Original Article

Role Preparedness and Associated Challenges of Principalship in Nursing Academia: An Exploratory Study

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Abstract

Objective: This study aimed to explore the preparedness of principals and vice principals in nursing institutions.
Place and duration of study: This study was conducted at nursing colleges in Islamabad and Rawalpindi that offer undergraduate BSN programs, including both public and private institutions. This study was conducted from March to September 2023.
Material and Methods: An exploratory, descriptive, and qualitative study design was used. Participants were selected using purposive and snowball sampling. Data were collected through face-to-face interviews using a semi-structured interview guide. Content analysis was performed. The study was approved by the ethics and research board.
Results: Twelve interviews were conducted. Nine out of twelve participants were female and three were male. Two were vice principals, and the rest were principals. The analysis of the data brought the findings into five main categories and twenty subcategories. The categories included role preparedness for principalship, challenges related to role preparedness, participants, and recommendations. The subcategories followed each category.
Conclusion: Principals and vice principals performed academic planning and management, capacity building, quality assurance, and program excellence. A few challenges were constraints in planning budgets, financial management, operational hindrances, and resource limitations due to a lack of educational management knowledge and experience.

Keywords: Nursing, Institute/College, Principal, Role Preparedness, Challenges, MSN

1. Introduction

In developing countries, principalship is often limited to administrative duties within centralized education systems, offering little autonomy. Principals typically emphasize routine management, adopt autocratic leadership styles, resist change, and provide limited instructions. [(1)] Over the past 30 years, there has been extensive discussion on the importance of higher education for nurses. [(2)] The dynamic nature of the healthcare delivery system emphasizes the importance of the nursing profession to look forward. The purpose was to forecast the healthcare demands that nurses are required to meet. [(3,4)] Nurses' education is influenced by various factors, such as disease and revolutions. [(2,4)] The future of nursing requires further training and education to fulfill the increasing demand for healthcare. [(4)] (4) Several preparational methods have been introduced for master's and doctoral programs owing to the evolution of nursing education. [(2)] Consequently, rethinking and strengthening nursing as a practice discipline integrates theoretical and practical knowledge. [(5)] Master's programs in nursing have evolved from general degrees to specialized tracks, allowing students to focus on areas such as administration, education, clinical management, or advanced practice to prepare for senior roles. [(6)] A Master of Nursing degree equips nurses with advanced clinical skills and scientific knowledge to meet individual and family health needs and enhance healthcare quality. [(7,8)] The Pakistan Nursing Council (PNC) has emphasized that only nurses should lead nursing schools, with the latest directive issued in 2017.However many institutions have failed to meet this requirement. Nurses now hold advanced practice and emotional administrative and senior management

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roles in hospitals and academic settings. [9]

Moreover, it is important to examine the role of principals in ensuring the desired outcomes of nursing education. [6] Most programs focus on leadership- and evidence-based competencies. Whether competencies attained during postgraduate training are utilized in the practice environment needs to be well researched. [8,10] Nevertheless, the phenomenon of principalship is yet to be well studied in the national and international contexts of the nursing domain. Consequently, it is necessary to clearly state the principal capabilities required to create a basis for the nursing education curriculum. [6,7] In nursing higher education, the core outcome is anticipated to maintain leadership management capabilities in academic and clinical settings. [11-13]

In Pakistan, the shift from diploma to degree programs has heightened the emphasis on higher education in nursing. PNC and HEC now require an MSN degree for principal roles in nursing colleges, prompting more nurses to pursue advanced education. This rising demand for principalship and vice-principalship presents challenges, leaving many feelings unprepared for the transformation. According to the researcher, some colleges appoint newly qualified or experienced nurses with higher education, whereas others have principals lacking advanced nursing degrees. Effective Principalship demands specific competencies. Motivated by limited research on principalship in nursing education, especially within academic settings, this study aimed to explore the role performance of principals and vice principals in undergraduate nursing institutes. Most existing studies have focused on clinical or international contexts, highlighting a gap in local academic research

2. Materials & Methods

This study used an exploratory, qualitative descriptive design to examine principalship in nursing. This approach efficiently captured the participants' views for a contextual understanding of the phenomena. [14] To gain in-depth insight into these phenomena, an exploratory qualitative descriptive design is ideal. [15] Thus, the chosen design explored the feelings of principals and vice-principals about their role preparedness.

