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Leadership Lived Experiences Among Ph.D. Nursing Graduates: A Qualitative Study

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Abstract

The purpose is to explore the leadership lived experiences of graduates of the Jordanian Ph.D. nursing program. The research design utilized a descriptive phenomenological approach. Participants were selected using purposive sampling. Data were collected through semi-structured interviews. Data analysis was guided by Colaizzi (1978) approach. The findings show that two main themes emerged from the analysis, including: (1) essence of leadership, with two subthemes: influence and inspiring, and leadership through position; (2) leadership in real life, with four subthemes: leadership behaviors and skills, managerial functions, challenges in leadership practice, and leadership development. The findings highlight the perception of leadership among Ph.D.-prepared nurses. There is a critical need to develop leadership competencies among Ph.D.-prepared nurses. Doctoral nursing programs and postdoctoral settings should implement structured, evidence-based initiatives aimed at fostering leadership development to meet the evolving demands of healthcare systems. Doctoral nursing programs should incorporate mandatory leadership training, mentorship, and experiential learning to help Ph.D.-prepared nurses lead effectively in academic and clinical environments and address challenges.

Keywords: Leadership skills, Ph.D. nurses, phenomenology.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Institutional Review Board of the University of Jordan (Decision No. 8-2023; date: 6 Feb. 2023).

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1. Introduction

Nurses holding Doctor of Philosophy (Ph.D.) degrees are highly needed for addressing the evolving complexities of contemporary healthcare systems [1]. As scientists, they develop the evidence-based knowledge to advance nursing practice and education, and guide health policy [2-4]. Their roles are expanding to encompass education, research, and improving clinical performance through evidence-based practices and research [5]. As leaders, they guide high-quality clinical practice,

identify research priorities according to clinical needs [4]. Nurses holding Doctor of Philosophy prepared nurses are assuming a pivotal role in educating and inspiring the next generations of nurses to be effective educators, who drive innovation in nursing education, and to advance nursing science [6]. They also play significant roles as change agents, critically evaluating and challenging the status quo of healthcare processes and policy [7]. It is assumed, further, that Ph.D.-prepared nurses are required to utilize the advanced technology in nursing research and practice to meet the needs of patients and caregivers [8]. Such multiple roles and responsibilities must be all integrated together to create the character of nurse researcher and scientist. In recognition of this, USA funding institutions incorporate formal leadership, experiential learning and training as essential for providing funds [5].

Nevertheless, it has been noticed that less emphasis is paid to leadership skills and managerial issues that inquire how Ph.D.-prepared nurses practice leadership as researchers and how to improve clinical practices.

To strengthen the vital role of Ph.D.-prepared nurses in the clinical setting, increased attention should be paid to the development of leadership competences in doctoral programs [9]. It has been reported that there is a need to integrate leadership training alongside research competencies, equipping Ph.D.-prepared nurses to lead research and quality improvement initiatives early in their careers [10, 11]. Additionally, hospitals should foster leadership development through structured mentoring, collegial support systems, and research collaboration opportunities [12]. In Jordan, according to Al-Maaitah and Shokeh [13] the majority of Ph.D. prepared are working as faculty members due to their emphasis on research assuming the academic and research responsibilities rather than improving the clinical practice. Therefore, the increasing pursuit of doctoral degrees is largely driven by the aspiration to secure academic positions. Existing literature revealed that the studies' participants were mostly faculty members in academia [14]. On the other hand, Rugs et al. [1] study found that PhD holders; were contributors in providing direct patient care, clinical program leadership, quality improvement, evidence-based practice, case management or care coordination, utilization review, and patient education.

The Jordanian Nursing Council (JNC) has identified nursing leadership, leadership education, and mentorship as key research priorities in its Nursing Research Priorities (2022–2026), highlighting the need for further investigation in these areas. This highlights the anticipated role of Ph.D.-prepared nurses in advancing clinical quality improvement. Although leadership competencies are often presumed to be embedded within the scientific training of Ph.D. programs globally, limited evidence exists regarding the extent to which these leadership skills are acquired and the willingness of graduates to transfer theoretical knowledge into practical application. In particular, utilizing a qualitative approach will allow for a better opportunity for Ph.D.-prepared nurses to express and delineate their perspectives. Accordingly, this study intends to explore in-depth the leadership lived experiences of Ph.D.-prepared nurses who graduated from a Jordanian national program. The findings will provide baseline data to determine the need for additional leadership training, mentorship, fellowships, or curriculum revisions within doctoral education. Addressing these gaps can inform policy development and ultimately might help strengthen the nursing profession.

1.1. Purpose of the Study

This study aims to explore the leadership lived experiences of Ph.D. nursing prepared in Jordan.

1.2. Research Questions

What are the lived experiences of Ph.D. prepared nurses in relation to leadership?

2. Literature Review

Leadership and leadership theories are important issues that have been discussed from different points of view. Marquis and Huston [15] define leaders as "those individuals who are out front, taking risks, attempting to achieve shared goals, and inspiring others to action" [15]. Leadership theories have been discussed and explored throughout history. Early works focused on the traits of leaders, suggesting that leaders are born to lead, a concept known as "The Great Man Theory," which was based on Aristotelian philosophy. However, this theory was opposed by the belief that leadership skills can be developed rather than inherited [15]. Researchers believe that leaders do not adhere strictly to a single leadership style; rather, they adapt their approach along a continuum between authoritarian and laissez-faire according to the situation. This adaptive approach is known as "Situational Leadership Theory" [15].

