Developing Self-efficacy: an exploration of the experiences of New Nurse Managers

by

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Abstract

As nursing leaders, nurse managers are critical to the future of the healthcare system, as well as the nursing profession. The necessity for nurses to continue to assume into formal leadership positions, such as a nurse manager, will only continue to grow as current nursing leaders retire. Becoming a new manager or leader requires considerable development (Conners, Dunn, Devine, & Osterman, 2007); however, there is limited literature that focuses on development of the nurse manager (Cadmus & Johansen, 2012). In fact leadership preparation for nurses, who assume leadership roles, such as the role of the nurse manager, is usually absent (Kerfoot, 2012). The purpose of this study was to explore the development of self-efficacy in nursing leaders, specifically new nurse managers. Albert Bandura's (1997) self-efficacy theory was used to guide this study. Semi-structured interviews with seven new nurse managers were conducted. Qualitative content analysis was used to analyze the data. Two themes emerged from the data, describing experiences of self-efficacy, and the development of self-efficacy. A positive connection between experiencing a mentoring relationship and perceived self-efficacy emerged from the data. Enactive mastery was the most influential source of self-efficacy; verbal persuasion was identified as the most influential source of self-efficacy in a nurses' decision to apply for a formal leadership role. The findings of this study provide healthcare stakeholders an in-depth understanding of the importance of mentoring and it outcomes related to the development of self-efficacy in new nurse managers.

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**Chapter 1**

**Introduction**

**Statement of the Problem**

Challenging and ever changing healthcare mandates have had a powerful impact on nursing leadership (Johansson, Andersson, Gustafsson, & Sandahl, 2010). The literature is replete with calls to focus on strengthening current strategies for frontline nursing recruitment and retention, including nursing leadership (Rudan, 2002; VanOyen-Force, 2005). Nursing leadership affects not only the quality of patient care, but also the quality of the work environment (Johansson et al., 2010). Leadership development is at a critical point for all levels of nursing, but most importantly at the nurse manager level (Cadmus & Johansen, 2012). Nurse managers play essential roles in providing input and leadership which impacts staff morale, staff recruitment, retention and direction of staff attitudes towards changing organizational structure (Mathena, 2002). The leadership of the nurse manager is critical to organizations, the healthcare system, and the nursing profession. Nurse managers are a vital link between senior management and frontline staff (Baker et al., 2012), influencing clinical practice (DeCampli, Kirby, & Baldwin, 2010) and frontline nursing recruitment and retention (Anthony et al., 2005; VanOyen-Force, 2005).

Complex and unstable organizations, an intergenerational workforce, and role uncertainty (Anthony et al., 2005; Dennison, 2010) are factors that contribute to disempowerment of nurse managers, making their role one of the most difficult in healthcare (DeCampli et al., 2010). Increased responsibility and fiscal cutbacks have not only resulted in role expansion and increased spans of control for the nurse manager, but have impacted the development and expectations of leadership and management skills (Acree, 2006; McCallin & Frankson, 2010).

New nurse managers frequently assume new and expanded roles without adequate education, resources, or support (Dennison, 2010; Mathena, 2002). Increased demands threaten nurse managers' own sense of empowerment, job satisfaction, and make it difficult to create an empowering environment for their staff (Dennison, 2010; Laschinger & Finegan, 2005). The ability to provide visible leadership impacts nurse managers' ability to create positive work environments and gain role satisfaction in their role (Dennison, 2010; Patrick & Laschinger, 2006). Current expectations and apparent overwhelming responsibilities of the nurse manager role make it difficult to attract nurses to formal leadership roles (Waters, Clarke, Ingall, & Dean-Jones, 2003).

**Research Problem**

The nursing profession is similar to other professions, which require articulate and committed leaders (Borbasi & Gaston, 2002). Nurses must continue to assume formal leadership roles to ensure that strategies required to move the profession and healthcare system forward are understood and clearly expressed. To meet the challenges of a dynamic and complex health care system, nurses must continue to articulate their leadership capabilities, making certain the public and healthcare stakeholders are aware of how nurses lead every day. Nurses leading nurses will ensure that the profession successfully meets the challenges and needs of the Canadian healthcare system and the people for whom nurses care.

It is critical that healthcare organizations and the nursing profession identify and develop attainable strategies to attract new nurse leaders (Jeans, 2006; Rudan, 2002; Sherman, Bishop, Eggenberger, & Karden, 2007). However, the recruitment of new nurse leaders is affected by seemingly overwhelming expectations and responsibilities of current leadership positions (Jeans,

2006). The future of nursing leadership may be jeopardized, unless current leaders commit to developing new nursing leaders (Sherman et al., 2007).

Becoming a new manager or leader requires considerable development (Conners, Dunn, Devine, & Osterman, 2007); mentoring has been extensively identified in the literature as an ideal way to develop nursing leadership. McLarty and McCartney (2009) add that to make the successful transition from clinical nurse to nurse manager, mentoring should be available. McCloughen, O'Brien, and Jackson, (2009) reveal that mentors championed their mentee's career and had a leadership vision for nursing. Mentoring new nurse managers will provide opportunities to develop leadership competencies in areas such as, strategic visioning, risk-taking, interpersonal effectiveness, and change management (Fielden, Davidson, & Sutherland, 2009; Morjikian & Bellack, 2005).

Fielden et al. (2009) found that mentees reported increased levels of self-confidence and perceived leadership skills and capabilities. In recent literature, Adeniran, Bhattacharya, and Adeniran, (2012) propose that self-efficacious nurses are more likely to receive mentoring, thus acquiring leadership capacities, which allow them to advance their careers. Adeniran et al. (2012) and a classic study by Wood-Allen, (1998) identify an interactive effect between self-efficacy and mentoring, in which a nurse's successful engagement in leadership and career advancement is impacted.

Popper, Amit, Gal, Miskhkal-Sinai, and Lisak, (2004) demonstrated a link between self-efficacy and the ability to lead. The literature contends self-efficacy influences not only the skills that people perceive themselves to have, but also influences beliefs regarding what they can do with those skills (Chemers, Watson, & May, 2000). Wood-Allen (1998) found that the related concept of self-confidence was a factor that influenced nursing leadership development;

however limited anecdotal or empirical data exploring the influence of self-efficacy in nursing leadership development is evident in the literature.

**Purpose of the Study**

Investment in leadership development benefits the individual and the organization (McCallin & Frankson, 2010); however there is limited literature that focuses on development of the nurse manager (Cadmus & Johansen, 2012). The literature states that leadership preparation for nurses who assume leadership roles, such as the role of the nurse manager, is usually absent (Kerfoot, 2012). There is a dearth of literature exploring the development of the nurse manager and the influence of self-efficacy in nursing leadership development. This study proposes that perceived levels of self-efficacy in new nurse managers are influenced as a result of experiencing a mentoring relationship and will positively contribute to the future of nursing leadership as nurses continue to assume formal leadership roles.

Self-efficacy theory outcomes have been studied in business and social psychology and identify a positive link between self-efficacy, role performance (Walumbwa et al., 2008), and leadership capability (Popper et al., 2004). The impact of self-efficacy in determining a nurse's decision to assume a formal leadership role is not evident in the literature. The following broad question will be used to guide this study: "What are perceived levels of self-efficacy in nursing leadership". This investigation will also provide further insight into the following research questions:

1. How do new nurse managers describe their perceived self-efficacy for leadership?

2. What contributes to the development of self-efficacy in new nurse managers?

3. How does mentoring contribute to the development of self-efficacy in the new nurse manager?

**Significance of the Study**

This study will explore the influence of mentoring in perceived levels of self-efficacy in nurses who have been in formal leadership roles for less than 5 years. Information and knowledge obtained in this study will provide invaluable information for ongoing nursing leadership development. The nursing profession requires new information and ideas that contribute to leadership development.

**Conceptual Definitions**

Mentor: Mentor is defined as a "trusted counselor or guide" (Merriam-Webster, 2013) and its origin dates back to Greek mythology. Mentor was the older and wiser counselor and friend of Odysseus who entrusted the care of his son to Mentor (Block et al., 2005; Gentry, Weber, & Sadri, 2008). The act of mentoring is defined by the Oxford English Dictionary (2001) as the action of advising or training another person, usually a less experienced colleague. A mentoring relationship is confidential and supportive in which a more experienced person guides a less experienced person with a mutual goal of reaching their full potential ("Mentoring", 2009). Mentoring in the nursing profession is a valued relationship (Block et al., 2005) and a nurturing process in which a more experienced person supports the professional growth and career development of another (Short, 2012; Tahan, 2002).

Leadership: Leadership is defined as the position of a leader, or "the act of leading" (Merriam-Webster, 2013). However, no longer is leadership defined as an individual who manages an organization or is in charge; leadership is not a role or a job description (Byram, 2000), but an activity. A leader is anyone who may be in a position to influence other individuals (Gonzalez, 2012); they are not defined by title, age, position or experience (Vance, 2012). The ability to inspire, engage, and motivate people to take action is recognized as

leadership. McCrimmon (2011), defines leadership as "a discrete act of influence that is independent of a role or any character or personality traits" (p. 3). Leaders develop relationships, and mentor others (Vance, 2012); and have the ability to inspire, motivate, and engage others to take action (Paucha & Comack, 2012).

Nurse Manager: The nurse manager is a critical role in healthcare organizations and the nursing profession (Anthony et al., 2005; Baker et al., 2012; DeCampli et al., 2010; Mathena, 2002). A nurse manager has the opportunity to influence the success of a healthcare organization (Chase, 1994); however this is challenging due to the ever changing health care system (Baker et al., 2012). Nurse managers are expected to supervise day-to-day activities, facilitate productive work teams, and maintain quality care (Kleinman, 2003). Nurse managers are not only "managers" but are leaders who mentor, coach, empower, and lead their staff (Moran et al., 2002). The new nurse manager will be the focus of this study as attracting nurses into leadership roles presents a challenge to the nursing profession. New nurse managers will be defined as a nurse manager who has less than 5 years in their first management position.

**Theoretical Approach**

To build upon existing nursing leadership knowledge it is critical to use an appropriate theoretical framework, evidence that lacks a theoretical framework can fail to create opportunities for new knowledge development and translation (Lankshear, Laschinger, & Kerr, 2007). Albert Bandura's Self-Efficacy Theory (1977, 1997) will be used to guide this study. Developed in social psychology, self-efficacy has been widely studied in nursing and has recently been studied in nursing leadership.

The concept of self-efficacy was first identified as a mediating construct in Bandura's Social Learning Theory (SLT) (1977), later labeled Social Cognitive Theory (SCT). Social

Cognitive Theory posits that cognitive processing of information is influential in a person's behavior; as people approach tasks in a way that gives them satisfaction and avoid behaviors that may have negative outcomes. SCT describes a triadic reciprocal causation model between three constructs that are in constant interaction: person, behavior, and cognition (Bandura, 1977). The model proposes that behavior is not simply the result of a person's characteristics and environment, just as the environment is not a result of behavior and characteristics. A change in one of the constructs has implications for the others. According to the theory, people strive to exercise control over events that affect their lives. Bandura (1977, 1997) proposed that the execution of these constructs is related to personal efficacy beliefs in executing these skills.

The theory posits that self-efficacy beliefs are the basis for motivation, well-being, and personal accomplishment (Bandura, 1997). Individuals can evaluate themselves to be capable in a specific field and less capable in another field (van Der Bijl & Shortridge-Baggett, 2001). Bandura (1997) defined perceived self-efficacy as the "belief in one's capabilities to organize and execute courses of action required to produce given attainments" (p. 3). The influence of self-efficacy varies in a person's life, depending on what s/he wants to change (Bandura, 1997). Self-efficacy is a mediating construct between personal efficacy beliefs and outcome expectations. Actions determine outcomes and how a person behaves determines the outcomes s/he experiences. The outcomes that a person anticipates are dependent on their judgment of how well they will perform in a given situation. Expectations of personal mastery and success determine if a person will engage in a particular behavior. Perceived self-efficacy is the judgment of the ability to organize and execute a performance, whereas an outcome expectation is the judgment of the potential consequence of that performance (Bandura, 1997).

A person's efficacy expectations are related to the confidence they have in their capability to produce the required behavior. Outcome expectations are the beliefs a person has regarding the outcome from a specific behavior. Outcome expectations are dependent on efficacy expectations; therefore performance determines outcome, but efficacy beliefs account for variance in expected outcomes.

Self-efficacy beliefs are influenced by four sources of information: enactive mastery, vicarious experience, verbal persuasion, and physiological information (Bandura, 1997). The following information and description of the fours sources of self-efficacy is derived from Albert Bandura's Self-Efficacy theory (1997). According to Bandura (1997), enactive mastery experience or performance accomplishments are the most influential source of efficacy information. Efficacy is developed from the cognitive processing of information from success or failure. Enactive mastery is based on personal mastery experiences and contributes to personal efficacy beliefs. Developing a resilient sense of enactive mastery requires that success is achieved with effort and perseverance; a person must learn to overcome obstacles through sustained effort. Strong performance accomplishment efficacy expectation is influenced with repeated success, negating the impact of occasional failure. Efficacy expectations are not solely dependent on performance accomplishments, expectations are also derived from vicarious experience. Witnessing others perform activities with success can generate positive efficacy expectations in observers. The experience is more influential if the model and experience are similar.

Verbal persuasion influences efficacy beliefs by communicating that a person has the capabilities to achieve what they seek. Bandura (1977) states "People are led, through suggestion, into believing that they can cope successfully with what has overwhelmed them in

the past" (p. 198). Verbal persuasion must be within realistic limitations of the person to be influential.   Suggestion, exhortation, self-instruction, and interpretative treatments are noted as four modes of induction for verbal persuasion.

Self-efficacy is also influenced by somatic information gathered from physiological responses to situations.  Bandura (1997) explained that stressful situations often evoke emotional arousal, and reactions to emotional arousal impacts efficacy expectations.  Reducing stress and correctly interpreting bodily reactions to stressful situations can enhance efficacy beliefs. Success is more likely if an individual is not alarmed by adverse physiological arousal in a stressful situation.  A positive outlook enhances self-efficacy; whereas a negative mood may negatively influence self-efficacy beliefs.

**Summary**

There is a dearth of nursing leadership literature exploring perceived self-efficacy. Perceived levels of self-efficacy contribute to the belief in one's ability to organize and execute a course of behavior that contributes positively to performance. The concept of mentoring is highlighted in the literature as the ideal way to prepare future nursing leaders; however, the urgency noted in the literature to develop nursing leaders indicates that research focusing on the new nurse manager is required.  Wong et al. (2012) concluded that a negative perception of frontline management roles reinforces the need for organizations to commit to providing support, leadership development, succession planning and redesigning the nurse manager role.  Without commitment to leadership development strategies, nurses may not have the skills or the desire to enter formal leadership roles (Mass, Brunke, Thorne, & Parslow, 2006).

Mentoring and self-efficacy have been studied in the field of business, but have yet to be comprehensively investigated in the profession of nursing (Adeniran et al. 2012).  Bandura

(1997) adds that efficacious people are able to seize opportunities and problem solves challenges. Investigating the influence of perceived levels of self-efficacy in new nurse managers will benefit healthcare organizations and the nursing profession. Future work is required to identify what motivates nurses to seek leadership positions; specifically what motivates them to take on new challenging positions (Sverdlik, 2012). This study aims to identify what motivates nurses to assume leadership roles by describing perceived levels of self-efficacy in new nurse managers, highlighting what contributes to the development of self-efficacy, and identifying how mentoring facilitates the development of self-efficacy in new nurse managers.

**Chapter Two**

**Literature Review**

A comprehensive literature review provides an understanding of current knowledge and identifies gaps, which support the need for future research (Cronin, Ryan, & Coughlan, 2008). This literature review will broadly examine the concepts of self-efficacy, nursing leadership, and the new nurse manager, and mentoring. This literature review was conducted utilizing electronic search databases - PUBMED, CINAHL, SCOPUS, as well as books in the University of Manitoba library.

Self-efficacy will be defined and its use in the fields of social psychology, business, healthcare, and nursing will be explored. Nursing leadership literature will be synthesized, highlighting the critical need to continue to develop nursing leaders, particularly the new nurse manager. The importance of the role of the nurse manager will draw attention to the ongoing support required for new nurse managers. The concept of mentoring is touted as an ideal way to develop nursing leaders; however the literature will demonstrate gaps in terms of concrete outcomes of mentoring. As a nursing leadership shortage looms, it is imperative that future research be conducted where highlighted gaps in the literature are found.

**Self-Efficacy**

The impact of self-efficacy has been researched in health related outcomes (Beauchamp, Welch, & Hulley, 2007; Bray, Saville, & Brawley, 2013), job satisfaction and burnout (Consiglio, Borgogni, Alessandri, & Schaufeli, 2013; Nielsen & Munir, 2009), and career self-efficacy (Betz, 2007). Self-efficacy has been extensively researched in the nursing literature including cancer caregivers (Hendrix, Landerman, & Abernethy, 2013), stroke rehab (Korpershoek, Jaap, & Hafsteinsdóttir, 2011), vulnerable populations (Washington, & Moxley,

2012), and palliative care (Mystakidou et al. 2013). In nursing performance, self-efficacy is noted to be a critical precursor to skill development and performance (Tyler et al. 2012) and related to general nursing performance (Lee & Ko, 2010; Salanova, Lorente, Chambel, & MartÃnez, 2011) and improved professional practice behavior (Manojlovich, 2005). Self-efficacy has been associated with not only leadership style (Nielsen & Munir, 2009), but also leadership development (Paglis, 2010). Recent research has found that self-efficacy is significant in nursing leadership development (Adeniran et al. 2012).

Jenkins and Ladewig (1996) empirically found that self-efficacy theory supported nursing leadership development through enactive mastery and vicarious experience opportunities. More recently, Laschinger and Wong (2012) empirically concluded that self-efficacy positively impacted nursing career aspirations. A systematic review by Trus, Razbadauska, Doran, and Suominen (2012) found that empowerment of nurse managers was related to many variables, such as job satisfaction, work motivation, perceived organizational support stress, and self-efficacy. This systematic review did not provide detailed descriptions of sources of self-efficacy, but called for further research investigating the impact of these variables on the development of self-efficacy.

Previous research has shown that self-efficacy positively impacts leadership development (Adeniran et al. 2012; Paglis, 2010) and nursing career aspirations (Laschinger et al. 2012). From a review of literature it is evident that self-efficacy theory is beneficial to describe and evaluate a variety of behaviors. However, only recently, has self-efficacy theory been used to investigate the development of nursing leadership. As nursing leaders, nurse managers are critical to, not only the future of the healthcare system, but the profession of nursing. There is limited research investigating self-efficacy of nurse managers, or new nurse managers. Self-

efficacy must be a priority for healthcare stakeholders to understand, specifically in the development of the nurse manager. The following section will provide an in-depth analysis and description of self-efficacy theory.

**Self-Efficacy Theory**

Psychologist Albert Bandura (1977) first conceived the concept of self-efficacy in his Social Learning Theory, hypothesizing that expectations of personal efficacy determine how much effort and what coping mechanisms people use when facing obstacles. The following is a brief overview of Bandura's Social Learning Theory (1977), all information and description provided is an interpretation and understanding of Bandura's theoretical work.