Study Setting and Duration

This study was conducted at nursing colleges in Islamabad and Rawalpindi that offer undergraduate BSN programs, including both public and private institutions. This study was conducted from March to September 2023.

Study Population

The target population for this study consisted of principals and vice principals who had been serving as principals for at least three months at nursing colleges in Islamabad and Rawalpindi.

Sampling Method

A snowball sampling strategy was used for data collection. In qualitative research, purposeful sampling is widely employed to identify and select information-rich examples related to a phenomenon of interest. [15] Purposive Sampling is the most suitable and appropriate data collection strategy for a qualitative descriptive exploratory study design that examines specific key issues related to the phenomena. [16] Snowball sampling was used when some participants referred others for the study. This method involves asking participants to recommend additional individuals for sampling, which often occurs after the study has begun. [14] Therefore, the aforementioned sampling strategies were used in this study.

Inclusion and Exclusion Criteria

Participants were considered eligible for inclusion in the study if they had a minimum of three months of professional work experience and were formally appointed to the position of Principal or Vice Principal. Individuals occupying temporary, interim, or acting roles were excluded to ensure that the captured perspectives reflected the experiences of those in substantive leadership positions.

The sample size was not predetermined, but was based on data saturation, meaning that it depended on whether the information began to repeat during the interviews. The interviews were conducted until data saturation was achieved. The sample size was not predetermined or fixed but was based on the information provided by participants to meet the study's objectives. [17]

Recruitment Process

After receiving ethical approval, the researcher visited nursing colleges in Islamabad and Rawalpindi to recruit eligible participants. Information about the study was shared through meetings, calls, and email. Once consent was obtained, interviews were scheduled. Snowball sampling was used to recruit additional principals and vice principals from other institutions.

Mock Interview

Before data collection, a pilot interview was conducted to test the research instrument. This mock interview allowed the researchers to adjust the instrument based on feedback from a small sample of participants. [17] The interview guide was revised to include questions about the challenges of principalship related to role preparedness.

Data Collection

Data collection was performed using a semi-structured interview guide that allowed the study participants to reflect and share their feelings openly with the research. The semi-structured interviews were in-depth interviews in which respondents reacted to predetermined open-ended questions; as a result, many healthcare professionals used semi-structured interviews in their studies. [14] Situational or unplanned probing was performed for the convenience of the study population, which needs more clarity or elaboration on the issue. The interview guide was developed in English. Furthermore, the demographic data were taken in a demographic form. The researcher conducted face-to-face interviews in a comfortable and convenient room at the nursing colleges, ensuring confidentiality throughout the process. With the participants' permission, the interviews were recorded in English, lasting about 40-45 minutes. Probing techniques were used as needed, and written notes on participants' facial expressions and nonverbal cues were also taken.

Data Analysis

Data were analyzed manually through content analysis by following qualitative analysis steps. [14] Content analysis, a research technique, identifies specific words, topics, or concepts in qualitative data. The recordings and transcriptions of each interview were stored separately. Responses were read multiple times and coded after translation. Data were repeatedly reviewed to understand hidden meanings, with similar codes grouped into subcategories and main categories. The process was confirmed by the supervisor and committee members.

Study Rigor

Lincoln and Guba's framework of trustworthiness was applied to ensure the rigor of this study. [18] Credibility, Written consent, and unplanned probing clarified questions and enhanced understanding of participants' responses. To ensure credibility, peer debriefing included regular sessions with the participants, the research supervisor, and the co-supervisor. Transferability: Thick descriptions involved detailing categories and subcategories with direct quotes from participants. The study results were verified and validated through the research process. Dependability and Confirmability, Data consistency was maintained over time. Dependability was ensured by the researcher through repeated reviews of audiotapes and transcripts. Confirmability was achieved by thoroughly checking accuracy. Authenticity: Categories were illustrated with direct quotes to convey the perceptions of principals and vice principals

3. Results

Participant's Demographic Characteristics

The study included 12 participants (n=9 females, n=3 males), mostly from private institutions (n = 10). Ten were principals, and n=11 held an MSN degree, with

eight having an education-focused background. Five also had an additional Master's degree (MSPH, MAS, or MHR). Most had over five years of teaching experience, less than five years of clinical experience, and less than five years of experience as principals.