More recent works produced Interactional Leadership Theories, which are based on the hypothesis that leaders' behavior depends on the relationship between the leaders' personality and the specific situation [15]. More recent theories include Transactional and Transformational Leadership. Transformational leadership implies that leaders and followers can help each other to reach a high level of motivation and morality. Furthermore, transformational leaders focus on empowerment and vision, whereas transactional leaders focus on tasks and getting the work done. As transformational leaders are highly desirable, they must excel in the traditional transactional aspects of the day-to-day managerial role. This led to the creation of the Full-Range Leadership Model/Theory, which describes the full-range leader as one who can apply the principles of transformational, transactional, and laissez-faire [15].

Several studies confirm that leadership skills can be developed, suggesting that leaders can be made not just born, Patrician, et al. [16]. Halcomb et al. [17] found that most participants in their study acknowledged the need for leadership development and expressed a desire for additional training to enhance their leadership skills. Many studies emphasized the importance of leadership and monitoring training programs in enhancing the advancement in their academic careers, and improvement in leadership skills [16, 18].

Many Jordanian studies were conducted to investigate the impact of Ph.D. nursing programs, with findings consistently indicating that these programs enhance intellectual skills, self-esteem, confidence, engagement in research publications and

presentations, as well as clinical competencies to improve health care and leadership. Additionally, others indicated that the Ph.D. journey has been described by participants as a life-changing endeavor. Most of the studies stressed the importance of incorporating leadership training within Ph.D. curricula, providing mentorship and support for novice researchers and fostering strong supervisory relationships. The doctoral supervisor-student relationship, in particular, is frequently identified as an important source of guidance and support [14, 19-21].

3. Methods and Data Analysis

Design: This study utilized a descriptive phenomenological approach to explore in-depth the Ph.D. nurses' lived experiences related to leadership. It is well documented that the phenomenological approach is one of the best methods to describe the lived experiences of individuals from their perspectives [22]. Phenomenology as a research method is a rigorous, critical, systematic inquiry of phenomena [22].

3.1. Sampling, Participants, and Setting

The participants of this study were 12 Ph.D. graduate nurses selected utilizing purposive sampling from the University of Jordan. The sample size was determined based on data saturation. To enhance the transferability of findings, participants were recruited from diverse academic or clinical settings. The sample reflected diversity in age, years of professional experience, including international graduates of the Ph.D. program.

Interviews were conducted at times and locations preferred by participants. For those residing and working outside Jordan, interview schedules and modalities were based on their preferences.

3.2. Data Collection and Data Collection Procedure

Following Institutional Review Board (IRB) approval from the University of Jordan, participants were invited via e-mail or telephone. Potential participants were identified through the University of Jordan's Nursing School, the Graduate Affairs Office and the Registration Unit. Additionally, a snowball sampling strategy was used to recruit further participants. In-depth, semi-structured interviews were conducted with those who consented to participate.

Phenomenological studies typically employ in-depth interviews as a key data collection method, facilitating rich qualitative insights [23]. In this study, in-depth interviews were used utilizing an open-ended question. Each interview lasted between 30 to 90 minutes and was audio recorded with participant consent.

Interview questions were developed based on a review of relevant literature, particularly studies on leadership, and validated by a qualitative research expert. A pilot interview was conducted with one participant to refine the questions, ensuring they accurately captured the lived experiences of Ph.D. nurses, accordingly, the comments from the participant were taken in consideration in designing the interview questions. The final interview questions focused on participants' experiences with leadership, perceived facilitators and barriers, and recommendations to improve the next generations of Ph.D. nurses' experiences. Probing questions were employed as needed to elicit deeper insight. All interviews were conducted in Arabic, the participants' native language, to enhance communication clarity and data accuracy.

This study received approval from the Institutional Review Board (IRB) at the University of Jordan. Ethical considerations were followed throughout the research process. Participants provided informed consent, confirming their voluntary participation. Before the interviews, researchers explained the study's purpose, the interview objectives, and the expected time needed to complete the interview. Participants were assured of their right to withdraw at any time. Data plans for utilizing the data were clarified, and permission for audio recording was obtained. To ensure confidentiality, recordings were accessible only to the researchers, with no identifying information included. All recordings will be deleted immediately upon the study's completion to maintain data privacy.

3.3. Data Analysis

The interviews were transcribed verbatim, translated into English, and back-translated into Arabic by an expert translator to ensure consistency. Data collection and analysis occurred simultaneously. The researchers set aside their biases, assumptions, beliefs, and preconceptions about the phenomenon. Colaizzi's [24] approach guided the content analysis. Two researchers independently transcribed the audio recordings to text following each interview. The researchers first described the phenomenon of leadership and collected the participants' perceptions. To achieve immersion in the data, the researchers read the transcribed data word by word several times. Then they analyzed the transcript, coded each significant word and statement pertaining to leadership perceptions and experiences. The researchers highlighted significant statements as a preliminary analysis, which were then extracted, and meaningful units were formulated. The meaningful units were grouped into clusters of themes that captured the essence of participants' lived experience of leadership. The final themes were developed through consensus among all researchers and described in detail. For validation of the description of the resulting themes, they were revised with the Ph.D. nurses. NVivo software was used to facilitate data management and analysis. Demographic data were analyzed utilizing descriptive statistics.

3.4. Trustworthiness

To ensure the rigor of qualitative studies, trustworthiness is utilized through credibility, dependability, confirmability, and transferability. Rigor in qualitative research aims to accurately represent participants' experiences. Operational techniques are implemented to uphold these criteria, ensuring the robustness and integrity of the findings [25].