Included in Social Learning Theory was the belief that people not only process and weigh different sources of information, they incorporate sources of information that are specific to their capability, thereby regulating their behavior and effort accordingly. Bandura (1977) proposed that behavior and the amount of effort were results of self-efficacy, rather than personal drive and aspiration. Outcome and efficacy expectancies are conceptualized within the Social Learning Theory and are found to be influential in producing and achieving a desired outcome. Outcome expectancy is the belief that a certain behavior will lead to a desired outcome, whereas efficacy expectation is the belief that a person can successfully accomplish the behavior required to achieve the desired outcome. Bandura (1977) states "people will approach, explore, and try to deal with situations within their own perceived abilities and will avoid stressful activities they perceive to be exceeding their ability" (p. 203).

The strength of an individual's efficacy expectancy or the belief in their ability affects whether they will participate in situations. The more individuals are able to influence the events occurring in their lives, the more likely they are to succeed in molding those events to their

satisfaction and liking.  Examples of influence include a person's thought processes, their affective states, and actions.

Bandura (1997) revised his theory to Social Cognitive Theory (SCT), positing that people are not the sole determining factor in what they become and do.  Central to SCT, Bandura (1997) explains that individuals are "simultaneously agent and object" (p. 5) and three factors influence human functioning.   Personal, behavioral, and environmental determinants are involved in what Bandura (1997) refers to as an "interdependent causal structure" (p. 6).  The relationship of personal, behavior, and environmental determinates is coined by Bandura (1997) as reciprocal causation.  Reciprocal causation is further described as: (1) personal factors which are present in the form of cognitive, affective and biological events, (2) behavior, and (3) environmental factors which influence each other in a bidirectional path and vary in strength dependent on the situation and circumstances that are present.

Expanding his view from personal agency, Bandura (1997) concluded that collective agency is the understanding that people work together to produce desired results.  Collective agency is dependent on a person's belief in their abilities to produce effect collectively and an outcome of interactive relationship between individuals.  The concept of collective agency is important in the development of nurse leaders, as mentoring is an interactive relationship and has been touted in the literature as a means to develop future nurse leaders (McCloughen et al. 2009; Redman, 2006). Efficacious people take advantage of opportunity and are able to face obstacles and solve challenges with collective action (Bandura, 1997).  Further, Bandura (1997) proposed that people guide their lives based on perception and beliefs of their personal efficacy.  Perceived self-efficacy is defined by Bandura (1997) as the "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (p. 3).

Similar to the notion that it is not effective to promote a frontline nurse into a formal leadership role because they have strong clinical skills, self-efficacy theory alludes that having skill and knowledge does not achieve success if people lack the insight and self belief to use them well (Bandura, 1997). Different sources of self-efficacy information are weighed and integrated into daily activities as Bandura (1997) believed that there is a "common judgmental process" (p. 119). Efficacy beliefs are the outcome of cognitive processing of sources of efficacy, Bandura (1997) adds "once formed, efficacy beliefs contribute to the quality of human functioning in diverse ways" (p.115).

The above summarizes Bandura's Self Efficacy Theory (1997), which provides the theoretical foundation for this study. The following will further detailed explanation of four identified sources of self-efficacy and is an interpretation of Bandura's Self-Efficacy Theory (1997).

**Sources of Self-efficacy**

Bandura (1977; 1997) identified four sources of self-efficacy information that assists in the development of self-efficacy: enactive mastery, vicarious experience, verbal persuasion, and physiological and affective states influence beliefs of self-efficacy. The sources of self-efficacy influence beliefs regarding behavior in the following ways: enactive mastery is influenced by an individual's lived experience; vicarious experience includes the transmission of competencies by comparing one's abilities with others; verbal persuasion is the social influence from others which indicates that an individual possesses certain capabilities, and physiological and affective states influence self-efficacy when an individual assesses their capabilities in relation to their physiological reaction to a stressful situation. Personal, social, and situational factors influence

how personal experiences are cognitively processed and are influenced by any one of or a combination of sources that influence self-efficacy.

Sources only become influential through an individual's cognitive processing and reflective thought (Bandura, 1997). Cognitive process is explained as the different sources of information that individuals use as indicators of self-efficacy, and reflective thought is the combination of how people weigh and integrate efficacy information from different sources (Bandura, 1997). The above processes assist in constructing efficacy beliefs. The following will describe and provide details regarding the four sources of efficacy.

**Enactive Mastery.** Enactive mastery is the strongest source of self-efficacy, creating cognitive and self-regulatory function for effective performance and is the most influential because it provides most authentic proof that one can be successful (Bandura, 1997). When a person is successful, they build a vigorous belief in their personal efficacy. Failure can negatively impact self-efficacy, only if failure occurs prior to establishing a healthy and concrete base of self-efficacy beliefs (Bandura, 1997). There is a risk to self-efficacy beliefs inherent in enactive mastery; in that if a person only experiences easy successes, they come to believe and expect easy success and are disappointed and discouraged by failure (Bandura, 1997). Enhanced belief in self-efficacy is formed when success is experienced after overcoming obstacles through hard work and perseverance. Once an individual believes that s/he has what is required to be successful, s/he is able to recover from challenges and setbacks. Enactive mastery requires cognitive, behavioral, and self-regulatory tools for creating and following through on actions required to be successful (Bandura, 1997).

Although performance success and failure can influence self-efficacy, it is the cognitive processing of how specific successes and failures impact capability (Bandura, 1997). Perceived

abilities derived from performance success and failure depends on the contribution of personal and situational factors and how they are weighed.  Bandura (1997) identified factors that influence how self-efficacy is perceived and interpreted.  Examples include difficulty of the task, preconceptions of abilities, amount of effort expended, assistance required, circumstances under which performance occurred, pattern of previous success and failure, and how experiences are cognitively organized and reconstructed in a person's memory (Bandura, 1997).

Prior to approaching tasks, an individual has a perception and understanding of themselves and environment.  The environment influences how events are constructed in memory and strength of self-beliefs, concluding that self-efficacy is not only a product of experience, but also a constructor of experience (Bandura, 1997).  Once a strong belief in self-efficacy has been established, failures or setbacks are more unlikely to negatively influence an individual's self-efficacy beliefs (Bandura, 1997).

Bandura (1997) concluded that effort determines achievements, in that the amount of effort expended influences perceived self-efficacy constructed from performance accomplishments. Developing competencies and beliefs in self-efficacy occurs over time; it is to be expected that setbacks or failures will be experienced (Bandura, 1997).  Proficiency and beliefs in self-efficacy are developed with continued improvement and sustained effort.  Levels of self-efficacy are raised when a person experiences overall improvement despite encountering occasional setbacks (Bandura, 1997).

**Vicarious Experience.**  Self-efficacy is not solely dependent on enactive mastery; efficacy beliefs are also influenced by vicarious experiences defined by Bandura (1997) as "experiences mediated through modeled attainments" (p. 86).  Without an absolute way to measure adequacy, people evaluate their capabilities in comparison to the capability of others

(Bandura, 1997). This source of self-efficacy is enhanced when a person compares themselves to someone s/he believes to be similar to themselves. Modeling similar behavior is beneficial to individuals who are highly self-assured, and have a strong sense of self-efficacy as modeling conveys effective coping strategies, and can positively impact individuals who have a perception of low self-efficacy due to past negative experiences (Bandura, 1997). Vicarious experience as a source of self-efficacy may be more influential than enactive mastery in situations where modeling may amend preconceived beliefs constructed from previous performances. The greater the similarity with the person, the greater the influences on self-efficacy, people actively seek out models that possess competencies to which they aspire (Bandura, 1997).

      **Verbal Persuasion.** Verbal persuasion further influences a person's belief that s/he has the capabilities to be successful (Bandura, 1997). Somewhat limited in strength, verbal persuasion can increase self-efficacy if feedback is realistic, Bandura (1997) states "people who are persuaded verbally that they possess the capabilities to master given tasks are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when difficulties arise" (p. 101). Feedback has the potential to positively or negatively influence self-efficacy, as unrealistic beliefs in capabilities only invites potential for failure. Self-efficacy is positively impacted in situations where individuals are convinced to continue an activity or start a new task where they previously believed they would not be successful and experience success (Bandura, 1997). Self-efficacious thinking fosters effective use of skill; verbal persuasion is not as simple as just telling an individual that they have the skills and abilities to be successful (Bandura, 1997). Modeling skills and allowing for incremental success and mastery, while providing detailed feedback positively influences a person's beliefs in their abilities (Bandura, 1997).

**Physiological and affective states.** Physiological and affective states influence self-efficacy when appraising capabilities as a person relies partially on somatic information (Bandura, 1997). Mood states and physical reactions to stressful situations impact how an individual assesses his/her abilities. Somatic influence on perceived self-efficacy is important as interpreting physiological reactions can be interpreted as signs of inability (Bandura, 1997). Bandura (1997), states that "arousal in inefficacious people leads to further stress through anticipatory self-arousal" (p. 106) leading to the exact dysfunction anticipated. The influence of self-efficacy is not based on reactions, but on how they are perceived and cognitively interpreted (Bandura, 1997). If past arousal is positively perceived, there is a different impact on self-efficacy beliefs than, if an individual who found previous arousal debilitating. The specific arousal does not impact self-efficacy, but the level of arousal has the most impact on self-efficacy perception Bandura (1997).

The above four sources of self-efficacy are influential in determining how an individual views challenges, such as assuming formal nursing leadership roles. The following will briefly highlight the importance of the role of the nurse manager and its future in the healthcare system.

**Nurse Manager**

Historically, the nurse manager has played a vital role in health services (Furukawa & Cunha, 2011) and is a complex and sophisticated role (Aroian et al. 1997), continually evolving in response to the changing healthcare system (Kleinman, 2003). Skilled frontline nurse managers are critical to the success of an organization (DeCampli et al. 2010); however increased span of control and responsibilities (Krairiksh & Anthony, 2001) are challenges that cause difficulty in recruiting new nurse managers (Sherman et al. 2007).

Nurse managers are not only responsible for and oversee direct care, but must also interact and be knowledgeable about the entire organization in which they work.  They are vital to staff retention and recruitment (Acree, 2006; Shirey, Ebright, & McDaniel, 2008; VanOyen-Force, 2005), as nurse managers play a pivotal role in the creation of healthy work environments. Exhibiting positive leadership behavior is of utmost importance to frontline nurse job satisfaction and intent to leave the profession (Duffield, Roche, O'Brien-Pallas, Catling-Paull, & King, 2009).  Nurse managers are critical in achieving an organization's mission and strategic priorities, as well as its fiscal responsibilities (Cathcart, Greenspan, & Quin, 2010).

The literature warns of a common misperception that a clinically strong registered nurse can successfully transition to the role of nurse manager and lead effectively (Cohen, 2013; Grindel, 2003). New nurse managers are often given a brief orientation, relying on prior experience to assist them in their new role (Conley, Branowicki, & Hanley, 2007).  Often new nurse managers are left to navigate their transition to their new role alone (Cohen, 2013).

 Moran et al. (2002) identified a theme that nurse managers became a manager by "default" (p. 19) and that becoming a nurse manager was not an active decision.  These authors claim that nurses are not prepared in terms of leadership skills required to be successful in the role of nurse manager.  To ensure succession planning, the importance of early identification of nurses with talent is crucial, as well as organizational leadership support mechanisms, such as mentoring programs is stressed.

New nurse managers are often provided minimal support when transitioning into the role of nurse manager (Cohen, 2013).  Moving into the role of nurse manager requires not only a new knowledge base; but a major behavioral shift (Gallo, 2007), including interacting with staff,

senior leadership, patients, and families. The literature warns of a risk that a new nurse manager will not stay in the role if s/he feels insecure (Hawkins, Carter, & Nugent, 2009).

Bulmer (2013) warns of low levels of nursing leadership aspiration. To ensure succession planning, the literature calls for an urgent need to change the current negative perception of the role of nurse manager (Sherman, 2005), as well as a need to invest in development and appointment of skilled nurse managers (Duffield et al. 2009). There is limited literature focused at the nurse manager level; however there is anecdotal evidence of a need for future research specific to the nurse manager (Shirey, 2004). Identifying nurses motivated and prepared to assume formal leadership roles present serious challenges to nursing leadership succession planning (Sverdlik, 2012).

In summary, it is evident that research investigating the role of the nurse manager imperative to the future of nursing leadership. With an impending nursing leadership shortage, it is critical that younger nurses view such roles such the nurse manager as desirable and attainable.

**Succession Planning**

The literature calls for attention to the importance of succession planning (Bulmer, 2013; Enterkin, Robb, & McLaren, 2012; Sverdlik, 2012); however, succession planning is difficult, given challenges that current leaders face (Borbasi & Gaston, 2002). Succession planning initiatives are often misguided, fragmented, and inconsistently sustained with poorly defined concepts (Griffith, 2012). With an impending nursing leadership shortage, succession planning is essential to the nursing profession (Sverdlik, 2012), ensuring that future nursing leaders will respond effectively to challenges in health care (Huston, 2008). Effective succession planning will facilitate a supply of qualified, capable nurse leaders continue to lead the nursing profession positively impacting patient care (Griffith, 2012).

Laschinger et al. (2012) found that there is a need to develop front line nurses who have demonstrated an interest in management roles, stressing that ongoing support and adequate preparation is critical to nurses who assume formal leadership roles. Leadership self-efficacy was noted to be the strongest predictor of career aspirations (Laschinger et al. 2012). These authors call for a proactive approach to ensure the future of nursing leadership. Laschinger et al. (2012) found that experiencing actual aspects of role modeling and having actual experiences of varying aspects of management roles may increase leadership self-efficacy (Laschinger et al. 2012). The charge nurse role is specifically highlighted by Laschinger et al. (2012) as an opportunity to experience management activities.

There is a dearth of literature regarding preparation of nurses early in their career for senior leadership roles (Enterkin et al. 2012). Specifically, Wong et al. (2012) found that the literature was limited in examining factors that influenced nurses' career aspirations, specifically frontline management positions. Frontline nurse leaders are critical, but are most often difficult to recruit (Conners et al. 2007). As vacant nurse manager positions are filled with non-nurse employees, the literature warns that non-nurse leaders often do not support ongoing organizational commitment to developing nurse managers; whereas nurse leaders understand the developmental requirements of a nurse manager (O'Neil, Morjikian, & Cherner, 2008).

A review of healthcare succession planning concluded that mentoring is a necessary element in succession planning (Carriere, Muise, Cummings, & Newburn-Cook, 2009). Mentoring is a key element is succession planning (Enterkin et al. 2012; Griffith, 2012), and is essential to identify future leaders (Conners et al. 2007).

**Mentoring**

There are many definitions of mentoring in the literature, for the purpose of this study, mentoring is defined by Wroten and Waite (2009) as "purposeful activities that facilitate the career development, personal growth, caring, empowerment, and nurturance that is integral to nursing practice and leadership" (p.106).  The role of a mentor has been described as a role model, teacher, coach, sponsor, guide, and advisor (Grindel, 2003).  Mass, Brunke, Thorne, and Parslow (2006) state mentorship is "critically important in the development of nursing leaders" (p. 88) and recommend that organizations develop and support mentorship programs as a way to engage and develop talented nurses.

Mentoring is a key strategy used in the development of nurse managers, as knowledge is transferred on a one to one basis (Kleinman, 2003).  Mentoring relationships provide new nurse managers with a protective and supportive environment in which personal and professional growth occurs (Grindel, 2003).  Successful mentoring requires attention and commitment to the relationship, as well as open communication (Bellack & Morjikian, 2005).  The literature notes that mentoring new nursing leaders positively affects the confidence of the leader in their new role (Moran et al. 2002; Pedaline et al. 2012).

Mentoring is touted as a way to develop as nurse leaders (Bulmer, 2013; Enterkin et al. 2012; Pedaline et al. 2012; Sverdlik, 2012); a theme noted in the literature is the void of identifiable empirical outcomes from mentoring relationships (Redman, 2006; Sverdlik, 2012). For example, a meta synthesis by Galuska (2012) found that mentoring was noted as an important developmental factor in nursing leadership, but did not provide detail of its importance.

In summary, although mentoring is highlighted as a key strategy in developing nurse leaders, outcomes of mentoring in the literature vary and self-efficacy is not overtly recognized as an outcome.

**Mentoring and Self-efficacy**

Upon further examination of the literature, articles reviewed state that mentees experience enhanced self-esteem and self-confidence as an outcome of participating in a mentoring relationship (Grindel, 2003; Moran et al. 2002).  There has been limited literature investigating the link between mentoring and self-efficacy. Leners, Wilson, Connor, and Fenton, (2006) cite Bell (1997) and Waters (2002) who found in the business literature that effective mentoring increases self-efficacy for both the mentor and mentee.  Mentoring in nursing leadership is intended to increase confidence and competence (Pedaline et al. 2012).  Bulmer (2013) found that nurses in early stages of career have the highest level of leadership aspiration, and Leners et al. (2006) state "novice behavior often reflects an insecure self-efficacy when it comes to contributing to or leading organizational change" (p. 44).  The above two studies are important to the future of nursing leadership, as new or novice nurses are noted to have the highest leadership aspiration (Bulmer, 2013), but may display low perceived levels of self-efficacy (Leners et al. 2006).  The profession of nursing must develop and sustain strategies to target new nurses and promote their leadership skills and aspirations.

Wood-Allen (1998) examined the perceptions surrounding leadership development.  The study identified that self-confidence was the most important characteristic of a leader (Wood-Allen, 1998 as cited by Moran et al. 2002).  Significant people or mentors were recognized in this study as impacting personal and professional growth.  Wood-Allen (1998) suggests that by

acting as role models and mentors, current nurse executives can have a significant impact on future leadership development.

The literature identifies sources of self-efficacy when describing mentoring relationships. Bulmer (2013) identified that appraisal support provided by an immediate supervisor influenced nurses' leadership aspiration. Appraisal support is comprised of activities such as reassurance in abilities, acknowledging effort, and assistance in evaluating feelings (Bulmer, 2013). Bulmer's (2013) components of appraisal support can be related to aspects of mentoring and self-efficacy theory such as verbal persuasion, enactive mastery, and physiological and affective states. Demonstrating these behaviors and acting as a mentor can influence a nurse to assume a leadership position (Bulmer, 2013). Sources of self-efficacy are noted by Metcalfe (2010) when describing various activities that occur in a mentoring relationship. For example, Metcalfe (2010) explains that a mentor demonstrates various characteristics of a leader *(vicarious experience),* working side by side with the mentee providing encouragement *(verbal persuasion)* and opportunities for discussion when working on various tasks and projects throughout the relationship *(enactive mastery).*

While self-efficacy is not overtly identified in the literature as an outcome of mentoring, sources of self-efficacy can be noted in the mentoring literature (Bulmer, 2013; Metcalfe, 2010). It is important to further investigate the relationship between mentoring and self-efficacy; as a deeper understanding of the relationship will provide a more in-depth and clear definition of mentoring which will positively impact the development of nursing leadership, specifically at the entry level position of nurse managers.

**Summary**

The literature indicates a looming nursing leadership shortage (Jeans, 2006; Sverdlik, 2012) and the positive impact of mentoring in nursing leadership (McCloughen et al. 2009; Redman, 2006). However, there is a gap in the literature that empirically identifies how mentoring positively impacts nursing leadership development. Manojlovich (2005) posits that increased levels of self-efficacy allow nurses to view obstacles as opportunities, rather than threats. This position is similar to Bandura's (1997) findings that the strength of an individual's belief in their ability affects whether they will participate in situations.

Investigating the potential relationship between self-efficacy and mentoring will provide healthcare stakeholders an in-depth understanding of the importance of mentoring and its outcomes related to the development of self-efficacy in new nurse managers.