Table 1: Demographic Characteristics of Principals (n=12)

Participants	Gender	Qualification	Experience (Years)	Institute Type
1	Female	MSN-E	04	Public
2	Female	MSN-E	1.5	Private
3	Male	MSN-E	03	Private
4	Female	MSN-E	02	Private
5	Male	MSN-C	04	Private
6	Male	MSN-C	1.5	Private
7	Female	MSN-E	03	Private
8	Female	MSN-C	01	Private
9	Female	PRN-BSN	04	Public
10	Female	MSN-E	01	Private
11	Female	MSN-E	01	Private
12	Female	MSN-E	1.5	Private

Categories and Subcategories

The data analysis was organized into three categories and eleven subcategories, as summarized in Table 2. These categories and subcategories are detailed in the following section, with excerpts and direct quotes from the participants. To improve readability and clarity, minor grammatical corrections were made to the quotes without altering their meanings.

Table 2: List of Categories and Subcategories

Categories	Subcategories
Role Preparedness for Principalship	• Preparation Through Higher Education • Synergy of Experience and Education • Preparation Through Peer Collaboration and Mentorship • Knowledge Acquisition with Experience
Challenges Related to the Role Preparedness	• Lack of Educational Management Knowledge • Curriculum Versus Practical Reality • Lack of Training • Lack of Experience
Participants' Recommendations	• Hiring Criteria and Eligibility • Training and Preparation • Required Soft Skills

Role Preparedness for Principalship

This category emerged from findings on principal role preparation, including higher education, combining experience and education, peer collaboration and mentorship, and knowledge gained through experience.

Preparation through Higher Education

Higher education is crucial for principalship, with most principals and vice principals emphasizing the importance of master's degrees such as MSN, MSPH, and MAS. A principal mentioned, "I did my MSN to groom myself in the academic institute for professional development and the things which I felt were causing the problem, I was able to find out the solution for that just because of my MSN" (5P) Likewise, another principal expressed "My Master's education makes me more capable, wiser, and more confident in my decision, I learned how to be focusing outcome-based education because of the curriculum development course in my masters" (2VP).

Many principals stated that certain MSN courses, like those in leadership and management, curriculum design, educational practicum, and critical thinking, equipped them well for the role of principal. Such as a principal discussed that, "After getting the leadership management and curriculum alignment courses in education of MSN, I am prepared for all the leadership qualities, the type of learner, teaching-learning strategies, and assessment planning, and these all things strengthen my performance being a role principal' (1P). Likewise, a vice principal expressed, "I acquired knowledge from particularly leadership and management, curriculum designing which helped me for my professional development" (3VP).

Similarly, another principals affirmed that, "I learned from curriculum designing about advanced teaching learning strategies and I tried them to incorporate into my teaching such as problem-based learning, case-based learning, and critical thinking I observed that when you teach your students from books and giving them traditional lectures, it is wastage" (2VP).

A few principals emphasized the significance of the education practicum course taken during their MSN studies, as highlighted by the principal. "I learned a lot of things in the education practicum subject, either it is in clinical or in education" (4P) Likewise, the principal elaborated "In MSN we learned through clinical education course was offered us and the expectation was to conduct seminars and workshop" (7P).

Some principals have discussed the value of the critical thinking course and how it aids them in applying it across various clinical settings. A principal stated, "the critical thinking course helped me that how to apply critical thinking in certain difficult situations as well as developed my communication skills during my role" (4P). Similarly, another principal affirmed "The course Critical Thinking which help me in a way that when whenever the situation come how you handle that situation and being an outbox thinker not limited" (10P).

Some principals highlighted the significance of the nursing theories course, which deepened their understanding of the application of theories to achieve better outcomes. A principal stated, "The knowledge of the nursing theories enhances my knowledge about clinical practices and regarding patient care" (1P). However, another principal elaborated "I have acquired knowledge through the nursing theories which directly aligned my role as a principal" (4P).

Synergy of Experience and Education

This subcategory highlighted the importance of relevant teaching and clinical experience, along with the education needed for principalship. Many principals shared their views on the value of teaching and clinical expertise. A principal stated, "Education is mandatory, but experience also matters a lot to become a principal, and I would say both are important because with experience you learn how to solve the problem, and your decision making and problem-solving are based on experience. But with the education, I was able to make appropriate decisions, with critical thinking and farsightedness" (1P).