In this study, credibility was ensured through member checking, where the main themes generated from data analysis were shared with participants through phone calls to verify their accuracy in representing their experiences. Additionally, the

researchers dedicated time to build a trusting relationship with participants to promote open and honest dialogue and responses.

Dependability was maintained by continuously reviewing the research process to ensure consistency in data collection and analysis. Non-leading questions were used during interviews, and transcription accuracy was verified by repeatedly listening to the audio recordings and cross-checking them with transcripts. Every step of the study was supervised and validated by the research team.

Confirmability was supported through the use of audit trails, bracketing, and reflexivity to minimize researchers bias, assumptions, beliefs, and preconceptions throughout data collection and analysis processes.

Transferability was achieved by providing a detailed methodological description, using purposeful sampling, providing a rich, thick description of participants' characteristics. Recruiting participants from different workplaces, age groups and backgrounds further enhanced the variability and enhance the transferability as well to similar contexts.

4. Results

4.1. Demographic Data

This descriptive phenomenological study included 12 participants selected using a purposive sampling technique. The participants were employed in either academic or clinical institutions. Nine of the participants worked as faculty members at universities in Jordan: five were assistant professors and four were associate professors. The remaining three participants were employed in clinical settings across three countries: Jordan, Bahrain, and the United Arab Emirates. Among them, two participants served as directors of the nursing department, while one held the position of assistant director of the office of infection prevention and control.

The majority of the participants were Jordanians, with one participant being Emirati. The participants' age ranged from 33 to 59 years. There was an equal representation of male and female participants. Their post-Ph.D. work experience varied from one to 15 years. The demographic characteristics of the participants are presented in Table 1.

Table 1.

Participants' characteristics.

| Participant No. | Age | Gender | Year of obtaining the Ph.D. degree. | Place of work | Current job | Years of experience in the current job | Total Years of Experience | Previous job/s |
|------------------------|------------|---------------|--|-------------------------------|--|---|----------------------------------|--|
| P1 | 38 | M | 2020 | Balqa University | Assistant professor | 2 | 16 | Academic, clinical |
| P2 | 33 | M | 2021 | Zarqa University | Assistant professor | 1yr 10 months | 12 | Practical nurse, RN, lecturer |
| P3 | 50 | F | 2020 | Applied Sciences University | Assistant professor | 1 | 29 | RN, head nurse, lecturer, head of exam department at JNC |
| P4 | 39 | M | 2021 | Zarqa university | Assistant professor | 1.5 | 17 | RN. In charge RN, head nurse, supervisor, quality coordinator |
| P5 | 42 | F | 2018 | Applied Sciences University | Assistant professor | 5 | 17 | RN, lecturer |
| P6 | 58 | F | 2015 | Applied Sciences University | Associate professor | 8 | 36 | RN, teaching and administrative |
| P7 | 59 | F | 2012 | University of Jordan | Associate professor | 11 | 37 | RN, lecturer |
| P8 | 53 | M | 2009 | Muta University | Associate professor | 15 | 33 | RN, educator |
| P9 | 48 | F | 2011 | Hashemite University | Faculty member | 13 | 22 | RN, lecturer |
| P10 | 42 | M | 2022 | University of Jordan Hospital | Assistant of infection control department director | 1 | 20 | ICU nurse, infection control practitioner |
| P11 | 42 | M | 2020 | Bahrain Cancer Center | Director of nursing | 3 | 20 | ICU nurse, quality coordinator, nurse educator, head of planning department in JNC |
| P12 | 46 | F | 2014 | Emirates Health Service | Director of nursing | 7 | 25 | Chief nursing officer, president of Emirate Nursing Association |

4.2. Emerged Themes

The purpose of the study was to explore the leadership lived experiences of Ph.D. Prepared nurses from their perspectives. Based on participant in-depth interviews, using open-ended questions and probing questions about leadership, challenges, and personal growth and the data content analyses using Colaizzi [24] approach, the following themes emerged from the participants' experiences regarding leadership. First theme: essence of leadership, with two subthemes: influence and inspiring, and leadership through position. Second theme: leadership in real life, with four subthemes: leadership behaviors and skills, managerial functions, challenges in leadership practice, and leadership development. These themes and their subthemes overlapped, contributing to the overall essence of the Ph.D. prepared experiences. A summary of the emerging themes and relevant sub-themes is provided in Table 2.

Table 2.
Themes and Subthemes.

| Themes | Subthemes | Frequency |
|-------------------------|-----------------------------------|---------------|
| Essence of leadership | Influence and inspiring | More frequent |
| | Leadership through position | Less frequent |
| Leadership in real life | Leadership behaviors and skills | More frequent |
| | Managerial functions | Less frequent |
| | Challenges in leadership practice | More frequent |
| | Leadership development | More frequent |

The findings are presented based on the leadership experiences of graduates from the Jordanian national Ph.D. nursing program from their perspectives. The themes and subthemes are outlined next, accompanied by illustrative participants quotations. Table 3 provides a summary of the themes and subthemes, and illustrative examples of participant quotes.