**Chapter 3**

**Methodology**

**Overview**

The focus of this chapter is to examine the methodology for this study. The study's

design, sampling plan, method of recruitment and setting are discussed, and the method of data

collection, treatment, and analysis provided. Ethical considerations and dissemination of results

also are considered.

A descriptive qualitative research design was used to address and investigate the

questions of this study. Qualitative research represents the perspectives of the study participants

(Yin, 2011) and is utilized when a complex understanding of a problem or issue must be

explored (Creswell, 2007). Qualitative research involves studying the meaning given to an issue

or problem; and involves an inductive data analysis method when conducting and collecting data

in a natural setting (Creswell, 2007). The overall aim of qualitative research is to provide a

complex, detailed understanding the issue including investigating the interactions between

people and the context in which the issue is situated (Creswell, 2007).

This qualitative study aimed to highlight the importance of self-efficacy in nursing

leadership by representing the perspective of new nurse managers. Throughout the study, the

term confidence was used as it is a more common term compared to self-efficacy in the English

language. Clearly understanding the perceived levels of self-efficacy in new nurse managers will

contribute to the current nursing leadership literature. There is a call for continued research, not

only focused at the nurse manager level (Shirey, 2004), but also what influences nurses' career

aspirations to management roles (Laschinger et al. 2012). New and important knowledge was

gained, highlighting empirical outcomes of mentoring within the nursing profession; as well as the critical need to continue to support new nurse managers.

**Study Participants**

Up to 10 nurse managers with less than 5 years of experience in their current role as a nurse manager were asked to participate in this study. Participants were registered nurses. Demographic data were gathered to assist in the description of the participants (see Appendix A).

Selecting a sample for qualitative research has an impact on the quality of research (Morse, 1990). Purposeful sampling was used for this study, that is selecting participants who could most benefit from the study (Polit & Beck, 2012) and best inform the researcher about the issue being studied (Creswell, 2007). Morse (1990) adds, "the researcher may choose to interview an informant with a broad, general knowledge of the topic or those who have undergone the experience and whose experience is considered typical" (p. 129).

Producing quality research requires rich and inclusive data. Data saturation occurs when recurring information or themes are noted in the data (Polit & Beck, 2012). To achieve data saturation, data were collected until no new themes or messages emerged from participant interviews. An adequate sample size is identified when deep, saturated data provides a new understanding of experience (Sandelowski, 1995).

**Recruitment**

An email to the Chief Nursing Officer (see Appendix B) included a brief description of the study, as well as suggested an opportunity to meet with the researcher in person to discuss how to gain access to the organization. Two methods of recruitment were used in this study. A short presentation providing a brief overview of the study was presented at a management meeting at one facility. An email presentation providing the same overview of the study was

sent to potential participants at the other site. A recruitment script was developed for the

presentation and email (see Appendix C). A written study description and letter of invitation

(see Appendix D) was provided to those who attended the presentation and was sent via an email

with information on how to contact the researcher. When participants contacted the researcher

indicating an interest in participating in the study, further explanation of the study, their role in

participation and ethical consideration were discussed via telephone and/or email.

Arrangements were made for a mutually convenient time and place for the interview to

occur. Prior to beginning the interview, the researcher again provided an overview of the study

and all participants signed the informed consent, a copy of which was left with each participant

(see Appendix E).

## Data Collection

Interviewing participants ensured that an accurate description of the phenomena was

elicited (Creswell, 2007). The primary source of data was one-one semi-structured interviews

with open-ended questions developed by the researcher for the purpose of the study (see

Appendix F). An interview guide was developed based on Self-Efficacy Theory (Bandura,

1997) and the mentoring literature (see Appendix F). A grid was developed to ensure that each

interview question accurately reflected the conceptual framework and research questions (see

Appendix G). New nurse managers were asked to share their experiences in their current role,

and their perceptions of self-efficacy.

## Data Analysis

Digital audio-recorded interviews were transcribed by the researcher using a personal

digital transcription program. Interviews were initially listened to once during draft

transcription. The interviews were then listened two more times by the researcher during the

transcription process to ensure accurate transcription.  Finally, the interviews were listened to one last time to note any nuances and to review transcription accuracy. Any physical and non-physical nuances, such as hand gestures and speech changes were noted in a journal during the interview process. To ensure confidentiality the recordings and transcriptions were assigned a code number.  Corresponding participant names and code numbers were kept separate from data and were locked in a filing cabinet in the researcher's office.

Data were analyzed using content analysis defined by Polit and Beck (2012) as "the process of organizing and integrating material from documents, often narrative information from a qualitative study, according to key concepts and themes" (p. 723).  The researcher read entire interviews and identified important broad topics.  The interviews were then re-read to identify subsequent emerging or recurring themes or categories.  Emerging themes were noted in the margins of the transcribed interviews.  The recurring themes were then documented onto post it notes, initially organized by interview and re-read by the researcher.  The post it notes were then moved and organized into recurring themes, categories and sub-categories.

**Establishing Trustworthiness**

Maintaining and establishing research integrity is important to the credibility of qualitative research.  A valid study is one in which all data have been accurately collected and interpreted, resulting in an authentic representation of what is being studied (Yin, 2011).  Nursing has struggled with establishing that qualitative research is credible for over two decades (Rolfe, 2006); however methods have been developed to ensure that nursing research is credible.  A quality framework developed by Lincoln and Guba (1985) is most often used by qualitative researchers (Polit &Beck, 2012).  Lincoln and Guba (1985) contend that credibility, dependability, confirmability and transferability are four criteria that establish trustworthiness.

1. Credibility is the confidence in the truth of the data and interpretations of the findings

of a study (Polit & Beck, 2012). For the purpose of this study triangulation, peer-debriefing, and

member checking were used to ensure credibility.

    a) Triangulation increases the probability that the findings and interpretations are credible

        (Lincoln & Guba, 1985). Space triangulation which involves collecting data at multiple

        sites to ensure consistencies (Polit & Beck, 2012). Interviews were conducted at two

        hospitals which supported space triangulation. Using multiple in-depth unstructured

        sources of data are referred to as method triangulation (Polit & Beck, 2012). Method

        triangulation was used in this study as interviews were audio recorded and immediately

        reviewed by the researcher to gain an initial understanding of the data. Once the

        interviews were transcribed, they were reviewed and checked against the original audio

        recording for accuracy. Field notes and observations were also used to enhance accuracy

        of data collected.

    b) Peer-debriefing was conducted as all evidence was discussed and reviewed with thesis

        committee chair.

    c) Methodological rigor was maintained with member checking. Member checking is noted

        to be the most crucial method to establish credibility (Lincoln & Guba 1985). Member

        checking is a technique that ensures research validity and is described by Creswell (2007)

        as "taking data, analyses, interpretations, and conclusions back to the participants so that

        they can judge the accuracy and credibility of the account" (p. 208). Collected data,

        categories, and conclusions are tested with study participants from whom the data was

        originally collected (Lincoln & Guba, 1985). The researcher contacted three study

participant(s) to confirm final themes and categories to confirm an accurate

understanding of the themes noted in the data.

2. Dependability is noted to be the stability or reliability of data collected over time and

varying conditions. Not only is the process of inquiry examined when establishing

dependability, but also the product is examined for consistency by the researcher. To enhance

dependability of this study, the thesis chair reviewed the study process, one transcript and the

emerging themes. Further, the researcher and thesis chair discussed the emerging themes which

enhanced credibility. Lincoln and Guba (1985) state that "there can be no validity without

reliability (and thus no credibility without dependability), a demonstration of the former is

sufficient to establish the latter" (p. 316).

3. Confirmability is used to confirm the process of the research being conducted, or the

potential for similarity between two or more independent people about the data's accuracy and

interpretations (Polit & Beck, 2012). Lincoln and Guba (1985) suggest that an audit trail or an

account of activities over the course of the research that may be followed by readers of the study

will confirm and establish confirmability of the study. The researcher provided a detailed

accounting of the study in explained in the methodology of the study as described above. Data

analysis and discussion of findings are discussed in subsequent chapters.

4. Transferability is the potential that the findings can be applied in other settings or

groups (Polit & Beck, 2012). The researcher could not facilitate the transferability of the

findings, but interviewing study participants at different sites aided in the transferability of

findings. The researcher provided rich description and engaged in purposeful sampling as

stressed by Lincoln and Guba (1985) to enhance transferability.

It is essential to establish trustworthiness in qualitative research. The above section provides explanations as to how credibility, dependability, confirmability, and transferability, were maintained throughout this study.

**Ethical Considerations**

It is critical that the researcher is aware of ethical issues throughout all phases of research (Creswell, 2007). Clearly identifying researcher bias and past experiences from the outset of this study will also aid in maintaining study rigor (Creswell, 2007). The researcher was cognizant of, and anticipated potential ethical and moral issues, which might have resulted from the researcher's previous experience as a new nurse manager. The researcher wrote out and noted all assumptions prior to beginning prior to data collection (see Appendix H).

This study adhered to the Tri-Council Policy Statement "Ethical Conduct for Research Involving Humans" (Canadian Institute of Health Research, Natural Sciences and Engineering research Council of Canada and Social Sciences and Humanities Research Council of Canada, 2010). The rights of participants were protected in the following manner:

1. Ethical approval to conduct this study was obtained from the University of Manitoba's Education/Nursing Research Ethics Board (ENREB), WRHA access, and site access was obtained from each of the study sites.

2. Informed consent was obtained from all study participants (see Appendix E) and all study participants were advised verbally and in writing that study participation was strictly voluntary; they could withdraw at any time without penalty and not answer any question(s) should they decide not to.

3. To maintain anonymity study participants were assigned a code number for data collection purposes and participant names were securely stored in a locked filing cabinet in the researcher's office.

4. The researcher successfully completed an eight module online tutorial TCPS 2: CORE (Course on Research Ethics). The online tutorial is an introduction to the 2nd edition of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)*. The tutorial provides guidance and is applicable to all research regardless of discipline or methodology (see Appendix I).

**Summary of Methodology**

The methodology and research design used for this study was discussed in this chapter. A descriptive qualitative study was chosen for this study to explore perceived levels of self-efficacy in new nurse managers. Particulars of the study design, recruitment method, sample, setting, data collection, and ethical considerations have been provided. Strategies to ensure methodological trustworthiness and ethical considerations were also discussed.

**Chapter 4**

**Findings**

The purpose of this study was to explore the influence of mentoring in the development of self-efficacy for nursing leadership, specifically the new nurse manager. This qualitative study aimed to highlight the importance of self-efficacy in nursing leaders by representing the perspective of new nurse managers. The impact of self-efficacy in determining a nurse's decision to assume a formal leadership role is not evident in the literature. To achieve an understanding of new nurse manager's perceived levels of self-efficacy, one-to-one interviews were conducted with seven participants. Throughout the study, the term confidence was used as it is a more common term compared to self-efficacy in the English language. While confidence was used in the interviews by the researcher, self-efficacy was the intended focus of the interviews. Findings of the study and sample characteristics are described in this chapter. This chapter also describes participants' perspectives of self-efficacy and mentoring in nursing leadership in one community and one tertiary hospital in western Canada.

**Characteristics of the Sample**

Seven participants were recruited utilizing purposive sampling and data were collected over a 2 month period. The participants were recruited from one community hospital and one tertiary hospital in western Canada. Interviews were audio-recorded and transcribed by the researcher to a Microsoft word document. The primary investigator used a transcription program, and then reviewed interviews and transcriptions three times to ensure accuracy of text, and that all nuances were reflected in the transcriptions. Qualitative content analysis was used to analyze the data. Themes emerged from the data as the researcher read entire interviews and identified important broad topics. The interviews were then re-read, which identified several

subsequent themes and categories.  Themes that emerged from the data were identified as (1)

experiencing self-efficacy and (2) developing self-efficacy.

The following broad question was used to guide the study: "What are perceived levels of

self-efficacy in nursing leadership".  Identifying themes in the data supported the research

questions that guided this study which were:

1. How do new nurse managers describe their perceived self-efficacy for leadership?

2. What contributes to the development of self-efficacy in new nurse managers?

3. How does mentoring contribute to the development of self-efficacy in the new nurse

   manager?

**Description of the Participants**

The seven participants who were recruited had an average age of 44.5 years.  To preserve

anonymity of the male participants, all participants will be referred to as female.  Participants

worked in a variety of departments throughout the hospitals, and represented a number of

specialties in the nursing profession.  The average years of nursing experience was 16 years.  The

average years as a nurse manager was 2.5 years.  All participants had a minimum of a

baccalaureate degree in nursing.  All participants had more than 50 staff report to them.

**Characteristics of the interview and transcripts**

Seven one-to-one interviews were conducted and were coded 1 to 7 to maintain

confidentiality and to assist in the coding of each individual response.  Overall, responses were

in depth; however it was noted in field notes that the manager with the most number of years of

experience gave the least in-depth interview.  Data saturation was reached in the seventh

interview as statements became repetitive and themes were consistent throughout the interviews.

**Theme 1-Experiencing Self-Efficacy**

Experiencing self-efficacy was apparent in all interviews and participants described experiences and easily differentiated positive and negative experiences of self-efficacy. Experiencing self-efficacy in their role as a nurse manager was an important theme and a fluid emotion impacted by several variables in the data. Participants described self-efficacy in varied experiences, and were able to describe what positively or negatively impacted their perceived level of self-efficacy. There were two categories in this theme of experiencing self-efficacy: (a) positive experiences and (b) negative experiences. Positive experiences of self-efficacy had four sub-categories of (i) previous relevant work experience, (ii) verbal communication, (iii) observing others, and, (iv) physical reactions to stressful situations. Findings for each of these categories and sub-categories will be discussed in the following sections.

**Positive Experiences of Self-Efficacy**

Participants identified several experiences in which they described themselves as confident or as having self-efficacy. Within the described experiences, there were four identified experiences that emerged from the data that positively impacted participants' perceptions of self-efficacy as a new nurse manager. The experiences were described in the data as previous relevant work experience, verbal communication, observing others, and, perception of physical reaction to stress.

**Previous relevant work experience.** Participants discussed the positive impact that previous relevant work experience had on their perceived levels of self-efficacy. Participants described a previous area of employment, a previous experience in a similar situation, or, experience as a nurse manager. Several participants described how past experiences in familiar programs or areas of work increased perceptions of self-efficacy. One participant credits an

increased self-efficacy as a new nurse manager because she was assigned a task in an area in which she had previous nursing experience.

> *...so I was kinda tasked with that [assignment] from December to June and so, that was an area where I really felt confident. And that was more [program] focused, which is my nursing background. Right, so I've, I guess, from a management perspective I always felt more confident, and more knowledgeable in that area when I first got into management. (Manager 5)*

Gaining experience for one participant increased her belief in her ability to be a nurse manager. She described that as she gained more experience in an entry-level leadership position, she also received positive feedback and validation from others. This positively impacted her self-efficacy.

> *I obtained more experience in, like I said a very entry level leader position you know? And also getting the validation from the staff… "because you communicate really well, we respect you, you're trustworthy, um you're positive. You know you'd be really good manager". So you start to hear that a lot more so then you sort of start believing that you can actually do it [nurse manager], and so that's where it actually came from. (Manager 1)*

Although previous work experience positively impacted participant's self-efficacy, one participant warned of becoming a manager in an area of previous work experience. She described how she was more confident in the same program where she had gained valuable nursing experience. She contributed her increased self-efficacy to previous nursing experience, but described potential negative outcomes from becoming the manager in her pervious area of employment. She explained that becoming a nurse manager in another clinical area was easier.

> *I have seen people struggle when they were the charge nurse or CRN [clinical resource*

*nurse] and then became the manager of that same unit. There was not that, you know,*

*there was not that same respect, or that same cut of you know "you are the boss you are no*

*longer my friend right". And I know that so many times that is happening. So I could have*

*seen that easily happening in the clinic area where you know you're kinda working with*

*people to do problems and now you are their manager. And now becoming the manager*

*that's a step removed, and um you don't get the same kind of respect. (Manager 4)*

Participants described increased self-efficacy after an experience as a Clinical Resource

Nurse (CRN); six out of the seven participants previously held a CRN position. Participants

shared that as a CRN, they gained valuable experiences in committee work, leading a meeting,

and managing people. Experience as a CRN was important to participants because they learned

how to be a nurse manager in this position. One participant shared how her previous experience

as a Clinical Resource Nurse allowed her to gain valuable experience that increased her self-

efficacy as a new nurse manager. As a CRN, she began to identify and develop leadership

abilities she thought she would require to become a nurse manager.

*You know I think the biggest thing is experience in dealing with other staff not from a*

*discipline [perspective], well I guess in a minor level disciplinary. But dealing with*

*performance issues with staff in a CRN level because you are unionized. And experience*

*would be another piece, I would say as I gain more experience, you know, you just gain*

*more confidence. And then also, you know you start looking at what abilities you need to*

*be a good leader. (Manager 1)*

Successful experiences as a nurse manager had an impact on participants' perceptions of

self-efficacy. As they gained more experience, their perceptions self-efficacy increased. One

participant described increased self-efficacy after experiencing an uncomfortable situation, and

how she anticipated increased self-efficacy when encountering a similar situation in the future. She described how the initial experience was difficult. However, each time she anticipated a similar situation she stated that it got easier for her, which built her confidence.

*...it's difficult, but in the long run I know that it's worth it. So, I think it [each experience] just builds my confidence knowing that I've done it before and, it was better than the time I did it before that and before that. So, each time I am just trusting that it's going to continue to be an acceptable experience and worth it. (Manager 6)*

**Verbal Communication.** Verbal communication throughout the participant's careers was important to their perceived self-efficacy. For example, all participants described experiences in which they discussed how verbal communication had positively impacted their beliefs of self-efficacy and, ultimately, positively influenced their decision to become a nurse manager. The sub-category of verbal communication had three further sub-categories: a) encouraged to apply, b) identified leadership abilities, and c) positive work feedback. Participants shared how important verbal communication from others regarding a belief in their abilities to be a nurse manager. The verbal communication was as simple as one sentence, but it had an impact on participants' careers. One participant described it this way,

*People don't realize how important it is or even one line how it can carry you through your whole career you know? (Manager 4)*

*Encouraged to apply.* Each participant identified that they had been approached by someone and encouraged to apply for their current nurse manager position. The participants identified the encouragement as a simple "tap on the shoulder", subtle conversations with senior administration, encouragement from colleagues, or staff encouraging them to apply to become a nurse manager. Verbal encouragement to apply had an impact on participants' decisions to

apply for a nurse manager position.  This participant described how doors opened in her career and how she was guided to become a nurse manager.

> *But it was more like "you should apply for the inpatient [unit] now because maybe this is the way you should be going". So it was like one door had closed.  So then I was encouraged to apply for another door opening.  And at first I was like I am not applying for that job, it is not where I thought I would be.  And they're like you know "What do you want to do? Do you want out of the program like you know all the [program] stuff, you know all the players".  So then I had to think about it [applying] for a while.  Then I was like, "Ok, I could do I".  You know the challenge or whatever.  So I think it was more encouragement that way to kinda see what are your options and see what do you want to do.  You know if it is a time to move on away from your other job like take a step back and see what's out there.  You know what you plan on doing so you know, I think, they kind helped me guide me that way. (Manager 4)*

***Identified leadership abilities***.  Identification and communication of identified leadership abilities were important to participants' self-efficacy.  Participants described not fully recognizing their leadership abilities until someone told them they had the ability to be a nurse manager.  Having others believe in their abilities and sharing that belief with them increased participants' levels of self-efficacy. As this participant described, she never thought about being a nurse manager until someone identified her leadership ability and talked to her about it. The discussion had a positive impact on her decision to apply for a nurse manager position.