Likewise, the other principal expressed that, "It is very important for a good leader to having clinical and educational experience both because without clinical experience how would I help my students to learn their clinical expertise, both things are very important to have some experience in clinicaland then in academics" (7P). Few principals elaborated the importance of the professional development "I believe that experience counts but an up gradation of the knowledge through the professional development is very much in having these managerial leadership roles" (6P).

One vice principal discussed that she could apply her knowledge learned from vast experience "I do not have any hesitation and sort of problem, any adjustment issues within this position because of previous vast experience of an educator and clinical nurse to ensure my capabilities and to ensure my efficiencies" (2VP). Similarly, a principal agreed "I am applying my

knowledge in this position either got from my educational career or from my previous clinical experiences" (4P).

Preparation through Peer Collaboration and Mentorship

Most principals shared their insights into how collaboration, peer engagement, and mentor support contributed to their preparation. A vice principal expressed "I learned from my seniors, how to solve that problem by our expert management So, I used to refer that problem to our senior management and I resolve that problem similarly in that way" (2VP). Likewise, a principal stated, "It was very good experience for me under the supervision of my senior I learnt a lot of the things because she was giving me a free hand to manage clinical management and academic management" (8P). Similarly, another principal shared "I had learned with the help of my colleagues on budgeting, roaster making for clinical rotations which based on based teaching experience and skills" (6P).

Preceptorship model is the part of learning to maximize learning, as one principal pointed out "I have learnt a lot from my preceptor like how to supervise students and giving them assignment, checking of the assignments" (12P) similarly, other principal affirmed "I learned from my preceptors at different positions like senior lecturer, clinical instructor, what was their primary role" (11P).

Knowledge Acquisition with Experience

Most principals shared that they gained valuable knowledge for their role as principals through their day-to-day experiences. One principal stated, "I can handle easily the whole college by getting the experience day by day with management" (5P) Likewise, other vice principal expressed "I experienced day-to-day experiences like, managing the students, coordinating with the different teachers, and dealing with the junior staff, admin staff" (3VP).

A few principals emphasized the importance of practical experience and viewed it positively. A principal stated "MSN qualification is not enough for this role because when you come on the reality there are a lot of things where you know the degree is not sufficient and you learn from your challenges"(8P) Similarly, another principal affirmed "I have few challenges day to day like workload management, staff retention, the education content management, faculty and students' attendance, Internet-related issues but they are healthy to me, I took them positively because they developed me professionally" (7P).

Challenges Related to the Role Preparedness

This category arose from several challenges related to role preparedness encountered by various principals, including a lack of educational management knowledge, curriculum deficiencies, insufficient training, and limited experience.

Lack of Educational Management Knowledge

Some principals discussed that they did not know about the management of an academic institute, as one principal stated "I faced challenge because organization expected from me to fulfil all the basic requirements of inspection from Pakistan Nursing College but I can't do because I don't know the process of inspection" (8P) Likewise, other principal "We didn't have a proper session in MSN on how to do the inspection process for an institute and how the institute will grow" (6P).

Knowledge of academic management is essential for running an institute; some principals shared challenges related to having limited knowledge of educational management. As a principal pointed out; "I completed my MSN in the clinical track, so initially, it was challenging for me because this role is entirely focused on the educational track. My background was in the clinical track with experience solely in hospital settings, so the transition to this domain was quite different" (8P). Likewise, another principal affirmed "I had knowledge about the education side only when I was doing master's education otherwise, I don't have any teaching experience, and I know the less practical experience can affect your practice" (6P).

Curriculum versus Practical Reality

Few principals identified deficiencies in the MSN curriculum, which is why they think that they cannot help them perform their role as principals. One principal expressed "There is lot of deficiencies in curriculum designing course because I took the guidance from the other seniors that how they are running their institutes" (5P) Likewise, other principal stated "I felt that this leadership and management subject was related to clinical side scenario because most of the scenarios were from the clinical side rather than from educational side" (12P). Similarly, a vice principal affirmed "We have not studied anywhere that what is teaching workload, national guidelines for how many credits to assign the faculty, what are the policies of different institutions, and similarly budgeting, negotiation skills, stress management skills" (3VP).