Table 3.
Themes and Subthemes, and Illustrative Examples of Participant Quotes.

| Themes and Subthemes | | Illustrative Participant Quotes |
|-------------------------|-----------------------------------|--|
| Essence of leadership | Influence and inspiring | P8: "Leadership for me is the ability to influence others, how to influence others' behaviors, convictions and ideas in a positive way." P5: "Leadership is the ability to influence others, persuade them, and guide them toward achievement of goals." |
| | Leadership through position | P6: "In leadership, you must achieve work through others, through your subordinates. You cannot do everything alone, so you achieve the work through involvement of the subordinates." |
| Leadership in real life | Leadership behaviors and skills | P7: "I maintain effective communication with my students by being open with them, upholding an open-door policy, and demonstrating assertiveness and courage." P12: "Leadership involves caring for those people around me, enabling their growth, and guiding them along a clear and well-defined vision." P5: "Leadership is an integral part of my daily life. I follow a structured schedule, implement an action plan, and ensure that goals are set and collaboratively achieved." |
| | Managerial functions | P11: "Leadership and daily work are distinct. I primarily focus on leadership rather than managerial functions such as hiring, interviewing, decision-making, recruitment, and firing, as these fall under." |
| | Challenges in leadership practice | P2: "The organizational structure restricts the utilization of different leadership styles, resulting in limited flexibility, and decision-making processes are centralized." P10: "Key challenges include financial limitations, outdated hospital infrastructure, and resistance to change. Noncompliance with best practice guidelines is a recurring issue." |
| | Leadership development | P2: "The Ph.D. program expanded knowledge related to leadership... we learned about leadership styles through theoretical courses." P12: "To enhance my leadership skills, I pursued a one-year diploma, attended a leadership program at Harvard, and received training with my workplace." P4: "Through experience, I have learned how to lead, guide others toward shared goals, and maintain professionalism." |

| | | |
|--|--|---|
| | | Teaching serves as a platform to influence students and act as a role model.” P1: “In group work, leadership roles were distributed among students, ensuring that everyone gained leadership experience and fostered leadership skills and collaboration.” |
|--|--|---|

4.3. Theme I: Essence of Leadership.

Participants viewed leadership from their own perspective. The study participants understand, perceive, and interpret leadership based on their experiences. This perception is based on their clinical practice, professional experiences, academic experiences, and their professional identity as nurses. This theme focuses on the meaning they assign to leadership and how they perceive it through their journey, role, and identity as nurse leaders with doctoral education. Most of the participants viewed leadership as the ability to influence others. Several participants viewed leadership as a title and a position that grants authority and power. This theme is composed of two subthemes: the influence and inspiring, and leadership through position.

4.4. Influence and Inspiring

This subtheme emerged from the in-depth narratives in which participants reflected on the ways their actions, attitudes, and presence influenced others. Participants described their capacity to impact others' cognition, behavior, motivation, and professional growth, not by virtue of positional authority, but through the embodiment of values, application of knowledge, and authenticity in their interactions. Most of the participants viewed leadership as the ability to influence others positively. In addition, one participant emphasized that leadership is about influence and change, both personal and collective growth. Participant (P3) said, “Leadership is often perceived as a position, but for me, it is about change and influence. Wherever you can change, do it. You may change yourself, students, and serve as a role model for students. As faculty, this is our leadership responsibility, and this is my philosophy. I don't like to seek a position. I have held various positions in the past, but at this stage, I'm satisfied; I am not looking for titles or for positions; I am focused on making a meaningful impact. For me, leadership is about benefiting others and helping people improve. One of the key responsibilities of a leader is to foster growth, both in oneself and in others. Improvement can happen anywhere, regardless of position.

The same participant (P3) added, “Change is not limited to titles; it includes shaping how students study, think, perceive the world, and behave. It's about encouraging critical thinking beyond abstract thinking. When we were younger, we lacked mentors to guide and teach us, which made our learning journey longer. By supporting our students, we can facilitate their journey and help them overcome obstacles. This is my perspective on leadership; it is about driving positive change. If you hold a position, you should use it to create meaningful improvements. I'm not in a position, but I can effect change.” Another participant (P10) added that beyond influence, a leader is the person who sets plans and goals while working collaboratively with a team to achieve better outcomes. The participant said, “For me, leadership is the ability to influence others and to convince them toward achieving goals.”

Some participants also viewed leadership as inspiring students to become skilled and compassionate nurses who provide high-quality care. Other participants highlighted the importance of being a role model in fostering inspiration among students and other followers. Participant (P9) shared, “leadership is about being a role model and inspiring my students by demonstrating a sense of caring, so they, in turn, will become caring nurses”.

4.5. Leadership Through Position

Several participants perceived leadership as a position and a title, aimed at accomplishing the work through followers. As viewed by participant (P2), “Leadership in general means holding a position, but not in a military sense; it is about completing missions.” On the other hand, participants working in clinical institutions shared a common perspective on leadership. They viewed it as the ability to guide their followers, improve their skills and knowledge, and ultimately enhance the quality of care they provide. Leadership also involves assessing the needs of followers and addressing them accordingly.

4.6. Theme II: Leadership in Real Life

Participants articulated their demonstration of leadership through specific behaviors and skills. Some of the participants linked leadership behaviors and skills to core managerial functions. In addition, participants identified various barriers encountered them in real-world. The subthemes emerging from the data include leadership behaviors and skills, managerial functions, challenges in leadership practice, and leadership development.

4.7. Leadership Behaviors and Skills

Many participants indicated that effective communication is a critical component of leadership practice. They emphasized that respect is an inherent element in interactions with colleagues and students across both academic and clinical settings. As one participant (P7) shared, “I maintain effective communication with my students by being open with them, upholding an open-door policy, and demonstrating assertiveness and courage.” Leadership practices encompassed shared decision-making, flexibility, collaboration with colleagues, and a commitment to fostering leadership. In addition, numerous participants identified time management, task orientation, and conflict management as essential skills for leadership.