> *…and the opportunity I never had any desire to be a manager.  Actually it never even crossed my mind. But I guess other people saw things in me that I necessarily didn't see in myself.  So you know I was approached and encouraged to apply and so I did. (Manager 5)*

***Provided positive work feedback***.  Participants stated that their self-efficacy increased when they received positive work feedback, or were told they were "doing a good job". Receiving positive feedback was perceived as support, and contributed to participants' increased self-efficacy as a new nurse manager.  Feedback and support came from a variety of sources including supervisors, fellow colleagues, and staff.  This participant described how she received positive feedback when she told others that she had accepted a nurse manager position.  She described how this feedback gave her confidence.

> *…as soon as I took this job she [another manager] said "Good for you. You are going to be fantastic in this job".  And both her and Joyce [pseudonym] it's funny because everyone's name is Joyce in this program.  They [other managers] both have told me right from the very beginning that "You are very good at this job. We are lucky to have you in this position".  I thought, like, who gets told that? It doesn't happen very often, so they have been very supportive and that gives me confidence.  That gives you confidence when somebody tells you you're doing a really good job even though they sound surprised (laughs) while we never expected that.  But yeah it does it gives you confidence. (Manager 3)*

**Observing others.**  Observing others increased participants' perceived levels of self-efficacy.  Participants described "others" as fellow nurse managers, nurse leaders with more experience, or anyone who a participant viewed as similar to them.  Observing others emerged as a theme in the data as participants described how watching others had a positive impact on their perceived self-efficacy as a new nurse manager.

Having the opportunity to observe nurse leaders with more experience had a positive impact on participants' perceived self-efficacy.  Participants described visible senior leadership

and their support as important to increase self-efficacy. One participant described observing senior nursing leaders with more experience and how that increased her self-efficacy. She described witnessing experienced leaders who she believed had effective communication and leadership skills. Observing senior leadership had a positive impact on her self-efficacy and she was inspired to emulate what she observed and incorporated her observations into her practice as a nurse manager.

> *...but yeah just observing more experienced administrators and I would sit at the management level, yeah there has been some more experienced managers that I've met that are very good. Well you know if they've got experience ...so that hopefully you know, can manage individuals at that level, you know? (Manager 1)*

Participants described how they would watch others, specifically the leadership of senior administration. They would compare themselves and reflect on what they learned from the observation, and then make plans to incorporate the learning into their own practice. The presence and visibility of the chief nursing officer (CNO) was important to participant's self-efficacy as a new nurse manager. One participant identified that she could relate to her CNO. She described how observing this CNO at work increased her self-efficacy.

> *Well there is a part of my brain that goes "Wow that was awesome, [pause] how does she do that? And I can never do that". You know like I do have, I often wonder if people, if everyone has it [little voice in head] cause I do. I have this little voice in my head that's going off in my head that says "Wow, she is so articulate, you are not that articulate. She is so, confident and strong and leads and everything that comes out of her mouth is perfect". Then I have a little voice that goes off in my head that goes "Well that is not you", but yet that is an example, you know, and I can learn from that you know...and yeah*

*next time then I'd totally feel more confident with it right? Definitely, and yeah, I look at*

*her and see you know how she handled situations and go "Ok, hmm but every once in a*

*while, I actually handle those situations pretty well too". And go "you did pretty good*

*there [states name], good job" (laughter). (Manager 7)*

Observing another nurse manager had a positive impact for one participant; she described

the impact of observing someone who was successful. She described watching another manager

struggle with the decision to apply for a nurse manager position. She evaluated that she was not

at the same level as this manager, even though she identified with this manager. She reflected on

what she observed and decided to continue to pursue becoming a nurse manager. Even though

she described a negative experience, she was able to take what she observed and process it to

have a positive impact on her perceived self-efficacy.

*I just take the [positive observation] information if I watch someone else go through it-*

*piece of cake-I love it [positive observation], and I never look back. I would take that*

*[negative observation] information as well as, but um so it [experience] made me think,*

*"okay she's struggling with this [decision to apply for nurse manager position], um, do I*

*want to do this? Am I struggling at the same level that she was?" And the answer was*

*quickly "No". (Manager 6)*

Another participant described a situation where when she was overwhelmed in her

position, observing a success in another manager increased her self-efficacy, and gave her energy

to carry on.

*I think it's empowering that can be done…You know we get so many deadlines for so many*

*different things it is just like "Oh my God" (laughter) you think I am never going to get*

*everything done. And then when you kinda see a success story, it kinda rejuvenates it will*

*be a lot of work but like it can be done. (Manager 4)*

**Reaction to stressful situations.** Participants' described emotional arousal to stressful situations as new nurse managers. Emotional arousal or physiological reactions to stress were described by participants in various ways, such as a *"heart sinking"* feeling, crying, and other ailments. Although some participants described difficult physical reactions to stressful situations, the overall perception of stress and its relationship to self-efficacy was positive. Each experience in stressful situation had a positive impact on participants' perceived self-efficacy. Participants stated they were more confident because they had successfully managed the situations. They described feeling that they would "be ok" as a nurse manager after success in a stressful situation. One participant described how each stressful situation had made her a stronger manager. She described how she looked back and reflected on each situation, and then took what she learned from the previous situation and applied it to the next situation.

> *...yeah, I would say that those every situation that I have been through and stressful or not it's just you know I guess it's just a level of stress. Sure, I think it's [stress] made me stronger. It's made me a stronger manager. You know, you know being able to work through the situations always makes you, hopefully for the next time it's not as stressful. You think back to that time and you thought the world was coming to an end and it didn't. So let's just take another breath then and work though this one cause, it's not even as close to as bad as what you thought the other one was. I mean yeah all of those all of these things have been new and as soon as you go through it, you work through it, deal with it, it's not new anymore right. So it does make me stronger and more confident in my ability to work through other issues, which is good. It is called learning. (Manager 3)*

Another participant described how she became more confident each time she dealt with

and *"survived"* interpersonal conflict.

> *Yeah I think the more stressful situations I've been in and have survived, the more*
>
> *confident I am in that the stress isn't going to kill me. It's kind of one of those*
>
> *[experiences] 'that which doesn't kill you kind of makes you stronger' one of those sort of*
>
> *philosophies I guess. (Manager 6)*

However, some participants described major health concerns related to the stress they experienced as a new nurse manager. Participants described how they learned how to manage stress. Participants practiced self-care and some reached out to fellow nurse managers or family to reflect and commiserate about stressful situations. Learning how to not take things personally was important for participants. Participants described how, as new managers, they learned to not internalize stress and realized there were other managers who experienced stress as well. One participant described the pressure she was carrying as she supported her unit through major structural and personnel change. She described how she experienced *"chaos"* and major change by *"carrying it [stress] on her shoulders"*, but eventually learned how to manage her stress, not take it personally, and use this experience to be a stronger manager and leader.

> *I think you know up to that point it changed the way I react to things. I think because up to*
>
> *that point our world was crashing, we were so overwhelmed and new things were coming*
>
> *out all the time… they [staff] were crying all the time. They are unhappy in they're leaving*
>
> *and some are bullying others but they [staff] don't want to tell the manager because they*
>
> *don't think anything will happen even though you know you are like. "If you don't tell me,*
>
> *I cannot help". I cannot talk to anybody you know. And so all of that was happening and I*
>
> *could feel it building right and then you just let go one day. I guess you come back and*
>
> *you are like I got to change it because I cannot carry all my stress here anymore (lifts*

*shoulders) ... but I can't let things bother me as much as they have because I can't change*

*a lot of it. So how do you help them [staff] through the change process without taking*

*home the guilt of it? Because it's growing [states program] we are the [states program]*

*unit you know will take on anything but you [administration] have to help us with the*

*resources, and how to deal with that. So I think I've just had to mentally do that kind of*

*assessment and not take stuff home as much. (Manager 3)*

In spite of the assumption that stress is a negative experience, self-efficacy was not

negatively impacted by stress. In fact, one participant explained how she perceived her physical

reaction to a stressful situation as a positive and how it helped her to take the situation seriously.

*So, um, in terms of confidence, I think uh, I probably was not 100% confident. But I also*

*felt that, you know, that mild to moderate anxiety was actually positive (laughter), you*

*know, cause it, it uh, it made me really take this [situation] seriously. You know I wanted*

*to do a good job and I felt that they thought I could so. Within me I thought, "Well I guess*

*I can too". But I yeah I wasn't 100% thinking you know this will be a walk in the park.*

*(Manager 7)*

With each new situation participants wondered if they would they would be successful.

However, as they experienced success, they described increased self-efficacy in anticipation of

the next situation. With experience as a nurse manager, participants were able to reflect, develop

understanding, perceive their emotions, and manage their stress. As one participant discussed

she is more confident because she has learned how to manage her stress.

*Yeah um (pause) I don't always let the stress go. I usually do. What I have learned is that*

*when I'm feeling stressed or angry or something like that, I have learned not to act in that*

*moment. That has been a very valuable lesson for me. If I'm upset about what somebody*

*has done or if I think "what were you thinking?" I do not click send on the email, I do not*

*pick up the phone, I let it mellow for a little while until I've figured out you know, tried to*

*put myself in their shoes. (Manager 6)*

The above section describes participants' positive perceptions of their emotional arousal to

stressful situations, and the subsequent impact on their self-efficacy. This category was well

developed as all of the participants described stressful situations and the positive perceptions of

self-efficacy during specific situations.

**Negative Experiences of Self-Efficacy**

The following section highlights participants' negative experiences of self-efficacy. Also

well developed, this category describes the impact of negative experiences on participants'

perceived self-efficacy as new nurse managers. When participants described negative

experiences of self-efficacy, several sub-categories emerged and included: a) sink or swim, b)

fear of the unknown, c) making a mistake, d) dealing with the previous manager's practice, and

e) human resource issues. Participants described dealing with the unknown as contributing to

decreased self-efficacy. When dealing with unknown situations, participants were fearful of

making mistakes and dealing with human resource issues. A lack of formal orientation

contributed to feelings of being left to *"sink or swim"*. Participants also expressed feeling

negative when compared to a previous manager.

**Sink or swim**. Throughout interviews, the lack of an orientation for a nurse manager was

a major gap identified by participants, and contributed to decreased self-efficacy as a new nurse

manager. A formal orientation was not described in detail by any participants, but was alluded to

in the data as the overlapping period of time spent with the outgoing manager. Participants

assumed that they would get an orientation when accepting a nurse manager position, but soon

realized that their assumption was not true.  As one participant described, she thought she would be orientated as a new nurse manager and expressed how she quickly came to realize that she would not receive an orientation.

>*...but as a manager you know, starting as a new manager you think that maybe somebody is going to give you this whole orientation about how to do this properly and you know that doesn't exist. (Manager 7)*

Only two participants received a formal orientation by the outgoing manager, and they realized that receiving an orientation was an unusual experience.  One participant, who received a period of time with the outgoing manager, shared that if she had not had an orientation she would not be as confident.  She expressed that other managers were resentful of her orientation. She recognized how the orientation was beneficial for both herself and the outgoing manager.

>*...yeah it is and that's a shame because it [orientation] was very valuable for both of us.  I have actually had people almost seem like they are angry with me with that I got that much, [orientation] or angry with the department.  Whatever I don't think they are but you know that "I never got that sort of thing" and really is valuable.  I know it's [lack of orientation] about money, and all of that.  But if I had just had 2 days or something or no days, and they just dumped me into the job I wouldn't be anywhere near as confident in it as I am.  And I know I've got a long way to go and a lot to learn.  (Manager 6)*

Participants shared the belief a proper formalized orientation, would have helped them avoid mistakes and increase their self-efficacy. Another participant indicated there had been a plan to be *"buddied"* with someone, but the orientation period did not work out, so was left to fend for herself as a new nurse manager.  She believed the lack of an orientation contributed to her making mistakes, which had a negative impact on her self-efficacy.

*I was to be buddied with one of the nurses who I was taking a portion of her portfolio. So the buddy I had about 4 buddy days with her and then she went on a sick leave. So really it was at that point where you are just thrown in and it was completely sink or swim. So it was like I did have some support from the other 2 managers, but really we were essentially down one program team manager, one senior program team manager that actually knew what they were doing right. Because I was actually, I was not a benefit to the program at that time just because my learning curve was so steep right. So, that was pretty much my introduction into management was just really figuring it out on my own …You know I guess just making mistakes, and then the residual effects that has right? Sometimes it's not just you know, it's just you got to pick yourself back up and dust yourself off and move on. Sometimes building that transparency and trust and everything is very difficult in the beginning. (Manager 5)*

One participant described the lack of an orientation as a financial decision and thus a lack of investment in her success as a new nurse manager.

*So, do I regret the way it went for me? Maybe a little, it would have been nice to not have started off that way. You know, to be able to come in and just understand the work, and not only that, but be able to have shadow shifts. Instead you're thrown into busy full calendar, you can't job shadow with any of the floor nurses, and you can't take a day and spend the day with the educator. I feel like I was really robbed of that time, like the investment in me. I feel like they did not make the investment in me that they should have in order to make me feel successful. To set me off on a good start, like when you set someone up to fail, I kind of felt like that's what it was. (Manager 5)*

There is often little time to prepare to become a nurse manager. One participant, who

received a period of time with the outgoing manager, described feeling lucky to have had the

opportunity. She had two weeks with the outgoing manager and recognized how rare an

opportunity it was for her to receive this kind of orientation when becoming a new nurse

manager.

> *I was lucky enough with the retiring manager to have orientation with her for 2 weeks*
>
> *(coughs) - huge. There's not usually that opportunity that was huge, so she took me with*
>
> *her, she showed me how to do things, she transferred all of her files to a stick so I could*
>
> *have her files. Huge [opportunity to have orientation] than to be starting off from brand-*
>
> *new. I really appreciated, like I was pulled out of my old job with two days to spare, which*
>
> *left them short but gave me an opportunity to mentor with her before she went on.*
>
> *(Manager 4)*

Participants described assuming the role of nurse manager as sometimes overwhelming,

and could result in a negative experience. One participant related her orientation to "speed

dating". She explained how she was a bedside nurse one day and a nurse manager the next day.

The speed of her transition was overwhelming and she was introduced to more than 10 people in

a short period of time. The rapid orientation process did not have a positive impact on her self-

efficacy in her new role. She described how she handled the lack of formal orientation by

reaching out for assistance from fellow nurse managers.

> *…oh confidence, hmm, it [becoming a nurse manager] made me realize how much bigger*
>
> *the job was than I probably expected it to be. Like I say, you kinda have an idea of what*
>
> *the manager does, that you really do not until you are in it… You know my orientation*
>
> *sucked. I don't really remember having a conscious idea that it [orientation] was you*
>
> *know making me waiver on my confidence. But it's, it certainly was overwhelming,*

*absolutely no doubt. But again I went back to the other managers going "Holy hell". And*

*they [other managers] were like "Yeah don't worry about it if you have any questions just*

*call me". So I did. (Manager 3)*

**Fear of the unknown.** Participants expressed decreased self-efficacy when they described

experiences with unknown situations. Because participants were new nurse managers almost all

situations were experiences where they had to deal with the unknown. Participants described

feelings of stress in unfamiliar situations, and all participants identified human resource issues as

the most significant contributor to their stress. Human resource issues included conflict

management; performance management; discipline; and collective agreement issues, such as

vacation planning. As one participant described, unfamiliar situations with conflict or with the

union contributed to her experiencing lower levels of self-efficacy. The unpredictability of a

situation they may not have encountered before, also contributed to decreased self-efficacy. She

attributed unknown experiences as feeling like sitting in a *"principal's office".*

> *I think the lack of confidence is from that unpredictability of not knowing what's going to*
>
> *happen. So it's that unknown, so you go in there feeling uncertain of what that person said*
>
> *to their union, and then it sort of feels like being the principal's office like there's two sides*
>
> *and you don't know how the other individual might have perceived the information that we*
>
> *talked about. So am I confident going into those meetings? Not all the time. But I usually*
>
> *know based on how well I know the staff member you know that is going to be having*
>
> *issues. Sometimes you get called and you just don't know what it's about and you go down*
>
> *there and you have no confidence cause you have no idea what you will be talking about.*
>
> *So I think that it [lower self-efficacy] is that uncertainty of not knowing what you are going*
>
> *to be talking about. (Manager 1)*

Another participant experienced anxiety when encountering a new situation that was unknown to her. She described how anticipating the unknown contributed to her anxiety; however, as she experienced success with each experience, the successes positively impacted her belief of self-efficacy when encountering future situations. Her fellow managers assisted her by reflecting on the situation and providing guidance and encouragement.

*…so I think it [success in difficult situations] built my confidence just knowing that you know I did know what I was doing, and I was interpreting the contract correctly. So just I guess going when everything is your first pass there is always a lot of anxiety and a lot of (pause) your unknowns right? So once you do everything once you have that experience under you under your belt, so then going forward you just always build on that. You know a lot of my other nurse managers are like "Ok you gotta have thick skin you know, you just need to sometimes brush things off and not take everything so personally". I don't take things personally, but sometimes there were things that just, it literally upset me. I think it was just more being disappointed in myself kind of thing. (Manager 5)*

**Making a mistake.** Participants feared that they would make a mistake, which had a negative impact on participants' perceived self-efficacy as a new nurse manager. Making a mistake was defined by participants as a fear of *"letting people down"*, or *"being a hardship to their organization"*. Participants were fearful of making a mistake when resolving human resources issues, such as working within multiple collective agreements.

*I think you feel that you're not doing a good enough job that you're letting people down you know. (Manager 4)*

Another participant described she was fearful of not following the rules and often questioned herself and checked to ensure she was following the correct procedure. She

expressed feeling overwhelmed, and afraid of the potential consequences if she did not follow the rules. Making a mistake would result in having to re-do the vacation planning, as well as dealing with any repercussions from the human resource department and the union. To increase her self-efficacy when making decisions as a new nurse manager, she described explaining her decisions to her staff. Successfully providing rationale to her staff positively impacted her self-efficacy, as she was able to explain her decisions if they questioned her actions. She used communication with staff to support and help them understand her decisions.

*I think it [experiencing decreased self-efficacy] is ongoing, I think it's you know talking to them [staff]. I think it is always important for me to [talk to staff] about why was the decision made. It was not just a "Yes" or a "No" or whatever. What's the background right? So explaining that [rationale for decision] to the staff right "No you can't get all of your vacation changed, cause it's against contract, and everybody below you will try to get yours [vacation] and I would have to redo everybody's vacation". That kind of thing right? They [staff] don't understand or they pretend that they don't understand right? So you just kind of explain, and you just have to get past that [decision]. You talk to your peers and again talk to HR, talk to your director. You know talk to people like not below you, but your own colleagues. It's like "I don't understand, am I doing this correctly? Should I have gone against the rules?" I would have had my hand slapped cause you get watched right? As a new manager and the facility HR is kinda like watching all of time. So you get feedback and then you harden up a little. But you can't think, you can't always think and take things to heart. (Manager 4)*

**Previous manager's practice.** The impact of the previous manager's practice or leadership style had a negative impact on perceived self-efficacy of the participants. They

described the difficulty coming in as the "new manager" after a manager who had a wealth of experience. Most participants described experiences of the previous manager being more *"flexible"* and not following the rules because they had more experience as a nurse manager.

Participants described situations where they followed the rules when the previous manager had not done so, and explained how following the rules had jeopardized their ability to develop relationships with staff. One participant knew she was doing things correctly; however by following the rules she jeopardized her ability to build a relationship with staff because her actions had created conflict among staff. She described feeling compared to the previous manager, which had a negative impact on her self-efficacy.

