.2018