Lack of Training

Principalship training and workshops play a significant role in preparing novice principals. As principal mentioned "There is lot of deficiencies in MSN, there must be some additional workshops or training for those who are graduated with the clinical track to get the flavour of educational track" (5P) Likewise, another principal elaborated "Master of Science in nursing prepares nurses to deliver the role as nurse educator but not the administrative is not much strong" (11P).

Lack of Experience

Some newly graduate principals shared about their lack of the practical experiences which put them trouble to resolve the issue such as a principal, "I am not competent as I am fresh graduate, I do not know certain things so being honest with myself and being open to learn the things because I joined this position based on my qualification otherwise my experience is not that much" (8P). Likewise, another principal stated, "I worked mostly in critical areas such as surgical ICUs and medical ICUs, so my main experience in the critical care and after that directly appointed as principal of this institute" (5P). Similarly, other principal affirmed "I wouldn't deny the importance of experience because I have no prior educational institute experience, and I realized that thing after joining this position" (6P).

Participants' Recommendations

This category emerged from the principals' recommendations, which included hiring criteria and eligibility, training and preparation, and necessary soft skills.

Hiring Criteria and Eligibility

A few principals expressed some recommendations for hiring and eligibility criteria for principals such as a vice principal stated "There must be you know written clear guidance from the Pakistan nursing council to avoid the upcoming of new and fresh principals who are ruling the institution without experience without an educational qualification"(2VP) Likewise, another principal discussed "There should be defined criteria for the role of principal, both experience and qualification should be considered for hiring a principal and this should be strictly implemented in the institute"(12P). Similarly, another principal affirmed "One should follow steps such as lecturer, senior lecturer, assistant professor can be suitable for the role of principal" (8P).

Training and Preparation

Some principals suggest training programs for the preparation of the role of principals. According to the principal, "There should be some preparatory classes even for government nurses to take charge of Principalship" (9P). Likewise, another principal shared "I suggest my regulatory body arrange training for principals. It should be based on a few weeks" (12P). Similarly, another principal affirmed "when you are that (Principalship) position you really need trainings, I would say it's not a cup of tea to take a charge of principal and we are performing like a champion" (10P).

Some of the recommendations were specifically for novice leadership roles. A principal expressed "A workshop or training sessions can be arranged specifically and purposefully aligned or designed in a

way that addresses the challenges of for those who are interested and new in the role of principal as for as administrative" (11P) Likewise, other principal specified "For the novice nurses should add some preparedness courses or workshops which specifically talking about the role of principal and administrative position" (4P).

A few recommendations from principals suggested designing or modifying certain courses to better prepare individuals for the role of principal. A principal explained "To strengthening the leadership role only the course is not enough I would really suggest that there should be a track for the leadership in the nursing" (10P). Similarly, another principal affirmed, "I think in the leadership and management course there should be a topic for the academician higher positions to managing the entire situation, institutional affiliation, rules and regulations and the hierarchy" (4P).

Required Soft Skills

Some of the principals shared some required significance soft skills for the role of Principalship, such as a vice principal expressed "A principal must have the confidence to take initiative for students learning, teaching responsibilities, and organizational responsibilities" (2VP). Another principal stated, "The principal should be enough competent for their curriculum and course management ethical, professional, and personal management as well" (6P). Similarly, another principal affirmed "I experienced the political influence in my role as a principal, so principal must have the problem-solving, communication skills, conflict management skills and political awareness to deal with all these things" (4P).

4. Discussion

This study aimed to explore the preparedness of principals in nursing institutions in Rawalpindi and Islamabad. The study identified three main categories and 11 subcategories: principals' role preparedness, challenges related to role preparedness, and participants' recommendations.

The study participants included nine females and three males. Of the 12 participants, 11 held a Master of Science in Nursing (MSN), while one principal had a Master in Health Research. Nine principals graduated with an MSN in education, and three with an MSN in clinical practice. In terms of teaching experience, four principals had 6-months to three years of experience, while the rest had over five years. Regarding clinical experience, seven principals had one to three years, and the others had more than five years. For Principalship experience, seven principals had one to two years, and five had three to four years.