*I think because the previous manager going out was loved by everybody, she had created the unit. We're all new kind of units so a newcomer coming in who has never worked there, even though I had 15 years of [program experience] and stuff, they didn't know you right? They don't know you. You know you come in and you follow rules, and they get upset you know "The old manager would've done it this way", well this is the way that contract says I have to do it. So part of you wants to say "Son of a ...why did she do that" (laughs). So having them [staff] upset so some of the decisions that you've made, that leadership is saying you made the right decision, and staff saying "Yeah you know we're not happy with that", kind of makes you lose confidence in what am I doing and how am I going to get past this right? (Manager 4)*

Another participant expressed her frustration when dealing with different unions and their accompanying collective agreements. As a new manager she tried to follow the collective agreements, but described the challenges she faced because the previous manager had not done so.

*Ok, so vacation planning would be a good one [decreased self-efficacy experience]. My*

*first vacation planning which was a fricking nightmare, so another year with unionized*

*employees there is MNU, there are different unions, and there is UFC. They have*

*completely different rules. The previous manager had not followed contract, like had not*

*followed the contract for vacation planning…so what was happening especially over*

*Christmas, was she moved shifts around so would actually change the master rotation…so*

*really coming in as a new manager and very much following the rules right? Like you just*

*want to do everything right, and you're, you're going in a bit with fear right? You just*

*want to make sure that you don't screw up (laughs). They [staff] went to the union again*

*and so anyways it turns out that I was doing everything right and so it [decreased self-*

*efficacy] was you know that whole piece of just going through that [experience].*

*(Manager 5)*

Interpreting union collective agreements and managing people was described by

participants as negatively impacting their self-efficacy. One participant described feeling

*"scrutinized"* for every move she made as a new manager. She believed she had to bridge staff

between the past manager and herself; new, learning and following the rules. This situation

negatively impacted her perceived self-efficacy.

*I think the lack of confidence came with managing people and the contracts, and learning*

*the different contracts. What will HR here allow you to do versus what did the previous*

*manager with 35+ years who did whatever she wanted to do. Now bridging the staff*

*between a new manager who's watched, (laughs) and an old manager she's retiring*

*anyway so that was more difficult that way. (Manager 4)*

In addition to following the rules, the context or environment in the area or unit had an

impact on participants' self-efficacy.  In one instance, a participant described her experience of becoming a new manager in an area where the previous manager had been removed.  She struggled to develop relationships with staff that were upset with their previous manager's removal from the organization.

*...as a leader wow um personal experience it's certainly been challenging, varied.  I entered this position at a very hostile time where the previous manager was just removed so I came in a time where a lot of the staff had worked with that individual some for like 20 year.  So to lead was very challenging.  (Manager 2)*

**Human Resource Issues.**   This sub-category was well developed in the data; all participants described experiences with human resource issues as the greatest source of decreased self-efficacy as a new nurse manager. The human resource issues were varied, ranging from conflict resolution and performance management, to scheduling issues.  Conflict management and interpersonal issues were the most evident human resource issues described by the participants as having a negative impact on self-efficacy.

One participant described decreased self-efficacy going into her first human resource meeting with union representatives present.  She explained how negatively she experienced a situation with a union representative present when as a new manager she did not know the organizational history with union representation.  She stated that as she gained experience as a nurse manager, she began to feel confident in similar human resource situations.

*Well I think certainly the big parts would be initially going into the position, that's you don't feel confident in your first meeting in HR with the union.  You know for whatever reason, but also recognizing that the site here we had a union president probably been in that position for 15 or 18 years.  Somebody who knows the contract, knows everything,*

*maybe ways of bending, flexing. Where, as a new manager, you don't know the historic*

*practices. Are the way things went right? So, and then just the appropriate channels of*

*discussion, certainly within that [human resource situations]. So, like I said, it took until*

*that 2nd year to feel confident. (Manager 2)*

Encountering conflict was described by one participant as having a negative impact on her

level of perceived self-efficacy as a new nurse manager. She stated that she worked with strong-

willed people, and she perceived decreased self-efficacy when she anticipated having difficult

conversations with some individuals. She shared feeling incompetent and she often coped with

conflict as a new nurse manager, by avoiding it. She recognized that avoiding conflict let her

staff down.

*Probably, (pause) still to do with conflict management. I do manage some people that are*

*very strong-willed and I've had to deal on a number of occasions with people just*

*essentially hating each other (slight laugh). Not really, but you know there's just, there's a*

*lot of tension and arguments, and being that intermediary is not something that comes*

*naturally to me. I tend to avoid conflict whenever possible. I'm becoming more*

*comfortable with it [conflict] because I have had to (very slight laugh), and it's just part of*

*the job. I am becoming a bit more used to it [conflict] but when I started, I was not*

*comfortable with it [conflict] at all. Generally, I think I would have failed people coming*

*to me for resolution of these conflicts, at least initially, because I would listen to their side*

*of the story. I think this [listening] is the right thing to do, and then go and talk to the*

*other person and get the other side of the story, and back. And do a bit of back-and-forth.*

*But sometimes I was a little intimidated by, say the other person that I should go and talk*

*to, and it might be get delayed, or I might not have done it. So I was not good at following*

*through with that [conflict resolution] cause I was nervous and I didn't like it, [conflict]*

*made me uncomfortable.  (Manager 6)*

### Summary - Theme 1

The above section describes participant experiences of self-efficacy as new nurse managers.  Participants shared four common experiences when they perceived self-efficacy including: previous relevant work experience, observing others, verbal communication, and perception of physical reactions to a stressful situation.  Verbal communication was the best developed and described as having the most impact on participants' self-efficacy to become a nurse manager.  Negative perceptions and experiences were also discussed in this theme. According to participants, the factor most negatively impacting self-efficacy was the lack of a formal orientation to a becoming a nurse manager.

### Theme 2- Developing Self-efficacy

This category was as equally developed as experiencing self-efficacy; all participants were able to explain how they developed their self-efficacy as a new nurse manager.  This theme describes how participants developed their belief in their ability to be nurse managers.  Several categories described by participants to develop self-efficacy emerged from the data: a) mentoring, b) relationships with others, c) practical strategies for the everyday, and d) paying it forward.

**Mentoring**

This category was well developed and described by all but one participant.  Participants shared experiences of being mentored throughout their career, and as new nurse managers.

Increased self-efficacy was an outcome of mentoring relationships, which were described as formal and informal relationships. There were 3 sub-categories identified in the data: i) vertical mentoring, ii) horizontal mentoring, iii) impact of a mentoring relationship. Vertical mentoring was described as mentoring by supervisors or superiors. Horizontal mentoring was described as mentoring from colleagues and other nurse managers.

**Vertical Mentoring.** Mentoring relationships varied throughout the data, and included relationships with direct supervisors. Participants described receiving mentorship from others, and also how they sought out mentors as new nurse managers. One participant described how she has received validation in a mentoring relationship with her direct supervisor. She described seeking out mentors as a new nurse manager.

*I was getting that validation to increase your confidence to know that what you are doing was right. So the mentorship that I was seeking the mentorship, you know the first year and I still do [seek mentorship] to a different extent. But now it comes from different people now. I pick who I go to get information that I need from individuals that are more experienced. So definitely my director who was extremely experienced and an exceptional mentor, she's just an incredible person and has helped me out immensely from the mentorship perspective. I consider her my mentor. (Manager 1)*

Another participant described how she developed a formal mentoring relationship with her direct supervisor and how she aspires to be *"just like her"* as a nursing leader.

*I had established a formal mentorship relationship with my previous boss who happens to be now the CNO here [organization]. We established that [relationship] several years ago so yeah, I want to be just like her when I grow up (laughter). Manager 7*

**Horizontal Mentoring.** Horizontal mentoring was evident in all interviews, as

participants shared experiences of informal mentoring by fellow nurse managers.  Horizontal mentoring was described as informal discussions or communal reflections on specific situations as nurse managers.  For example, participants talked about meeting other managers for coffee every morning, or perhaps having an informal meeting in their office.  Another participant described how she received mentorship from other managers.

*I also receive decent mentorship from the other managers in my program [program].*

*(Manager 6)*

Most participants had experienced mentoring during their career.  As one participant described, she was "mentored every day".  She described its positive impact on her self-efficacy in her ability to be a nurse manager.  She recognized that as a new nurse manager she relied on her colleagues for answers to her questions.  She explained that she is now sought as a resource for others.

*Yeah, you know like, I think I get mentored every day yeah…. Just more confident in my abilities really, and guidance you know?  If there's ever a question I used to feel bad when I first got the position, it seemed like every two seconds that I would be calling them [fellow nurse managers] asking a question.  You know it got farther and farther in between those calls thank God.  I am sure they were thinking the same thing (laughs).  But I mean they call me now like "What would you do?"  Now they're actually looking at me sometimes for the answers, which is very strange to me because they've been doing this [nurse manager position] for a really long time.  But obviously they're thinking that I know something now, so it is kinda nice actually.  (Manager 3)*

**Impact of a Mentoring Relationship.**  One participant described her mentoring relationship as having "someone in her corner" as a new nurse manager.  Having support was

important to participants and had a positive impact on the development self-efficacy.  She
described the "huge" impact of mentoring on her self-efficacy as a new nurse manager.

>*Huge [impact of mentoring on self-efficacy] cause then I felt like at least I had backup.  I
>wasn't completely on my own, even though I didn't have a manual telling me what to do.
>But I had somebody who I could call on, who I respected and was available to be a
>resource for me and wasn't going to make me feel like an idiot for asking this question
>right? (laughter). (Manager 7)*

One participant described how she was specifically mentored to become a nurse manager.
Her mentoring experience increased her self-efficacy and she expressed that the outgoing
manager shared positive feedback about her with others before she retired.  The positive
feedback shared by the previous manager continues to be communicated to her, which positively
impacts her self-efficacy.

>*I would refer back to the previous manager who very specifically mentored me into this
>job.  Her impact was, she really built me up she built up my confidence.  She didn't do it
>[built confidence] just by her direct mentorship of me, but I'm still feeling the effects of it
>[mentorship].  I will get an email from somebody that she knew and they say "Oh yeah, you
>know I know we haven't met yet.  [Name] speaks very highly of you".  So it's that kind of
>support I guess that really means a lot.   (Manager 6)*

Participants stated, when they were mentored, they believed they were important because
someone was willing to give them their time.  Mentoring made participants feel worthwhile, that
someone had committed valuable time to invest in their success as a new nurse manager.   One
participant explained simply, the time taken to support her as a new nurse manager had a positive
impact on her self-efficacy.  She described feeling valuable and important because of her

mentoring experience.

> *Just the fact that someone has taken the time to actually walk you through something or talk with you about something, to show you how to do it. I think to me gives you a positive impression that you matter. And that even though my day is crazy, that you matter enough that I'm there to show you how to do this and you can come to me at any time. (Manager 4)*

One participant believed her increased self-efficacy was a direct outcome of being mentored. She expressed gratitude for her experiences of being mentored right out of nursing school. She stated her mentoring relationships had impacted and molded who she was as a nurse.

> *I have had people mentor me for sure, right from my first when I was just when I was in my senior practicum having my mentor buddy nurse. But all the way through [nursing career] I tend to latch on to people that I respect and admire and trust. I learn what I can from them, and they are usually quite giving in that [teaching]. So it's it is pretty much never a formal arrangement as a mentor, but very informal. Kind of give-and-take and it's like you go to school for 3 or 4 years and get your degree in nursing and then you start working and you develop your mentors. That's when you actually (laughter) learn. You know it's, yeah you know, and they [mentors] really, they really build (pause) they form, you know they formed who I became to a certain degree. (Manager 6)*

Participants shared their beliefs about mentoring as being important in nursing leadership. One participant specifically noted how mentoring was not discussed at the level of nurse manager. She explained how nurses do not realize the impact one line can have on an individual and their career. She described her experience of being mentored by her colleagues.

*Mentoring is so important I don't think we had this discussion at the level of nursing right now all the time. People don't realize how important it [mentoring] is or even how one line can, how it can carry you through your whole career you know? …it's little snippets where you can break or make somebody and give them confidence.  It's so important.  So as a manager, my co-managers mentored me a lot.  (Manager 4)*

There was only one participant who was not able to describe a mentoring experience.  This interview was incongruent with the other interviews, this participant described herself as confident and stated she had never been mentored.  However, this participant was able to describe what she envisioned the impact would have been if she had been mentored.

*It [mentoring] would have built your confidence it [mentoring] would have built your confidence right?  You would have gone in there [as a new nurse manager] with the knowledge and the skill set to be able to manage whatever situation you were dealing with.  Even having a first staff meeting I didn't know how to run a staff meeting like you know.  Like you know, see one do one, kind of thing like that whole thing that is always helpful.  And I didn't get that.  I just got the, you know "holy cross" when you walk in [new nurse manager position] and you know you just hope for the best. (Manager 5)*

Mentoring had a prominent impact on participants' perceived self-efficacy and was significant in the development of self-efficacy.  As one participant simply described, she believed in herself because her mentor believed in her.

*And if she believes in me then I can believe in me too. Right? (Manager 7)*

**Relationships with others**

As participants' developed relationships with others, they described increased perceptions of self-efficacy.  One participant described developing relationships with her staff by working

closely with them, and providing rationale for her decisions. She recognized that as a nurse manager, she was in a unique position between staff and administration. Recognizing the difference in the relationships was helpful by identifying the two different relationship structures, she was more effectively able to work within them. It was also helpful to her to recognize she had described the importance of relationships. She went on to describe the position of a nurse manager as a *"sandwich"* between staff and senior administration.

> *I think it [self-efficacy] changes though, I think as they [staff] get to know you they trust you more...I think that there is a deeper understanding now and the "getting to know you phase" kinda helps the confidence piece, which you always question yourself. I do, cause that is the type of person I am. I want to make everybody happy, and as a manager you will never make everybody happy because you are sandwiched. (Manager 4)*

Participants discussed the importance of relationships in the development of self-efficacy. This category was well developed and a positive impact on self-efficacy was evident. Several sub-categories that had a positive impact on self-efficacy emerged: a) knowing who to call, b) asking for support, c) being in the same boat, and d) having coffee.

**Knowing who to call.** Participants stated that knowing who to call was important to the development of their self-efficacy. As one participant described, even though she was a new nurse manager, she had previous work experience in her organization. She used her previous relationships to help her feel confident as a new nurse manager. She described increased self-efficacy because she knew who she could call for support and assistance.

> *And pretty much I am confident that I can figure that [new situations] out you know?*
> *Certainly coming back to [hospital] I have been here total of 29 years so if I don't know something, at least I know someone who probably knows something about it. That*

*[relationships] helped me feel confident too.  Knowing that I, at least had a network of*

*people who could help right? (Manager 7)*

Another participant described how she took courses in conflict management, but she found more value to her self-efficacy when she reached out for advice from other managers with whom she had developed relationships. She identified that figuring out *"who to talk to"* was one of the biggest challenges for a new nurse manager.

*I would go to the other managers and go "Holy crap, this is what's happening you know.*

*Can you give me any advice of what you would do in this situation?"  The hospital does*

*have conflict resolution workshops, and I have gone to that as well. But a lot of it, a lot of*

*it comes from asking the other managers what they would do…but knowing who to go to*

*that was one of the biggest issues for a new manager.  But I have figured that out*

*completely.  Yes.  Absolutely out of necessity. (laughs). (Manager 3)*

**Asking for Support.**  Simply knowing that they could call and ask for support had a positive impact on participant's self-efficacy. Participants' gained support from their peers by asking questions. Participants shared if they needed help, they often went and sought out fellow nurse managers for support.  One participant described increased self-efficacy just knowing she could call another manager if she was unsure in a new situation.

*I remember asking "You know is it ok if I'm stuck today, if I am having a complete moment*

*where I don't know what to do.  Can I call you?" And she said, "Yeah". (Manager 7)*

Participants shared they drew support from the relationships they developed as nurse managers.  Experiencing support had a positive impact on the development of self-efficacy.  One participant described how she developed self-efficacy by reaching out for support from a more experienced colleague.

*Sometimes to build confidence I have to bring someone else who has more experience, or who may be more familiar with the situation, or have more experience in a situation that we're talking about. So that [support] will boost my confidence, having support. That could be support from another manager, from HR, or from my directors. (Manager 1)*

Visibility of senior leaders, such as program directors and chief nursing officers, was identified as important to participants' self-efficacy. Receiving support from senior leadership was described by participants as essential to their development as nurse managers and, as a result, increased their perceived self-efficacy.

*…just knowing that the support was there and still always is there from the director…knowing that you could go ask questions that have that support you know? It's sort of one thing you go to school, you learn about the leadership models and ways of thinking. But it's all the little things that you don't get…how you are you supposed to do it [leadership] correctly? (Manager 2)*

**Being in the same boat.** Receiving support from fellow nurse managers reinforced participants were not alone in their role. As one participant described her self-efficacy increased when she realized there were other managers experiencing similar situations.

*Just that support, you know, it makes it easier knowing that someone else is in the same boat you are. (Manager 5)*

Another participant stated it was important to know other managers in her program were similar to her. Knowing she was the *"same as others"* and in the same boat, had a positive impact on her self-efficacy.

*But that's how I think the confidence is built, by knowing that we are the same. We act the same it makes it easier…knowing that we all function the same right? I think that helps*

*with confidence knowing that it [leadership] will be consistent. (Manager 2)*

**Having coffee.**   Participants found self-efficacy was developed in unanticipated ways, such as having coffee with other managers.  One participant described increased self-efficacy as a result of informal meetings over coffee, helping her reflect and work through challenging situations.

> *Well I think the big thing is, as a management group [program] we meet every morning for coffee for 45 minutes to an hour.  But in that hour there are a lot of conversations.  That [conversation] is really reflection, sharing your thoughts and ideas. (Manager 2)*

Another participant described the support she experienced during informal gatherings with other managers as helpful.  She found informal conversations were an opportunity to discuss issues she may not normally feel comfortable bringing forward in more formal settings.

> *...I usually would talk to my colleagues, my other managers in my program.  We meet once a day just informally over coffee and it's a social event, but it's also a good exchange of information, I'll just say look, "this would happen to me yesterday and I'm kinda stumped of what to do.  What would you guys have done?" So there's a lot of back-and-forth and sharing of experiences too, that kinda help me move forward.  Maybe this past time is you know a done deal and I can't do anything about it [past experience] but next time I'll learn from it and bring that experience forward. (Manager 6)*

**Practical strategies for the everyday**

Participants identified individual strategies they used to develop and increase their self-efficacy.  These everyday strategies were common among participants, yet were not deemed as actual "text book" strategies.  In some ways they were small "s" strategies, not high-level strategies; basic tools participants learned through experience and relationships contributing to

their everyday success as new nurse manager.  The strategies were: a) preparing in advance, b) learning from mistakes, c) reflecting, d) following the rules, and e) "faking it until you make it".

**Preparing in advance.**  Participants noted preparing well in advance helped with perceptions of decreased self-efficacy, including double-checking work, asking lots of questions, and allowing extra time for meetings.  One participant described the process of staff vacation planning, and because this was a new experience for her, she described being nervous.   She used the learned strategy of preparing in advance to overcome decreased self-efficacy.