Moreover, participants emphasized the importance of controlling emotional impulses, use of calming, and kindness as essential leadership competencies, particularly in conflict resolution.

4.8. Managerial Functions

Some participants perceived managerial functions as integral to leadership practice. In academic settings, these functions encompass curriculum development and revision, scheduling lectures and examinations, participation in committees, and engagement in quality improvement initiatives. While some participants perceived managerial functions as integral to leadership practice, others regarded their involvement in committees and quality improvement projects as managerial functions inherent to their role as Ph.D.-prepared nurses, while others associated managerial responsibilities primarily with holding a formal leadership position. Additionally, in clinical institutions, managerial functions encompass budgeting, hiring, conducting interviews, and strategic planning. One participant distinguished between the execution of managerial functions and the practice of leadership, emphasizing that while leadership does not necessarily entail management functions, holding a position often requires their execution. The same participant further highlighted that financial management, budgeting, and strategic planning are essential components for nursing management.

4.9. Challenges in Leadership Practice

Many participants identified several barriers encountered while practicing leadership in academic and clinical settings. Key challenges included organization structure and rigid rules and regulations, which were cited as significant obstacles to effective leadership. Participant (P2) stated, "The workplace assigns me various roles and responsibilities within the boundaries of a defined job description. While we receive training on how to interact with students, colleagues, and superiors. However, several barriers hinder the effective application of leadership. The organizational structure restricts the utilization of different leadership styles, as strict regulations must be followed. Additionally, there is limited flexibility, and decision-making processes are centralized, with minimal involvement from superiors in shared decision-making." Most of the participants identified the high workload as a significant barrier to engaging in leadership-related activities. In addition, the participants highlighted employees' resistance to change as a major challenge. Furthermore, noncompliance with best practices guidelines, financial constraints, and personnel shortage were also cited as critical obstacles faced the study participants.

4.10. Leadership Development

In this subtheme, participants explored the development of their leadership competencies and proposed strategies and recommendations to enhance leadership skills among future Ph.D. prepared nurses. Participants emphasized that leadership skills can be systematically developed through educational activities. While the Ph.D. program was acknowledged by most of the participants as a critical source of theoretical knowledge on leadership principles, leadership theories and knowledge, though the participants indicated that the leadership and management course was offered as an elective rather than an integral component of the core curriculum.

According to participant (P2), "The Ph.D. program expands knowledge related to leadership, including its application and strategies for managing various situations. We learned about leadership styles through theoretical courses". However, other participants indicated a need for further leadership development, which motivated them to seek additional educational programs to learn more about leadership.

Other participants identified experience as a crucial factor in the development of leadership skills. Engaging in leadership roles, participating in committees and collaborating within teams contribute to the enhancement of a leader's abilities. Additionally, experience encompasses interactions with mentors and colleagues who provide guidance and advice in navigating specific situations, further shaping leadership competencies.

In the workplace, individuals are often required to take on leadership roles and uphold quality standards, thereby refining their leadership abilities through experience. Furthermore, teaching serves as a platform to influence students and act as a role model. Practical experience plays a crucial role in developing leadership competencies".

Furthermore, participants provided recommendations for enhancing leadership development within the PhD program, their workplaces, and their personal growth to improve their leadership skills and experience. Recommendations for the Ph.D. program included making the leadership course a mandatory component of doctoral studies and incorporating practical training in leadership. Additionally, participants emphasized the importance of having role models within the faculty who can provide support, guidance, and empowerment to Ph.D. students.

In the workplace, participants emphasized the importance of continuous education through workshops and conferences. As participant (P6) stated, "I hope that my workplace will offer workshops and educational activities focused on leadership, as well as provide opportunities to attend specialized leadership conferences similar to those available for other nursing disciplines".

Moreover, participants suggested that rotating Ph.D. holders through administrative positions would provide them with opportunities to develop leadership experience. This approach could be further enhanced by fostering stronger relationships among Ph.D. holders, allowing them to learn from one another's experiences.

5. Discussion

This phenomenological study explored the leadership experiences of Ph.D.-prepared nurses who graduated from a Jordanian national program. The content analysis yielded key themes from participants' perceptions: the essence of leadership and leadership in real life. In addition, this study illuminated the challenges faced by Ph.D.-prepared nurses in practicing leadership roles. The study participants provided recommendations to address these challenges. This section presents a discussion of the emerged themes, along with the relevant literature to provide context and support the study findings.

Most of the Ph.D. prepared nurses who participated in the study conceptualized leadership as the ability to influence others toward achieving mutual goals guided by a shared vision. This definition aligns with foundational leadership theories, such as Stogdill [26]. characterization of leadership as a process of influencing group activities to attain a shared goal. Similarly, Northouse [27] described leadership as “a process whereby an individual influences a group of individuals to achieve a common goal” (p. 6). Dutch postdoctoral nurses in the study by de Lange et al. [28], in which the authors indicated that effective leadership involves influencing others to realize a collective vision, also emphasized this perception. Likewise, Bouws et al. [29] found that academic nursing leaders in the United States identified influencing others through the promotion of a shared vision as a core aspect of their leadership role.

Participants described leadership practices as not only guiding others toward the achievement of goals, but also inspiring nursing students to excel and deliver high-quality nursing care. These findings are consistent with the study findings of Bouws et al. [29] in which nursing academic leaders viewed their roles to include leading positive change, as well they perceived their influence on both nursing students and faculty members as critical to fostering professional growth and enhancing quality of care. Some participants in this study perceived leadership as being associated with holding a formal position or title, which enabled them to accomplish organizational goals. This perspective is congruent with the findings of van Dongen et al. [30] who reported that some Ph.D. prepared nurses equated leadership with holding management positions.