The demographic findings reveal that some principals have less than three years of teaching experience, which does not meet the PNC criteria, underscoring the urgent need for highly qualified faculty in nursing academia. Consequently, even with less experience, MSN prepared nurses are accepted for the Principalship. Key features include clinical MSN track principals, who are expected to work in clinical leadership roles, compared to those with MSN in education. However, three principals had an MSN in the clinical track and one principal held a master's degree in health research. It is assumed that a principal with an MSN degree in the education track would be well prepared for the role of Principal. The main goal of the clinical track in MSN is to prepare leadership for clinical nursing management. Perhaps, there are more opportunities in nursing education than in clinical practice. Furthermore, it is also presumed that the possible cause of the current study's findings could be high-salary packages, other benefits, and incentives that directly help them to strengthen financially. Three of the principals have overall less experience, including principalship. They perform their role as novice principals, which leads to less self-satisfaction for role preparedness as well as performance that is congruent with. [19] (

With regard to principalship preparation, most of the principals indicated that MSN prepared them to perform the principalship role, which is congruent with existing studies. [7,20] Few of them highlighted knowledge gained through specific MSN courses like education practicum, curriculum design and

administration, nursing theories, leadership and management, teaching for critical thinking, and academic writing, which are in line with current studies. [7,11] The findings are congruent with a previous study [11] that MSN makes them more capable, wiser, and confident about their decisions in performing leadership roles. The study also revealed findings that aligned with existing studies in which MSN courses improved their skills such as communication skills, writing skills, and problem-solving. These skills helped them apply knowledge to their practice and fulfil their roles. [10,11]

Additionally, most principals noted that the combination of education and relevant experience helped prepare them for the role of principal, which aligns with the study's findings. [4,7,10,11,20,21] In contrast, a few principals identified that MSN education cannot teach how to perform the role of a principal. Occasionally, they require assistance from their seniors and peers. They gained knowledge through day-to-day encounters and difficulties in their current position. These results cannot be supported by previously published literature and contradict the findings. [6,10,11] It is assumed that the context-related problems, which may be the MSN graduates taught in MSN, are the cause of this incongruity since they prevent them from applying their newly gained knowledge to their practices in Pakistan. Furthermore, few principals are employed as principals who are MSN graduates but have a clinical track, which is most suitable for clinical leadership positions.

A few distinct challenges related to principals' preparation were identified by principals and vice principals, including a lack of educational management knowledge, insufficient experience, and some deficiencies in the MSN curriculum. They affirmed that they did not have sufficient knowledge of the educational management of academic institutes. These findings are not consistent with the available literature. It is considered that this could be due to the contextual issue; in Pakistan, newly established nursing institutes have existed for BSN where newly MSN graduates are employed as a principal with less clinical and educational experience. Furthermore, it also assumed that the area of specialty or perhaps less educational institutional working experience is the root cause. If this is not addressed in time, this could lead to compromised educational leadership competencies for upcoming principals.

The study findings also included recommendations from principals and vice principals, such as establishing specific hiring criteria for principalship appointments, with a preference for MSN graduates specializing in education. Few principals suggest that this should be followed by a career ladder for hiring principals, such as relevant qualifications that is MSN with education track and enriched educational experience. Some principals recommend organizing specialized training or workshops to better prepare individuals for principalship. This demonstrates the multifaceted nature of leadership roles and the diverse range of soft skills required to effectively lead educational institutions. Required competencies such as professional expertise in terms of problem-solving, communication skills, conflict management skills, and research expertise to handle organizational responsibilities. [22]

Conclusion:

The findings revealed that while most principals felt prepared through their MSN education, some faced challenges due to lack of educational management knowledge and curriculum deficiencies. Recommendations include revising hiring criteria, developing a Principalship practice scope, establishing an educational career structure, and offering enrichment programs. The study highlights the need for further research to address contextual challenges and improve Principalship preparation in nursing education

Limitations

This study, conducted in Rawalpindi and Islamabad nursing institutes with MSN graduates from both educational and clinical tracks, may not reflect the conditions in other parts of the country, so the findings

should be interpreted cautiously. The study's limitations include a lack of relevant literature on principalship in nursing, but its strength lies in contributing to this knowledge gap and ensuring trustworthiness. The study's findings, applicable to both the public and private sectors, suggest the need for further research in other settings to explore principalship challenges in nursing.

Future Recommendations

Disclosure /Conflict of interest:

Authors declare no conflict of interest.

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