> *So I asked lots of questions to my fellow program team managers.   I (pause) was, I checked-checked, and double-checked.  I did a lot of re-work, making sure that my numbers were always correct.  I allowed myself extra time for the appointments, and even after I would do the appointment, I would go and have one of them [other manager] check it out just to make sure that what I did was reasonable.  I've talked to other managers in the organization; I realize that there is a lot of variation around vacation selection. (Manager 5)*

Another participant described the strategy of preparing in advance. It not only enhanced her knowledge of the situation itself, but increased her self-efficacy in general.

> *I think that in times when I identify that maybe I am a bit out of my league, or I am not sure about this, the best thing I like to do is completely prepare myself as much as I can.  So you know what the gaps are, what are the things I know, what are the things that I don't 100% know, what are those gap, and what are my resources to close that gap (Manager 7)*

**Learning from mistakes.**  Learning from mistakes was another strategy participants described as useful to increase self-efficacy. Participants recognized making mistakes as new nurse managers happens.  Participants' increased self-efficacy was a result of trying new

processes on their own, learning from mistakes while in a safe and supportive environment.

One participant explained how important it was for her to be able to complete a task and have the time to try new processes on her own, versus a more experienced co-worker taking over and completing it for her. For example, by completing processes on her own, she learned how to recognize when she needed to reach out for assistance.

*So I guess training, the education piece, the support, the time to be able to actually work on it, the ability to make mistakes and learn from them, and then be able to move forward, rather than the blaming thing, or you know failing and then someone just saying "yeah I am just going to take over". It was just the whole process of being able to learn and grow. (Manager 5)*

**Reflecting.** Internal dialogue or reflection was a learned strategy used by participants to develop self-efficacy. Participants described the strategy of reflection, either personally or with colleagues as a helpful tool when managing emotions as a new nurse manager. One participant described, she used her *"internal voice"* to increase her self-efficacy when managing conflict between staff. Reflecting on and learning from previous situations contributed to her self-efficacy when dealing with uncomfortable situations as a new nurse manager.

*The internal voices are going off in my head [reaction to previous conflict] thinking "oh crap, don't do that" but you know, basically I really do try to put myself in that position. I have been that person flipping out another co-worker, and it happened once and it has never happened again because I've never been more embarrassed in my life…It's always an internal dialogue with myself, and I am thinking "hey now, you are supposed to be the one to mirror what kind of behaviour is supposed to be appropriate on the unit". (Manager 3)*

Another participant noted how reflection is a valuable tool in the profession of nursing.  By using reflection as a tool to get through a difficult situation, she experienced increased self-efficacy, and continues to use reflection as a strategy in her daily practice.

> *I think the big thing is that you reflect on what happened.  How did you handle it? And how should you have handled it?  And how should you adapt in the future? I think the big thing is, God forbid, is you know, all you learn in nursing is reflection.   But it's amazing after when you sort of finish you see like "oh my God, it is reflection".  (Manager 2)*

**Following the Rules.**  Following the rules was a sub theme described by all participants regarding  how, as new managers, it was important to follow the rules.  Following the rules positively impacted participants' self-efficacy as they described believing that they were *"doing it right"*.  One participant described her fear of making a mistake during vacation planning and how she starting thinking and worrying about this experience months in advance.  She ensured that she followed the rules and reached out to other nurse managers, she incorporated the rules and what she observed into her practice as a new nurse manager.

> *....so I really felt like I needed to understand what I needed to do.  I needed to know what the rules were, and how to do it.  But also the tips of the trade you know, from other people.  I was really afraid that I was going to mess it up.  You know after I'd gone through it, you know, I had started worrying about it already a few months before, trying to think "Ok here's what they did last year.  How did they do that? How do I set up my appointments?  How much time do I need to talk to each person?  Where do I post these things?"  You know, and yeah I really did not feel confident through that whole thing [vacation planning]. (Manager 7)*

**Faking it until you make it.** One participant described how dealing with conflict management was one of the most difficult situations for her as a new nurse manager. In these situations she found she had little or no confidence, but she had to fake it so that she would not lose credibility with her staff.

*That [conflict management] has got to be one of the worst things in the world, I'm getting much better at it, I certainly did not feel confident. You know I had to play that I was [confident] ... am I more confident in it [conflict] now? I'm more confident certainly than I was, just because of the fact that I've had to deal with these issues several times now and it's getting better. (Manager 3)*

**Paying it forward**

One participant described the positive impact mentoring had, something she believed she missed earlier in her career. She recognized how mentoring has had a positive impact on her self-efficacy as a nurse manager, and as such she now "pays it forward" to her staff.

*I sit down with all of my staff members and as I get to know them better I really start to pick their brains in terms of what they want to do, and help them.... I've said to one of them, "you know you've been, and you would be really good at educating others". So now she's applied for her masters to go into education. So it is just sorta again validating their talents and helping them see their potential, and that's what I give back as my position as a leader and as a mentor. (Manger 1)*

## Summary – Theme 2

Participants were able to describe and share specific ways they developed or increased their self-efficacy. Most participants attributed increased self-efficacy to a mentoring

relationship. The one participant who did not experience a mentoring relationship indicated increased self-efficacy would have been an outcome if she had experienced mentorship. Relationships with others were important to participants, and contributed to the development of their perceived self-efficacy. The most important relationship described as contributing to increased self-efficacy by participants was one with fellow nurse managers. Participants described drawing important support from these relationships.

## Summary of Findings

The findings of the data collection and subsequent data analysis are summarized in this chapter. Two themes emerged: experiencing self-efficacy (positive and negative perceptions) and developing self-efficacy (mentoring, relationships, strategies, and paying it forward). The qualitative data that were collected through interviews were rich and provided a full description of the participants' experiences and development of self-efficacy as new nurse managers.

**Chapter 5**

**Discussion of the Findings**

The purpose of this study was to examine perceived levels of self-efficacy in nursing leaders, specifically new nurse managers. Becoming a new manager or leader requires considerable development (Conners, Dunn, Devine, & Osterman, 2007); however, there is limited literature that focuses on development of the nurse manager (Cadmus & Johansen, 2012). In fact leadership preparation for nurses, who assume leadership roles, such as the role of the nurse manager, is usually absent (Kerfoot, 2012). Nurse managers are the link between senior administration, frontline staff, patients, and families. They are the wardens of their areas and accountable for all aspects of clinical care, and other associated management tasks, such as fiscal responsibility and staff retention. In their pivotal role, nurse managers influence quality of care and organizational culture (Lee & Cummings, 2008). Nurse managers lead their teams in a complex, demanding, and ever-changing healthcare system. As nursing leaders, nurse managers are critical to the future of the healthcare system, as well as the nursing profession.

Albert Bandura's (1997) Self-efficacy Theory was used to guide this study. The theory posits that self-efficacy beliefs are the basis for motivation, well-being, and personal accomplishment. Self-efficacy beliefs are influenced by four sources of information: enactive mastery, vicarious experience, verbal persuasion, and physiological information (Bandura, 1997). Previous research using Bandura's theory has shown that self-efficacy positively impacts leadership development (Adeniran et al. 2012; Paglis, 2010) and nursing career aspiration (Laschinger et al. 2012). However, self-efficacy only recently has been studied in nursing leadership. The results of this study revealed Bandura's (1997) four sources of self-efficacy embedded within specific experiences of a new nurse manager. This study identified strategies

used by participants to develop self-efficacy, including how mentoring impacted perceived self-efficacy in new nurse managers.

Chapter five provides an interpretation of the study findings, and discusses the findings in relation to Bandura's Self-efficacy Theory (1997), focusing specifically on the four sources of self-efficacy.  Strategies used to develop self-efficacy, as well as the impact of mentoring on self-efficacy are discussed.  Future implications for nursing leadership, limitations of the study, as well as recommendations are described.

**Experiencing Self-efficacy**

Experiencing self-efficacy was a theme that emerged in the data as participants described various experiences as a new nurse manager.  Participants described positive and negative experiences as a new nurse manager, and each experience contributed to their perceptions of self-efficacy.  Efficacy beliefs are the outcome of cognitive processing of sources of experiences. Bandura (1997) stated "once formed, efficacy beliefs contribute to the quality of human functioning in diverse ways" (p. 115).  In other words, as a new nurse manager gains experience, efficacy beliefs are formed from the cognitive processing of that experience.  The following discussion will highlight both positive and negative experiences of self-efficacy.

Embedded in their stories, participants shared experiences in which they described positive perceptions of self-efficacy as a new nurse manager.  Bandura (1997) identified four sources of information that promote development of self-efficacy: enactive mastery, vicarious experience, verbal persuasion, and, physiological and affective states.  The four sources of self-efficacy were evident in the data as participants described various experiences as a new nurse manager.  Similar to Bandura's (1997) four sources of self-efficacy, findings of this study revealed that relevant previous work experience, observing others, verbal communication, and,

physical reaction to stress had an impact on participants' perceived self-efficacy as a new nurse manager. The following discussion of the findings will be guided by Bandura's four sources of self-efficacy (1997).

**Enactive Mastery.** Enactive mastery is the strongest source of self-efficacy, and is the most influential because it provides authentic feedback one can be successful (Bandura, 1997). Enactive mastery was defined in the findings as previous relevant work experience, and had a positive impact on participants' perceived self-efficacy. Enactive mastery was described in the data as previous relevant work experience, which is in a similar area of work or experience in a similar specific situation. For example, participants described increased self-efficacy when assigned a task as a new nurse manager that was focused in an area of previous nursing experience. Six out of seven participants had previous experience as a charge nurse or a Clinical Resource Nurse (CRN) in a particular clinical area, and explained that having experience as a CRN was valuable to their self-efficacy as a new nurse manager. The charge nurse role is specifically highlighted by Laschinger et al. (2012) as an opportunity to experience management activities. While in the CRN role, participants described experiencing opportunities to "learn" to become a nurse manager.

When a person is successful, they build a vigorous belief in their personal efficacy (Bandura, 1997). For example, each meeting and interaction with staff or patients and families positively contributed to participants' perceived self-efficacy. Enactive mastery was noted as the most important contributor to participants' self-efficacy as a new nurse manager, and often the reason why participants continued through difficult or negative experiences in their new role. Enhanced belief in self-efficacy is formed when success is experienced after overcoming obstacles through hard work and perseverance (Bandura, 1997). For example, participants

identified an enhanced belief in their self-efficacy as they experienced challenging situations and had success; each new similar situation became easier to navigate.  Vesterinen et al (2013) found that nurse managers gained skill and knowledge as they gained work experience.  Once an individual believes that she has what is required to be successful, she is able to recover from challenges and setbacks (Bandura, 1997).  Successful experiences with overcoming challenging and stressful situations as a new nurse manager had a positive impact on participants' perceptions of, and beliefs about, self-efficacy.

Although previous relevant work experience was beneficial to increase self-efficacy as a new nurse manager, one participant warned of the difficulties accepting a nurse manager position in an area of previous work.  She observed as a formal leadership role is taken by becoming a nurse manager, previous relationships with former colleagues may prove difficult and could negatively impact the successful transition to a nurse manager position.  Participants' perspectives are supported in the literature; Tillet (2014) cautioned staff who were once colleagues might cause stress, therefore impeding the ability of a new nurse manager to clearly and effectively define and enact their role.  This study found that previous relevant work experience is important to the development of self-efficacy.

**Vicarious Experiences.**  Self-efficacy beliefs are influenced by vicarious experiences.  Vicarious experience is identified by Bandura (1997) as the second most powerful and influential source of self-efficacy.  This source of self-efficacy is enhanced when a person compares herself to someone she believes to be similar to themselves.  Vicarious experience was described in the data as observing others.  Participants defined "others" as fellow nurse managers, nurse leaders with more experience, or anyone who participants viewed as similar to themselves.  Without an

absolute way to measure adequacy, people evaluate their capabilities in comparison to the

capability of others (Bandura, 1997).

When feeling overwhelmed in their new role, observing another nurse manager be

successful provided participants with rejuvenation, energy, and increased perceived self-efficacy.

Modeling similar behavior is beneficial to individuals who are highly self-assured, and have a

strong sense of self-efficacy as modeling conveys effective coping strategies (Bandura, 1997).

Also, modeling can positively impact individuals who have a perception of low self-efficacy due

to past negative experiences (Bandura, 1997).  Participants shared experiences where they

observed someone similar have success, which led to a positive impact on their self-efficacy.

However, they also observed situations where there was a negative outcome or someone did not

have success.  Even when participants observed a negative situation, they were able to process

the situation and alter their behavior, which positively impacted their self-efficacy.  For example,

one participant described observing a close colleague experience anxiety and stress while in the

application process to become a nurse manager.  She observed her colleague experiencing stress

and thought that she was not the same as her colleague.  By observing and cognitively processing

this situation the participant described increased self-efficacy, which resulted in her applying for

a nurse manager position.

Participants described "visible" senior leadership, such as program directors and chief

nursing officers, as positively impacting their perceived self-efficacy.  Doyle (2013) stated senior

nursing leader's behavior, and actions are closely observed and emulated by nurses.  Participants

observed and then incorporated leadership qualities of fellow nurse managers and senior

administration into their own practices.  Only two of the seven participants described ongoing

concrete interactions with senior administration.  Mackoff and Triolo (2008) add that available

and approachable senior administrators contribute to nurse manager retention.  Although

participants described the visibility of senior administrators, the observation of strong leadership

impacted their self-efficacy as they watched and learned how to be a leader.

**Verbal Persuasion.**  Participants clearly described experiences with specific verbal

communication or persuasion as having an impact on their initial decision to become a nurse

manager.  Various sources of verbal persuasion were described by participants, such as

encouragement to apply, identified leadership abilities, and positive work feedback.  This finding

is supported in Bandura's theory (1997) as he described self-efficacy as positively impacted in

situations in which individuals are convinced to continue an activity or start a new task where

they previously believed they would not be successful or experience success (Bandura, 1997).

Self-efficacy increased as a result of ongoing verbal communication as a new manager,

such as positive feedback or reinforcement for a job well done.  Participants described the impact

of receiving positive feedback from multiple sources including staff, colleagues, and those senior

to them.  One participant shared that receiving positive feedback regarding effective

communication from patients and families increased her self-efficacy for the next difficult family

meeting.  Each experience where participants described verbal persuasion positively contributed

to perceived self-efficacy.  For example, participants shared experiences as a new nurse manager,

specifically recounting what was communicated to them.

While not a focus of this study, the impact of verbal persuasion on a nurses' decision to

become a nurse manager emerged in the data as all participants described they had been

encouraged to apply for their current position. For example, participants shared having no

intention to become a nurse manager until someone encouraged them to apply for a position.

Participants shared they did not recognize their leadership abilities until someone communicated

or reflected their abilities to them. Schira (2007) stated that new leaders do not recognize themselves as leaders until someone notices their potential.

Participants stressed how a "one line" impacted their career. Doyle (2013) added evidence about how the influence of current nursing leaders on future nursing leaders is immeasurable. The "one line" may include identifying current, potential, or future leadership abilities. The importance of the quintessential "tap on the shoulder" in contributing to nurses' decision to step into a formal leadership role emerged in the data in this study. Although the literature supports tapping self-identified nurse leaders on the shoulder (Saver, 2013), this study revealed the positive impact of encouraging a nurse who may not self-identify as a leader to apply for a nurse manager position. The literature supports the need to identify what motivates nurses to seek leadership positions (Sverdlik, 2012). This study contributes to the nursing literature and ultimately succession planning, by highlighting the impact of verbal persuasion and the "tap on the shoulder" on a nurses' decision to seek a formal leadership position.

**Physiological and affective states.** Physiological and affective states as a source of self-efficacy were identified in the data as physical reactions to stress. In this study participants described feelings of stress as "heart-sinking", crying, or other serious physical conditions as a result of experiencing stress in their role. Physiological and affective responses to a stressful situation influence self-efficacy, as when appraising capabilities we rely partially on somatic information (Bandura, 1997). The influence of physiological and affective states on self-efficacy is not based on reactions, but rather on how they are perceived and cognitively interpreted (Bandura, 1997).

All participants described numerous situations in which they encountered difficult situations and perceived them as stressful. They interpreted the associated physiological

reactions as a "normal" sign, for example experiencing physiological responses to stressful situations provided a reminder to take the situation seriously. Participants described, "surviving" each stressful situation and realized that the "world did not end" as a result of their actions. Perceived success with each stressful situation contributed to increased self-efficacy as participants reflected and then prepared for the next potentially stressful situation as a new nurse manager. Bandura's (1997) assertion that self-efficacy is not solely based on reactions to stress was evident in this study. Participants shared situations where they experienced physiological reactions to stress; they did not perceive the reactions as a sign that they would not be successful in the future.

Although participants shared positive experiences as a new nurse manager, they also described negative experiences. It is important to highlight how these negative experiences as a new nurse manager contributed to perceptions of self-efficacy. Lack of an orientation or formal overlap with the outgoing manager; fear of the unknown and of making a mistake; previous manager's practice; and, multiple human resource issues were identified by participants as experiences that had a negative impact on their perceived self-efficacy.

However, despite the recognized and significant negative experiences, participants persevered in their new role. Participants shared they learned to develop a "thick skin" and not take situations personally. They described realizing the world did not end because they dealt with a difficult situation, and subsequent similar situations were easier to manage in the future. When approaching tasks an individual has a perception and understanding of themselves and the environment, once a strong belief in self-efficacy has been established, failures or setbacks are less likely to negatively influence an individual's self-efficacy beliefs (Bandura, 1997).

Stressors in the role of the nurse manager (Udod & Care, 2012) have been identified; however, there is limited investigation of what new nurse managers find challenging as they transition into their role. Feeling insecure in the role contributes to a risk that a new nurse manager will not stay in the role (Hawkins, Carter, & Nugent, 2009). Formal orientation was described by participants as not having an overlapping period of time with the outgoing manager. Participants described their transition to their new role as being left to "sink or swim"; this experience was echoed by most participants as negatively contributing to their perceived self-efficacy. The literature substantiates this finding as new nurse managers are often given a brief or no orientation (Conley, Branowicki, & Hanley, 2007), and are left to navigate their transition to their new role on their own (Cohen, 2013). Not only does a lack of a formal orientation have a negative impact on new nurse managers, it also has a negative impact on succession planning. Wong et. al (2012) found that the lack of a perceived formal orientation had a negative impact on frontline nurses' aspiration to leadership roles such as a nurse manager. Cziraki et. al (2014) concluded that a formal handover period between the current manager and new manager should be arranged to discuss issues and ongoing projects.

Other negative experiences which emerged in the data included: dealing with the unknown, fear of making a mistake, previous manager's practice, and human resource issues. Participants described feelings of fear when encountering an unknown or new situation where they had no previous experience, as well as a strong fear of making a mistake. Although they were afraid to make a mistake, they stressed the importance of the opportunity to try and fail, recognizing that leadership is developed in practice and by learning from mistakes.

As a novice managers, they described "following the rules" as a strategy when experiencing a challenging or new situation. While not a focus of this study, following the rules

emerged in the data as a strategy participants used when they perceived decreased self-efficacy.

As novice managers they had no experience to guide their decision, so they followed the rules,

which is reflective of novice behaviour (Benner, 1982).  For example, in a new situation such as

conducting vacation planning with staff, they would follow the union collective agreement.

Following the rules was twofold for participants, it was helpful when encountering new

situations, but proved difficult when encountering experiences where they followed the rules and

the previous manager had not.  Following a manager who had a wealth of experience and may

have adapted the collective agreement had a negative impact on participants' self-efficacy.

Participants felt "scrutinized" by their staff, administration, and human resources and described

having to explain their decisions in detail.  However, by following the rules, participants knew

they were performing the task correctly, and this had a positive impact on their perceived self-

efficacy.