Participants demonstrated leadership through a range of essential skills and behaviors, including effective communication, active listening, and fostering a culture of mutual respect. Participants in academic institutions particularly emphasized the importance of maintaining open communication with students, often implementing an open-door policy. This aligns with the findings of Halcomb et al. [17] who found that early career nurse academics in Australia recognized respect and being respectful as necessary attributes of effective leadership. Moreover, being approachable was considered a key communication skill that enhances leadership effectiveness by fostering collaboration and trust within academic and clinical settings. Similarly, Curtis et al. [31] emphasized that transformational nurse leaders cultivate open and inclusive environments that encourage shared decision-making and innovation in healthcare education. Additionally, Akerjordet and Severinsson [32] highlighted that nurse leaders who actively listen and demonstrate empathy contribute to stronger professional relationships and improved team performance. The ability to establish open channels of communication and demonstrate respect for diverse perspectives has been associated with increased job satisfaction and retention among nursing faculty and clinical staff [33].

Leadership practices among the study participants encompassed shared decision-making with colleagues and students in academic institutions, flexibility in adapting to various challenges, and a strong commitment to professional responsibilities. Additionally, collaboration with colleagues was identified by most of the study participants as a key component of effective leadership. Some participants viewed essential leadership behaviors as encompassing a strong sense of care for individuals, facilitating their professional growth, and guiding them in alignment with a shared vision [34]. Conflict resolution was considered an essential skill, necessary for maintaining a positive work environment, ensuring team cohesion, and fostering productive professional relationships [33]. These insights reinforce the need for leadership training programs within nursing education that focus on decision-making, collaboration, and conflict resolution to equip future nurse leaders with the necessary skills to navigate complex healthcare and academic environments.

Many participants identified several barriers that hindered their ability to effectively practice leadership in academic and clinical settings. The key challenges reported by the participants was the restrictive organizational structure and rigid institutional rules and regulations, which limited autonomy and constrained effective leadership. These findings are consistent with those of Doria et al. [35], who reported that structural barriers often limit nurses' ability to assume leadership positions. Furthermore, Stanley [34] indicated that hierarchical structures in healthcare and academic institutions can impede innovation and leadership development. A significant challenge cited by most participants was the high workload, which limited their capacity to engage in leadership-related activities. High administrative burdens, combined with clinical and teaching responsibilities, created time constraints that affected their ability to mentor, strategize, and implement leadership initiatives.

This finding is consistent with the work of Halcomb et al. [17], who highlighted workload pressures as a key barrier to leadership engagement among nurse academics. In addition, the participants highlighted resistance to change as a major challenge to implementing leadership practices. Resistance to change has been well documented in the literature as a common challenge in organizational leadership, often stemming from uncertainty, fear of new processes, or lack of awareness of the benefits of proposed changes [29]. Furthermore, noncompliance with best practices guidelines, financial constraints, and staff shortages were also reported as critical obstacles faced by the study participants [33].

The study participants reported that their leadership skills were developed through a combination of formal education and experiential learning, although many expressed a desire for more structured leadership development within doctoral programs. This finding is supported by the literature emphasizing the need for leadership training in nursing education [32]. Structured leadership programs and mentorship opportunities have been shown to strengthen leadership confidence and prepare nursing scholars for future leadership positions [33].

The participants emphasized that leadership skills can be systematically developed through educational activities. Participants in Halcomb et al. [17] indicated that learning theoretical leadership through courses and online modules is important, but assured that interactive learning with application and feedback is much more beneficial. Several participants recommended incorporating group work during doctoral study as a means of fostering leadership skills. This is consistent with Halcomb et al. [17], who emphasized that educational interventions through group work with experienced leaders and the use of case scenarios would be beneficial to learn appropriate leadership behaviors and skills. Halcomb et al. [17] also found that previous experience in leadership roles plays an essential role in the development of leadership competencies.

Some participants, particularly those working in clinical settings, recommended incorporating courses on managerial issues into the Ph.D. curriculum. They emphasized that such courses would provide essential knowledge and practical skills necessary for effective leadership within healthcare organizations, thereby bridging the gap between academic preparation and real-world managerial responsibilities. This finding aligns with Hays and Beverly [36], who suggested integrating competencies related to leadership, health care systems, health economics, and policy into the Ph.D. nursing programs. Additionally, the findings of this study emphasized that utilizing such an approach was fruitful for better academic and research careers, facilitated more involvement in institutional decision-making processes, and strengthened the ability to influence health care policies. It also provided opportunities to serve on advisory committees, reinforcing the role of doctoral education in preparing graduates to be leaders within the complex healthcare system.

Participants working in clinical settings emphasized the importance of continuous education through workshops and conferences. This finding is consistent with the study by van Dongen et al. [30], which investigated the impact of an educational online program incorporating individualized mentoring, leadership development plans, meetings with experts, and seminars. The results confirmed improvement in leadership knowledge among the participants and their ability to apply knowledge into practice. These findings reinforce the role of structured educational and mentoring activities in enhancing leadership competencies. Similarly, Hafsteinsdóttir et al. [18] found that mentoring and educational activities play a vital role in leadership development of Ph.D. prepared nurses.