**Developing Self-Efficacy**

The second theme revealed in this study is the development of self-efficacy.  Self-

efficacy is developed from the cognitive processing of information from success or failure, and

increases with continued improvement and sustained effort (Bandura, 1997).  Levels of self-

efficacy are raised when a person experiences overall improvement, despite encountering

occasional setbacks (Bandura, 1997).  In addition to the four sources of self-efficacy, the impact

of mentoring, relationships with others, and practical strategies were identified in the findings of

this study.  Participants used these strategies to develop self-efficacy as new nurse managers.

**Mentoring**

Mentoring contributes to nursing leadership development (McCloughen et. al, 2013),

McLarty and McCartney (2009) add that to make the successful transition from clinical nurse to

nurse manager, mentoring should be available. Mentoring is traditionally defined as the older and wiser counselor and friend of Odysseus who entrusted the care of his son to Mentor (Block, Claffey, Korow, & McCaffrey, 2005; Gentry, Weber, & Sadri, 2008). Participants described experiencing mentoring relationships with their supervisors and fellow nurse managers. In this study participants described a mentor does not have to be older or wiser in the traditional way. Fellow nurse managers were the most important mentors to participants in this study and had a positive impact on the development of self-efficacy.

In business, Kram (1985) found that peer relationships provide the same functions as mentoring and when coupled with the lack of a traditional hierarchical dimension in the relationship, may increase communication and mutual support. Every participant shared that they had received mentoring from their colleagues, this finding is important for the nursing profession. Horizontal mentoring is new to the literature as there was only one conceptual article describing lateral or horizontal mentoring relationships found in the literature (Eby, 1997).

This study revealed the positive impact of a mentoring relationship on the development of self-efficacy. Mentoring and self-efficacy have been studied in the field of business, but have yet to be comprehensively investigated in the profession of nursing (Adeniran et al. 2012). The concept of mentoring is touted as an ideal way to develop nursing leaders; however there are gaps in the literature identifying empirical outcomes from mentoring relationships (Redman, 2006; Sverdlik, 2012).

Expanding his view from personal agency, Bandura (1997) concluded that collective agency is the understanding that people work together to produce desired results. Collective agency is dependent on a person's belief in their ability to produce an effect collectively, and is an outcome of an interactive relationship between individuals, similar to a mentoring

relationship. Collective agency as an outcome of an interactive relationship is supported in the literature, mentoring is an interactive relationship and can develop future nurse leaders (Bulmer, 2013; Enterkin et al. 2012; Pedaline et al. 2012; Sverdlik, 2012). There has been limited nursing leadership research investigating the link between mentoring and self-efficacy. This study has identified that self-efficacy is developed, in part, by experiencing a mentoring relationship.

When discussing mentoring, participants identified that being mentored gave them the impression they mattered to the organization. The literature warns a new nurse manager will not stay in the role if she feels insecure (Hawkins, Carter, & Nugent, 2009). In this study, participants said they knew their mentors would back them up if they needed assistance, and questioned if their mentors knew the impact they had on their success as a new nurse manager. For example, one participant described how she believed in herself, because she knew her mentor believed in her. This finding is supported in the literature as Doyle (2013) questioned if current nursing leaders are aware of the influence they have on the future of nursing leadership.

**Relationships with others**

Relationships with others emerged in the data as a method used by participants to develop self-efficacy. Relationships with others were a common thread throughout the data and all participants described various ways they fostered and managed these relationships. Participants took advantage of the support and mentoring provided by colleagues in informal situations. Support from peers is noted in the literature as contributing to increased nurse manager job satisfaction (Kath et al. 2014). This study demonstrated that vicarious relationships with their colleagues contributed to participants learning to be nurse managers. The literature is silent in what strategies new nurse managers use to cope in their new roles. Embedded in the data,

managing relationships was described by participants as knowing who to call, asking for support, being in the same boat, and having coffee (or meeting informally regularly).

Knowing who to call as a new nurse manager was influential to the participants' perceived self-efficacy. Participants described increased self-efficacy when encountering a challenging situation if they knew who to call for assistance.

Asking for support was important to developing self-efficacy and was evident in the data as participants reached out to fellow nurse managers for support sometimes prior to asking for support from their supervisor. Participants shared that they would often ask fellow nurse managers if they could call them if they needed assistance in a new situation. Knowing that they had support at the end of a telephone call in a new situation increased their self-efficacy. Echoed by participants in the four sources of self-efficacy, the visibility of senior nurse leaders, most importantly the Chief Nursing Officer was identified as significant in the development of self-efficacy. Current nursing leaders and senior administration should understand the impact of their support and visibility on new nurse managers' self-efficacy.

An awareness and understanding that other nurse managers are experiencing similar situations was important to developing self-efficacy. This study demonstrated the importance that nurse managers - new and experienced - understand that they are not alone. By sharing experiences with each other they can positively impact the self-efficacy of a new nurse manager. However, given the demands and expectations that current nurse managers must meet, organizations need to recognize the importance of informal interactions and dialogue for current nurse managers and create the space for it to happen.

Informal opportunities to meet with fellow nurse managers impacted participants' self-efficacy. For example, participants described increased self-efficacy as a result of simply having

a coffee with fellow nurse managers.  Evident in the interviews, having a coffee with fellow nurse managers was described by participants as an opportunity for informal discussion, support, and mentoring.  A simple yet effective way to develop self-efficacy, current nurse managers and organizations should understand the importance of informal opportunities for dialogue and interaction such as having a coffee.

### Practical Strategies

Commonly embedded in the stories were practical everyday strategies used by the participants to develop self-efficacy.  The strategies were not acknowledged as intentional, and often used sub-consciously and broadly by participants; however all participants identified these types of strategies and used them as a new nurse manager while they gained experience in their role.  Preparing in advance, learning from mistakes, reflecting, following the rules, and "faking it until you make it" emerged from the data as the everyday strategies used by participants.  The strategies were described by participants in the interviews as strategies they used when they encountered an experience in which they had decreased self-efficacy.  Tillet (2014) stated that new leaders need development strategies and mentors as they transition into their role.  However, specific practical strategies as described in this study have not been described in the literature.

## Limitations of the study

Limitations must be discussed, acknowledged, and included: i) sample size, ii) theory investigation, iii) geographic location, and iv) recruitment process.   This study used a relatively small sample size, although data saturation was noted after the seventh interview; a larger sample size may provide a more in-depth examination and understanding of self-efficacy in nursing leadership.

This study focused on the four sources of self-efficacy embedded in Bandura's theory (1997). Replicating this study and expanding the lens of this theory may contribute to a more in-depth understanding of the impact of self-efficacy on nursing leadership. Expanding the theoretical lens of Bandura's Self-efficacy Theory (1997) may allow for a more in depth investigation of reciprocal causation on the development of self-efficacy in new nurse managers.

One geographic location was also a limitation of this study, expanding the study outside of acute care would provide a more in-depth understanding of self-efficacy in nursing leadership. The importance of succession planning and the future of nursing leadership are not limited to acute care. Nurses become new nurse managers in other areas of healthcare such as community, long-term care, and public health.

Recruiting participants via email is a limitation, as emails may have been over looked and not read by potential participants. To increase the numbers of participants recruited, it would have been beneficial to recruit participants with a short presentation in addition to an email.

## Implications for Nursing Leadership

Interpretation of the data from this study demonstrated that self-efficacy is important to sustain and cultivate nursing leadership, specifically in the new nurse manager. Nursing leadership development is at a critical point as the profession continues to call attention to a looming leadership shortage (Jeans, 2006; Sverdlik, 2012). A deeper understanding of the impact of self-efficacy on nursing leadership development is needed. Specifically enactive mastery was identified in this study as the most important factor in the development of self-efficacy in new nurse managers. Participants described specific experiences that were perceived as having a positive or negative impact on their self-efficacy as a new nurse manager; however

embedded throughout all the findings is a greater understanding that the most influential source of self-efficacy is the actual experience as a nurse manager.

Within the stories described in this study, participants developed self-efficacy as they gained valuable leadership experience as a nurse manager. Efficacy beliefs as a nurse leader were developed as participants cognitively processed each experience, whether positive or negative. There is no straight line to leadership development, and nurse leaders must continue to think outside the box to create opportunities for development of future nursing leaders. Experience as a charge nurse or a Clinical Resource Nurse is important to the development of self-efficacy as there are opportunities to learn leadership skills when in this role. However, you do not have to be a CRN to be a future nurse leader. Opportunities such as a "bring a nurse to leadership day", similar to the experience of "bring your child to work day", would expose front line nurses to nursing leadership. These leadership exposure experiences provide potential nurse leaders with projects, ultimately impacting their self-efficacy through enactive mastery.

This study contributes to the evidence of the positive impact of a mentoring relationship on the development of self-efficacy in new nurse managers. All participants identified that their perceived self-efficacy was increased as a result of experiencing a mentoring relationship. Participants articulated that they had received mentoring throughout their career and identified that they had been mentored into a leadership role, ultimately increasing their perceived self-efficacy. There are limited outcomes identified from experiencing a mentoring relationship in the nursing literature. There are significant implications for current nursing leaders to continue to actively seek out and mentor nurses to formal leadership roles, which will positively contribute to the future of nursing leadership.

Mentoring within the nursing literature is generally understood in a traditional vertical manner, however this study demonstrated that mentoring can and does occur in a horizontal manner as well. Fellow nurse managers were described as the most important mentors and were influential in participants' development of self-efficacy. This study contributes to the literature as horizontal mentoring is not identified or described empirically in the literature.

Self-efficacy was developed as a result of experiencing relationships with others. Embedded within the relationships with other nurse managers, participants had exposure to other sources of self-efficacy, such as vicarious experience, verbal persuasion, and support during stressful times. Participants valued the relationships and recognized them as mentoring relationships. An implication for organizations is to recognize that in the hectic work environment of healthcare, we neglect the importance of developing and maintaining relationships; and often forgo the opportunities to interact informally with our colleagues. Healthcare organizations should recognize the importance relationships among nurse managers and allow time and space to develop and foster such relationships.

Current nursing leaders are shaping the future of the profession, and can impact a nurse's career with "one line". To facilitate succession planning, current nursing leaders should be reminded to identify future leaders by recognizing leadership qualities and provide the encouragement to apply for nurse manager positions. Schira (2007) stated the most common reason leaders are developed is because someone saw their leadership potential and worked with them. This study revealed the quintessential "tap on the shoulder" to be an influential factor in a frontline nurse deciding to become a nurse manager. An implication for current nursing leaders is to be aware of the significant impact of their words and actions on potential and new nurse leaders.

Developing self-efficacy is a process that takes time; this study identified several everyday strategies that new nurse managers use as they gain experience, not yet identified in the literature. Current nursing leaders understand and must support the strategies that new nurse managers use as they develop self-efficacy in their role. It is important that the nursing profession gain a deeper understanding of how new nurse managers cope and develop as they transition into a formal leadership role. The strategies identified in this study are perhaps not 'by the book', yet they positively impacted the new nurse managers' perceived self-efficacy by assisting them to persevere until they gained enactive mastery in their role. The strategies used by new nurse managers identified in this study will allow current nursing leaders to gain a deeper understanding of how they can support new nurse managers as they transition into their role.

The idea that participants were mentoring their staff or "paying it forward" was evident in the data. This finding is powerful and symbolic as the profession of nursing must recognize the importance of mentoring nurses into leadership roles. This finding is critical to the future of the nursing profession as there must be an awareness of the importance of mentoring and taking the time to ensure that we are mentoring the leaders of tomorrow.

## Recommendations for Future Research

Nurses must continue to assume formal leadership roles, such as the nurse manager. However, the reality is that non-nurses are assuming what have traditionally been nursing leadership positions. Recommendations for future research would be to investigate the development of self-efficacy in a non-nurse manager. Does the development of self-efficacy for a non-nurse manager differ from what has been found in this study?

Future work should also investigate the perceived self-efficacy for leadership in areas outside of acute care. This study was conducted in two hospitals; it is recommended that self-efficacy in nursing leadership be investigated across all domains of nursing, such as long term care, public health, community, and home care. Further, replication of this study on a larger scale would add to the findings of this study.

Mentoring and leadership continue to be an integrated phenomenon in nursing. This study has found that mentoring positively contributes to the development of self-efficacy in new nurse managers. Further research to investigate the understanding that current nursing leader have regarding their role as a mentor would add to the empirical literature. How do senior nursing leaders perceive their self-efficacy as mentors? Do they believe or understand the impact of these relationships on the future of nurse leaders?

Nursing leadership is evident within in many formal roles, perceived self-efficacy for senior nursing administrators, such as program directors and chief nursing officers should be explored. The success and the health of Canadians are influenced by the leadership of not only nurse managers, but also other senior nursing leaders.

**Conclusion**

This chapter discussed how the findings of this study contribute to the nursing literature, identifying a relationship between mentoring and increased self-efficacy in new nurse managers. Bandura's (1997) Self-efficacy Theory guided the study and findings were examined through the perspective of the four sources of self-efficacy. The findings were compared to the literature, implications for nursing leadership were discussed, and recommendations for future research were made.

The purpose of this study was to explore perceived levels of self-efficacy in nursing leadership, and the influence of mentoring in the development of self-efficacy, specifically in the role of the new nurse manager. This study established a positive connection between experiencing a mentoring relationship and perceived self-efficacy. A relationship between mentoring and self-efficacy is an important finding as mentoring has been identified as the best way to develop future nursing leaders, but empirical outcomes are not evident in the literature.

Relationships with other nurse managers were identified as the most important relationships to participants. The relationships experienced with other nurse managers were described as mentoring relationships. Current nurse managers should be aware of the impact of their relationships with new nurse managers. Although mentoring is traditionally understood as a hierarchical relationship, the findings of this study identify the impact of horizontal mentoring not yet identified in the nursing literature.

Embedded in the experience gained as a nurse manager, enactive mastery was highlighted as the most influential source of self-efficacy. As new nurse managers gain experience, they continue to develop their belief in their ability to be a nurse manager and provide the leadership required in today's healthcare climate. However, not yet identified in the literature are strategies that new nurse managers use to cope as the gain experience.

The necessity for nurses to continue to assume formal leadership positions, such as a nurse manager, will only continue to grow as current nursing leaders retire. Verbal persuasion was identified as an influential source of self-efficacy in a nurses' decision to apply for a formal leadership role. There is a need to develop alternative options for nurses to gain experience as leaders. Apparent and sustainable support systems for new nurse mangers must be put into place by healthcare organizations to ensure that nurses are supported as they transition into a new role

as a leader.  Although there are studies that have focused on the role of a nurse manager, there is limited literature investigating the new nurse manager.  The findings of this study provide healthcare stakeholders with an in-depth understanding of the importance of mentoring and its outcomes related to the development of self-efficacy in new nurse managers.

References

Acree, C. (2006). The relationship between nursing leadership and hospital nursing retention. *Newborn and Infant Nursing Reviews, 6*(1), 34-40.

Adeniran, R. K., Bhattacharya, A., & Adeniran, A. A. (2012). Professional excellence and career advancement in nursing: A conceptual framework for clinical leadership development. *Nursing Administration Quarterly, 36*(1), 41-51.

Anthony, M. K., Standing, T. S., Glick, J., Duffy, M., Paschall, F., Sauer, M. R., & al, e. (2005). Leadership and nurse retention: The pivotal role of nurse managers. *Journal of Nursing Administration, 35*(3), 146-155.

Aroian, J. F., Horvath, K. J., Secatore, J. A., Alpert, H., Costa, M. J., Powers, E., & Stengrevics, S. S. (1997). Vision for a treasured resource. part 1, nurse manager role implementation. *The Journal of Nursing Administration, 27*(3), 36-41.

Baker, S., Marshburn, D. M., Crickmore, K. D., Rose, S. B., Dutton, K., & Hudson, P. C. (2012). What do you do? perceptions of nurse manager responsibilities. *Nursing Management, 43*(12), 24-9; doi:10.1097/01.NUMA.0000422890.99334.21;

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review, 84*(2), 191-215.

Bandura, A. (1997). *Self-efficacy: The exercise of control.* New York: Freeman.

Beauchamp, M. R., Welch, A. S., & Hulley, A. J. (2007). Transformational and transactional leadership and exercise-related self-efficacy: An exploratory study. *Journal of Health Psychology, 12*(1), 83-88.

Bellack, J. P., & Morjikian, R. L. (2005). The RWJ executive nurse fellows program, part 2: Mentoring for leadership success. *Journal of Nursing Administration, 35*(12), 533-540.

Benner, P.E. (1982).  From Novice to Expert.  *The American Journal of Nursing.*  82(3) 402-407.

Betz, N. (2007). Career self-efficacy: Exemplary recent research and emerging directions. *Journal of Career Assessment, 15*(4), 403-422. doi:10.1177/1069072707305759

Block, L. M., Claffey, C., Korow, M. K., & McCaffrey, R. (2005). The value of mentorship within nursing organizations. *Nursing Forum, 40*(4), 134-140. doi:10.1111/j.1744-6198.2005.00026.x

Borbasi, S., & Gaston, C. (2002). Nursing and the 21st century: What's happened to leadership? *Collegian, 9*(1), 31-35.

Bray, S., R., Saville, P., D., & Brawley, L., R. (2013). Determinants of clients' efficacy in their interventionists and effects on self-perceptions for exercise in cardiac rehabilitation. *Rehabilitation Psychology, 58*(2), 185-195. doi:10.1037/a0032169

Bulmer, J. (2013). Leadership aspirations of registered nurses: Who wants to follow us? *Journal of Nursing Administration, 43*(3), 130-134. doi:10.1097/NNA.0b013e318283db1b

Byram, D. (2000). Leadership: A skill, not a role. *AACN Clinical Issues in Advanced Practice Acute Critical Care, 11*(3), 463-469.

Cadmus, E., & Johansen, M. L. (2012). The time is now: Developing a nurse manager residency program. *Nursing Management, 43*(10), 18-24. doi:10.1097/01.NUMA.0000419448.52255.6c

Canadian Institute of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada (2010), *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.* Retrieved on November 2, 2013 from http://www.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf

Carriere, B., Muise, M., Cummings, G., & Newburn-Cook, C. (2009). Healthcare succession planning. *Journal of Nursing Administration, 39*(12), 548-555.

Cathcart, E. B., Greenspan, M., & Quin, M. (2010). The making of a nurse manager: The role of experiential learning in leadership development. *Journal of Nursing Management, 18*(4), 440-447. doi:10.1111/j.1365-2834.2010.01082.x

Chase, L. (1994). Nurse manager competencies. *The Journal of Nursing Administration, 24*(4 Suppl), 56-64.

Chemers, M., Watson, C., & May, S. (2000). Dispositional affect and leadership effectiveness: A comparison of self-esteem, optimism, and efficacy. *Personality and Social Psychology Bulletin, 26*(3), 267-277.

Cohen, S. (2013). Transitioning new leaders: Seven steps for success. *Nursing Management, ,* 9-11. doi:10.1097/01.numa.0000426146.98903.e7

Conley, S. B., Branowicki, P., & Hanley, D. (2007). Nursing leadership orientation: A competency and preceptor model to facilitate new leader success. *The Journal of Nursing Administration, 37*(11), 491-498. doi:10.1097/01.NNA.0000295612.48065.ff

Conners, S., Dunn, R., Devine, K., & Osterman, C. (2007). Strategies for cultivating nursing leadership. *Nurse Leader, 10*, 26-32.