Collectively, these findings reinforce the idea that nursing leadership extends beyond formal authority, emphasizing the importance of interpersonal skills, mentorship, and the ability to inspire and support others. Integrating structured leadership training that focuses on these competencies within doctoral nursing programs may further enhance the leadership capacities of Ph.D. prepared nurses, ultimately contributing to the advancement of both academic institutions and healthcare settings.

5.1. Strengths and Limitations

The recruitment and participation of graduates from different years and nationalities is one of the study's strengths, resulting in rich data. By using qualitative methods, the study captures in-depth perspectives, personal experiences, and understandings of leadership in both academic and clinical settings. The findings may be limited by the small number of participants, but saturation of data was reached. Also, although we expect the findings to be relevant for Ph.D.-prepared nurses globally, it is important to be aware of differences in career opportunities, doctoral education, leadership development opportunities, and working environments globally. Therefore, we emphasize the importance of conducting more international research on the leadership of Ph.D.-prepared nurses utilizing different research designs.

The study offers practical recommendations for improving leadership training in Ph.D. programs, such as incorporating leadership courses, mentorship programs, and experiential learning.

5.2. Implications for Practice and Education

The study findings emphasized the need for nursing education programs, specifically the doctoral programs, to incorporate comprehensive leadership development components, including mentorship, leadership theory, and practical application. Educational institutions and healthcare settings must work collaboratively to create supportive environments that enable Ph.D.-prepared nurses to effectively lead, mentor, and contribute to healthcare improvement at local, national, and global levels.

6. Conclusion

This study provides a deep understanding of the leadership experiences of Ph.D.-prepared nurses who graduated from Jordan's national doctoral nursing program. The findings revealed that Ph.D.-prepared nurses hold a complex and evolving understanding of leadership, emphasizing its dynamic nature in clinical, academic, and policy-related environments. Participants described their leadership practices as multifaceted, encompassing mentorship, advocacy, evidence-based decision-making, and influencing healthcare outcomes. These findings align with existing literature, which emphasizes the importance of advanced education in enhancing nurses' leadership capabilities.

These findings contribute to the growing body of literature emphasizing the need to strengthen leadership preparation in nursing doctoral education and inform policymakers and educators on strategies to better equip future Ph.D. prepared nurses for leadership roles in healthcare systems.

Based on the participants' experiences, perceptions, and recommendations, the following are proposed to enhance and strengthen leadership development and improve the experiences of Ph.D.-prepared nurses as leaders in nursing. These include incorporating dedicated leadership training within doctoral education, fostering mentorship programs, and enhancing institutional support to enable Ph.D. nurses to assume and sustain leadership positions.

References

- [1] D. Rugs *et al.*, "Doctoral-prepared nurses in the Veterans Health Administration: A cross-sectional survey," *Journal of Professional Nursing*, vol. 36, no. 1, pp. 62-68, 2020.
- [2] A. K. Cashion, V. V. Dickson, and L. L. Gough, "The value and importance of PhD nurse scientists," *Journal of Nursing Scholarship*, vol. 51, no. 6, pp. 611-613, 2019.
- [3] C. J. van Oostveen, N. Goedhar, A. L. Francke, and H. Vermeulen, "The relationship between work environment and career success among nurses with a master's or doctoral degree: A national cross-sectional study," *International Journal of Nursing Practice*, vol. 25, no. 4, p. e12743, 2017.

- [4] M. L. Orton, Å. Andersson, L. Wallin, H. Forsman, and A. C. Eldh, "Nursing management matters for registered nurses with a PhD working in clinical practice," *Journal of Nursing Management*, vol. 27, no. 5, pp. 955-962, 2019. <https://doi.org/10.1111/jonm.12750>
- [5] N. A. Hodgson, M. Ladden, E. Madigan, A. Mishan, and W. Montalvo, "Emerging roles for research intensive Ph. D. prepared nurses as leaders and innovators: views from funders/sponsors," *Journal of Professional Nursing*, vol. 37, no. 1, pp. 207-211, 2021. <https://doi.org/10.1016/j.profnurs.2020.10.003>
- [6] H. R. Han *et al.*, "Preparing future nursing faculty: Integrating enhanced teaching and leadership development curricula into PhD education," *Journal of Advanced Nursing*, vol. 78, no. 1, pp. e3-e5, 2022. <https://doi.org/10.1111/jan.14982>
- [7] Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine, *The future of nursing: Leading change, advancing health*. Washington (DC): National Academies Press, 2016.
- [8] S. S. Chesak, L. M. Rhudy, C. Tofthagen, and L. L. Chlan, "A practice-based model to guide nursing science and improve the health and well-being of patients and caregivers," *Journal of Clinical Nursing*, vol. 31, no. 3-4, pp. 445-453, 2022.
- [9] L. van Dongen *et al.*, "Improved professional competencies and leadership in PhD-prepared nurses and doctoral students after participating in the cross-national and web-based Nurse-Lead program," *Nursing Outlook*, vol. 72, no. 2, p. 102144, 2024.
- [10] M. E. Broome, "Leadership in science," *Nursing Science Quarterly*, vol. 28, no. 2, pp. 164-166, 2015. <https://doi.org/10.1177/0894318415571610>
- [11] H. McKenna, "Postdoctoral nurse researchers: The ups and downs of their roles, functions and careers," vol. 118, ed, 2021, p. 103885.
- [12] T. B. Hafsteinsdóttir, A. M. van der Zwaag, and M. J. Schuurmans, "Leadership mentoring in nursing research, career development and scholarly productivity: A systematic review," *International Journal of Nursing Studies*, vol. 75, pp. 21-34, 2017.
- [13] R. Al-Maaitah and D. Shokeh, *The nursing workforce in Jordan: A policy oriented approach*. Amman: Jordanian Nursing Council, 2008.
- [14] A. Al-Nawafleh, R. S. Zeilani, and C. Evans, "After the D octorate: A qualitative study investigating nursing research career development in J ordan," *Nursing & Health Sciences*, vol. 15, no. 4, pp. 423-429, 2013. <https://doi.org/10.1111/nhs.12035>
- [15] B. L. Marquis and C. J. Huston, *Leadership roles and management functions in nursing: Theory and application*, 8th ed. Philadelphia, PA: Lippincott Williams & Wilkins, 2017.
- [16] P. A. Patrician, A. Prapanjaroensin, M. Dawson, C. White-Williams, and R. S. Miltner, "Mapping and sustaining leadership development: An innovation academic service partnership," *JONA: The Journal of Nursing Administration*, vol. 48, no. 11, pp. 567-573, 2018.
- [17] E. Halcomb *et al.*, "Insights on leadership from early career nurse academics: Findings from a mixed methods study," *Journal of Nursing Management*, vol. 24, no. 2, pp. E155-E163, 2016.
- [18] T. B. Hafsteinsdóttir, L. Schoonhoven, J. Hamers, and M. J. Schuurmans, "The leadership mentoring in nursing research program for postdoctoral nurses: a development paper," *Journal of Nursing Scholarship*, vol. 52, no. 4, pp. 435-445, 2020. <https://doi.org/10.1111/jnu.12565>
- [19] Z. Zahran, "Nurse education in Jordan: History and development," *International Nursing Review*, vol. 59, no. 3, pp. 380-386, 2012.
- [20] R. S. Ali Zeilani, A. H. Al-Nawafleh, and C. Evans, "Looking back at the doctorate: A qualitative study of Jordanian graduates from PhD programs in the UK," *Nursing & Health Sciences*, vol. 13, no. 3, pp. 360-365, 2011. <https://doi.org/10.1111/j.1442-2018.2011.00629.x>
- [21] H. Atiyeh, "Evaluating the quality of nursing doctoral education as perceived by students, graduates and faculty," 2017.
- [22] J. W. Creswell and C. N. Poth, *Qualitative inquiry and research design: Choosing among five approaches*, 5th ed. Los Angeles, CA: Sage, 2025.
- [23] H. J. Rubin and I. S. Rubin, *Qualitative interviewing: The art of hearing data*, 3rd ed. Thousand Oaks, CA: Sage, 2011.
- [24] P. F. Colaizzi, "Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential-phenomenological alternatives for psychology*." New York: Oxford University Press, 1978, pp. 48-71.
- [25] H. S. Speziale and D. R. Carpenter, *Qualitative research in nursing: Advancing the humanistic imperative*, 5th ed. Philadelphia, PA: Lippincott Williams & Wilkins, 2011.
- [26] R. M. Stogdill, "Personal factors associated with leadership: A survey of the literature," *The Journal of Psychology*, vol. 25, no. 1, pp. 35-71, 1948.
- [27] P. G. Northouse, *Leadership: Theory and practice*, 7th ed. Thousand Oaks, CA: Sage Publications, 2016.
- [28] W. de Lange, M. C. Kars, I. E. Poslowsky, M. J. Schuurmans, and T. B. Hafsteinsdóttir, "Postdoctoral nurses' experiences with leadership and career development: A qualitative study," *Journal of Nursing Scholarship*, vol. 51, no. 6, pp. 689-698, 2019. <https://doi.org/10.1111/jnu.12519>
- [29] M. Bouws, A. Madeira, and A. Streberger, "Fulfillment in the role of academic nurse leader: A grounded theory study," *Journal of Professional Nursing*, vol. 36, no. 6, pp. 469-476, 2020. <https://doi.org/10.1016/j.profnurs.2020.03.007>
- [30] L. van Dongen, T. B. Hafsteinsdottir, M. E. Broome, R. Suhonen, and H. Leino-Kilpi, "Career development of doctorally prepared nurses," *Journal of Advanced Nursing*, vol. 80, no. 3, pp. 854-870, 2024.
- [31] E. A. Curtis, F. K. Sheerin, and J. de Vries, "Developing leadership in nursing: The impact of education and training," *British Journal of Nursing*, vol. 20, no. 4, pp. 239-249, 2011.
- [32] K. Akerjordet and E. Severinsson, "Emotionally intelligent nurse leadership: A literature review study," *Journal of Nursing Management*, vol. 16, no. 5, pp. 565-577, 2008.
- [33] R. O. Sherman and T. M. Cohn, "Promoting professional development and scholarship through mentoring," *Open Journal of Nursing*, vol. 9, no. 1, pp. 1-13, 2019.
- [34] D. R. Stanley, "Developing nursing leaders: A systematic review of leadership programs for nurses," *Journal of Nursing Management*, vol. 26, no. 3, pp. 291-301, 2018.
- [35] N. Doria, A. Noble, and L. MacIntyre, "Barriers and facilitators to advancing women nurses in healthcare leadership: A scoping review," *Journal of Nursing Management*, vol. 28, no. 6, pp. 1236-1250, 2020.
- [36] L. H. Hays and C. Beverly, "Leadership, Health Systems and Policy: Doctoral education and integrated clinical application," *Journal of Professional Nursing*, vol. 37, no. 2, pp. 281-285, 2021.