Consiglio, C., Borgogni, L., Alessandri, G., & Schaufeli, W., B. (2013). Does self-efficacy matter for burnout and sickness absenteeism? the mediating role of demands and resources at the individual and team levels. *Work & Stress, 27*(1), 22-42. doi:10.1080/02678373.2013.769325

Creswell, J. (2007). *Qualitative inquiry & research design* (second ed.). Thousand Oaks: Sage Publications.

Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: A step-by-step approach. *British Journal of Nursing, 17*(1), 38-43.

Cziraki, K., McKey, C., Peachey, G., Baxter, P., & Flaherty, B. (2014). Factors that facilitate Registered Nurses in their first-line nurse manager role. *Journal of Nursing Management, 22,* 1005-1014.

DeCampli, P., Kirby, K. K., & Baldwin, C. (2010). Beyond the classroom to coaching: Preparing new nurse managers. *Critical Care Nursing Quarterly, 33*(2), 132-137. doi:10.1097/CNQ.0b013e3181d913db

Dennison, S. (2010). Peer mentoring: Untapped potential. *The Journal of Nursing Education, 49*(6), 340-342. doi:10.3928/01484834-20100217-04; 10.3928/01484834-20100217-04

Doyle, K. (2013). Leadership and Mentoring. *Journal of Trauma Nursing.* 20(3), 131. doi:10.1097/JTN.0b013e3182a17407

Duffield, C., Roche, M., O'Brien-Pallas, L., Catling-Paull, C., & King, M. (2009). Staff satisfaction and retention and the role of the nursing unit manager. *Collegian, 16*(1), 11-17.

Eby, L. (1997). Alternative Forms of Mentoring in changing organizational environments: A conceptual extension of the mentoring literature. *Journal of Vocational Behaviour, 51,* 125-144.

Enterkin, J., Robb, E., & McLaren, S. (2012). Clinical leadership for high-quality care: Developing future ward leaders. *Journal of Nursing Management, ,* 1-11. doi:10.111/j.1365-2834.2012.01408.x

Fielden, S. L., Davidson, M. J., & Sutherland, V. J. (2009). Innovations in coaching and mentoring: Implications for nurse leadership development. *Health Services Management Research : An Official Journal of the Association of University Programs in Health Administration / HSMC, AUPHA, 22*(2), 92-99. doi:10.1258/hsmr.2008.008021

Furukawa Pde, O., & Cunha, I. C. (2011). Profile and competencies of nurse managers at accredited hospitals. *Revista Latino-Americana De Enfermagem, 19*(1), 106-114.

Gallo, K. (2007). The new nurse manager: A leadership development program paves the road to success. *Nurse Leader, 5*(4), 28-32.

Galuska, L. (2012). Cultivating nursing leadership for our envisioned future. *Advances in Nursing Science, 35*(4), 333-345. doi:10.1097/ANS.0b013e318271d2cd

Gentry, W. A., Weber, T. J., & Sadri, G. (2008). Examining career-related mentoring and managerial performance across cultures: A multilevel analysis. *Journal of Vocational Behavior, 72*(2), 241-253.

Gonzalez, M. (2012). *Mindful leadership: The 9 ways to self-awareness, transforming yourself and inspiring others*. Mississauga, Canada: Wiley & Sons.

Griffith, M. B. (2012). Effective succession planning in nursing: A review of the literature. *Journal of Nursing Management, 20*, 900-911. doi:10.1111/j.1365-2834.2012.01418.x

Grindel, C. G. (2003). Mentoring managers. *Nephrology Nursing Journal, 30*(5), 517-522.

Hawkins, A., Carter, K., & Nugent, M. (2009). Nurse manager orientation. *AACN Advanced Critical Care, 20*(1), 55-70. doi:10.1097/NCI.0b013e3181943abf

Hendrix, C., & Landerman, R. & Abernethy, A. (2013). Effects of an individualized caregiver training intervention on self-efficacy of cancer caregivers. *Western Journal of Nursing Research, 35*(5), 590-610. doi:10.1177/0193945911420742

Huston, C. (2008). Preparing nurse leaders for 2020. *Journal of Nursing Management, 16*, 905-911. doi:10.1111/j.1365-2834.2008.00942.x

Jeans, M. E. (2006). Strengthening mentorship for leadership development. *Nursing Leadership, 19*(2), 28-30.

Jenkins, L. & Ladewig, N. (1996). A self-efficacy approach to nursing leadership for shared governance. *Nursing Leadership Forum, 2*(1), 26-32.

Johansson, G., Andersson, L., Gustafsson, B., & Sandahl, C. (2010). Between being and doing - the nature of leadership of first-line nurse managers and registered nurses. *Journal of Clinical Nursing, 19*(17-18), 2619-2628. doi:10.1111/j.1365-2702.2010.03211.x; 10.1111/j.1365-2702.2010.03211.x

Judkins, S. (2004).  Stress among nurse managers: can anything help?  *Nurse Researcher 12*(2), 58-70.

Kath, L., Stichler, J., & Erhart, M. (2012).  Moderators of the Negative Outcomes of Nurse Manager Stress.  *The Journal of Nursing Administration 42*(4), 215-221. doi:10.1097/NNA.0b013e31824ccd25

Kerfoot, K. M. (2012). Is nurse executive/nurse management practice a profession? *Nursing Economic$, 30*(1), 38-39.

Kleinman, C. S. (2003). Leadership roles, competencies, and education: How prepared are our nurse managers? *Journal of Nursing Administration, 33*(9), 451-455.

Korpershoek, C., Jaap, & Hafsteinsdóttir, T., B. (2011). Self-efficacy and its influence on recovery of patients with stroke: A systematic review. *Journal of Advanced Nursing, 67*(9), 1876-1894. doi:10.1111/j.1365-2648.2011.05659.x

Krairiksh, M., & Anthony, M. K. (2001). Benefits and outcomes of staff nurses' participation in decision making. *The Journal of Nursing Administration, 31*(1), 16-23.

Kram, K. & Isabella, L. (1985). Mentoring Alternative: the role of peer relationships in career development. *Academy of Management Journal 28*(1) 110-132.

Lankshear, S., Laschinger, H., & Kerr, M. (2007). Exploring a theoretical foundation for the professional practice leader role. *Canadian Journal of Nursing Leadership, 20*(1), 62-71.

Laschinger, H., Wong, C., MacDonald-Rencz, S., Burkoski, V., Cummings, G., D'Amour, D., . . . Grau, A. (2012). Part 1: The influence of personal and situtaional predictors on nurses' aspirations to management roles: Preliminary findings of a national survey of canadian nurses. *Journal of Nursing Management,* doi:10.111/j.1365.2834.2012.01452.x

Laschinger, H. K., & Finegan, J. (2005). Empowering nurses for work engagement and health in hospital settings. *The Journal of Nursing Administration, 35*(10), 439-449.

Lee, H., & Cummings, G. (2008). Factors influencing job satisfaction of front line nurse managers: a systematic review. *Journal of Nursing Management 16*(7), 768-783. doi: 10.1111/j.1365-2834.2008.00879.x

Lee, T. W., & Ko, Y. K. (2010). Effects of self-efficacy, affectivity and collective efficacy on nursing performance of hospital nurses. *Journal of Advanced Nursing, 66*(4), 839-848. doi:10.1111/j.1365-2648.2009.05244.x

Leners, D. W., Wilson, V. W., Connor, P., & Fenton, J. (2006). Mentorship: Increasing retention probabilities. *Journal of Nursing Management, 14*(8), 652-654. doi:10.1111/j.1365-2934.2006.00641.x

Lincoln, Y.S.. & Guba, E. G. (1985). Establishing trustworthiness. *Naturalistic inquiry* (pp. 289-331). Newbury Park: Sage Publications.

Mackoff, B. & Klauer Triolo, P. (2008). Why do nurse managers stay? Building a model of engagement. *The Journal of Nursing Administration, 38* (4), 166-171.

Manojlovich, M. (2005). Promoting nurses' self-efficacy: A leadership strategy to improve practice. *Journal of Nursing Administration, 35*(5), 271-278.

Mass, H., Brunke, L., Thorne, S., & Parslow, H. G. (2006). Preparing the next generation of senior nursing leaders in canada: Perceptions of role competencies and barriers from the perspectives of inhabitants and aspirants. *Nursing Leadership, 19*(2), 75-91.

Mathena, K. A. (2002). Nursing manager leadership skills. *Journal of Nursing Administration, 32*(3), 136-142.

McCallin, A. M., & Frankson, C. (2010). The role of the charge nurse manager: A descriptive exploratory study. *Journal of Nursing Management, 18*(3), 319-325. doi:10.1111/j.1365-2834.2010.01067.x; 10.1111/j.1365-2834.2010.01067.x

McCloughen, A., O'Brien, L., & Jackson, D. (2009). Esteemed connection: Creating a mentoring relationship for nurse leadership. *Nursing Inquiry, 16*(4), 326-336. doi:10.1111/j.1440-1800.2009.00451.x

McCrimmon, M. (2011). The ideal leader. *Ivey Business Journal, 75*(1), 1.

McLarty, J., & McCartney, D. (2009). The nurse manager, the neglected middle. *Healthcare Finaical Management, 08*, 74-80.

Mentoring. (2009). In *BUSINESS: The Ultimate Resource*. Retrieved December 26, 2013 from http://proxycheck.lib.umanitoba.ca.proxy2.lib.umanitoba.ca/libraries/online/proxy.php?http: //www.credoreference.com.proxy2.lib.umanitoba.ca/entry/ultimatebusiness/mentoring/1

Mentoring (n.) *Oxford English Dictionary.* Retrieved December 26, 2013 from http://www.oxforddictionaries.com/definition/english/mentor.

Metcalfe, S. E. (2010). Educational innovation: Collaborative mentoring for future nursing leaders. *Creative Nursing, 16*(4), 167-170.

Moran, P., Duffield, C., Beutel, J., Bunt, S., Thornton, A., Wills, J., . . . Franks, H. (2002). Nurse managers in australia: Mentoring, leadership and career progression. *Canadian Journal of Nursing Leadership, 15*(2), 14-20.

Morjikian, R., & Bellack, J. (2005). The RWJ executive nurse fellows program, part 1: Leading change. *Journal of Nursing Administration, 35*(10), 431-438.

Morse, J. (1990). Strategies for sampling. *Qualitative nursing research: A contemporary dialogue* (pp. 127-144). Thousand Oaks: Sage Publications.

Mystakidou, K., Parpa, E., Panagiotou, I., Tsilika, E., Galanos, A., & Gouliamos, A. (2013). Caregivers' anxiety and self-efficacy in palliative care. *European Journal of Cancer Care, 22*(2), 188-195. doi:10.1111/ecc.12012

Nielsen, K., & Munir, F. (2009). How do transformational leaders influence followers' affective well-being? Exploring the mediating role of self-efficacy. *Work & Stress, 23*(4), 313-329. doi:10.1080/02678370903385106

O'Neil, E., Morjikian, R. L., & Cherner, D. (2008). Developing nurse leaders. An overview of trends and programs. *Journal of Nursing Administration, 38*(4), 178-183.

Paglis, L. (2010). Leadership self-efficacy: Research findings and practical applications. *Journal of Management Development, 29*(9), 771-782.

Paliadelis, S., Cruickshank, M., & Sheridan, A. (2007). Caring for each other: how do nurse managers 'manage' their role? *Journal of Nursing Management 15* 830-837. doi: 10.1111/j.1365.2934-.2006.00754.x

Patrick, A., & Laschinger, H. K. (2006). The effect of structural empowerment and perceived organizational support on middle level nurse managers' role satisfaction. *Journal of Nursing Management, 14*(1), 13-22. doi:10.1111/j.1365-2934.2005.00600.x

Paucha, P., & Comack, M. (2012). Engaging instincts to improve leadership performance: A case study. *Healthcare Quarterly, 15*(3), 54-57.

Pedaline, S., Wolf, G., Dudjak, L., Lorenz, H., McLaughlin, M., & Ren, D. (2012). Preparing exceptional leaders. *Nursing Management,* , 38-44. doi:10.1097/01.NUMA.0000416401.45485f6

Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice* (9th ed.). Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins.

Popper, M., Amit, K., Gal, R., Miskhkal-Sinai, M., & Lisak, A. (2004). The capacity to lead: Major psychological differences between leaders and nonleaders. *Military Psychology, 16*(4), 245-263.

Redman, R. (2006). Leadership succession planning. *The Journal of Nursing Administration, 36*(6), 292-297.

Rolfe, G. (2006). Validity, trustworthiness, and rigour: Quality and the idea of qualitative research. *Methodological Issues in Nursing Research,* , 304-310.

Rudan, V. T. (2002). Where have all the nursing administration students gone? issues and solutions. *The Journal of Nursing Administration, 32*(4), 185-188.

Salanova, M., Lorente, L., Chambel, M. J., & MartÃnez, I. M. (2011). Linking transformational leadership to nurses' extra-role performance: The mediating role of self-efficacy and work engagement. *Journal of Advanced Nursing, 67*(10), 2256-2266.

Sandelowski, M. (1995). Sample size in qualitative research. *Research in Nursing & Health, 18*(2), 179-183.

Saver, C. (2013). Succession: Identifying and mentoring OR leaders. *OR Manager 29*(1) 16-18.

Sherman, R. (2005). Growing our future nursing leaders. *Nurs Adm Quarterly, 29*(2), 125-132.

Sherman, R. O., Bishop, M., Eggenberger, T., & Karden, R. (2007). Development of a leadership
    competency model. *Journal of Nursing Administration, 37*(2), 85-94.

Shirey, M. R. (2004). Social support in the workplace: Nurse leader implications. *Nursing
    Economic$, 22*(6), 313-9, 291.

Shirey, M. R., Ebright, P. R., & Mc Daniel, A. M. (2008). Sleepless in america: Nurse managers
    cope with stress and complexity. *J Nurs Adm, 38*(3), 125-131.

Short, T. (2012). Learning how to lead self before leading others: An industry perspective from
    australia. *Development and Learning in Organisations, 26*(3), 11-15.

Sverdlik, B. (2012). Who will be our nursing leaders in the future? the role of succession
    planning. *Journal of Nursing Administration, 42*(7/8), 383-385.
    doi:10.1097/NNA.0b013e318261938b

Tahan, H. (2002). Journey to professional transformation: A mentoring experience. *Seminars for
    Nurse Managers, 10*(3), 140-143.

Tillet, J. (2014). Mentoring leaders in Perinatal Nursing. *The Journal of Perinatal & Neonatal
    Nursing, 28*(1) 3-5. doi: 10.1097/JPN.0000000000000007

Trus, M., Razbadauskas, A., Doran, D., & Suominen, T. (2012). Work-related empowerment of
    nurse managers: A systematic review. *Nursing and Health Sciences, 14*(3), 412-420.

Tyler, S., Day, N., Rinas, J., Biurban, E., Fineran, C., Shumate, K., . . . Rexford, D. & Ward-Smith, P. (2012). Clinical competency, self-efficacy, and job satisfaction: Perceptions of the staff nurse. *Journal for Nurses in Staff Development, 28*(1), 32-35. doi:10.1097/NND.0b013e318240a703

Udod, S., Care, W.D. 'Walking the tight rope' an investigation of nurse managers' work stressors and coping experiences. *Journal of Research in Nursing, 18*(1), 67-69. doi: 10.1177/1744987111434189

van der Bijl J.J., & Shortridge-Baggett, L. (2001). The theory and measurement of the self-efficacy construct. *Research and Theory for Nursing Practice*, *15*(3),189-207.

Vance, C. (2012). Passing the torch of success: Becoming a mento-leader. *Imprint, 59*(2), 44-47.

VanOyen-Force, M. (2005). The relationship between effective nurse managers and nursing retention. *The Journal of Nursing Administration, 35*(7), 336-41.

Vesterinen, S. (2013).  Nurse Managers' perceptions related to their leadership styles, knowledge, and skills in these areas-A viewpoint: Case of health centre wards in Finland. *ISRN Nursing* 1-8.

Walumbwa, F., Avolio, B., & Zhu, W. (2008). How transformational leadership weaves its influence on individual job performance: The role of identification and efficacy beliefs. *Personnel Psychology, 61*(4), 793-825. doi:10.111/j.744-6570.2008.00131.x

Washington, O., & Moxley, D. (2012). Self-efficacy as a unifying construct in nursing-social work collaboration with vulnerable populations. *Nursing Inquiry, 20*(1), 42-50. doi:10.1111/nin.12012

Waters, D., Clarke, M., Ingall, A. H., & Dean-Jones, M. (2003). Evaluation of a pilot mentoring programme for nurse managers. *Journal of Advanced Nursing, 42*(5), 516-526.

Wong, C., Laschinger, H., MacDonald-Rencz, S., Burkoski, V., Cummings, G., D'Amour, D., . . . Grau, A. (2012). Part 2: Nurses' career aspirations to management roles: Qualitiative findings from a national survey of canadian nurses. *Journal of Nursing Management,* doi:10.111/j.1365.2834.2012.1451.x

Wood Allen, D. (1998). How nurses become leaders: Perceptions and beliefs about leadership development. *The Journal of Nursing Administration, 28*(9), 15-20.

Woodring, B. (2004). Today's shortage: Tomorrow's leadership crisis. *Journal for Specialists in Pediatric Nursing, 9*(2), 39-40.

Wroten, S. J., & Waite, R. (2009). A call to action: Mentoring within the nursing profession--a wonderful gift to give and share. *The ABNF Journal : Official Journal of the Association of Black Nursing Faculty in Higher Education, Inc, 20*(4), 106-108.

Yin, R. (2011). *Qualitative research from start to finish*. New York: Guilford Press.

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**Appendix A**
**Demographic Questionnaire**

Please fill in the blank or choose the appropriate boxes for the following questions:

1. What is your age?

   25-34 years ☐    35-44 years ☐    45-54 years ☐

2. What is your gender?

   Male ☐      Female ☐

*3.* Which of the following degrees do you hold?  *(please check all that apply)*

   Diploma in Nursing_____

   Bachelor of Nursing_____

   Masters of Nursing_____

   Bachelor in other field *(specify)*_____

   Master in other field *(specify)*_____

4. How many years have you been a RN?    _____ Years.

5. How many years have you been a nurse manager?    _____ Years.

6. How many staff do you supervise?
   1-9 ☐   10-19 ☐   20-29 ☐   30-39 ☐   40-49 ☐   50+ ☐

7. What is your area of employment? *(check all that apply)*
   Critical care ☐        Emergency ☐

   Medicine ☐        Surgery ☐

   Rehab ☐        Geriatrics ☐

   Palliative ☐        Psychiatry ☐

   Other *(specify)*_____

**Appendix B**
**Letter Requesting Access to Organization**


Dear XXXXXX,

  I am writing this letter to request access to your organization for research purposes.  I am a graduate student in the Master of Nursing program at the University of Manitoba in the nursing administration stream.

  The title of the study is "Perceived levels of self-efficacy in Nursing Leadership".  The purpose of the study is to examine new nurse managers' perceptions of feeling confident within their role, and to investigate what influences feelings of confidence.  The data that will be collected will be used to complete the thesis requirement of the Master of Nursing program.  I plan to disseminate the results of the completed study through presentations and publications to understand how confidence influences nurses' career aspirations as a nurse manager and what contributed to those feelings of confidence.  The data collected will contribute to the nursing leadership literature.

  Demographic information and audio taped interviews will be collected and transcribed for the purpose of data analysis.  All audiotapes and demographic data sheets will be coded to ensure confidentiality and anonymity.  Data will be stored in a locked filing cabinet in my office for up to 7 years, and will then be confidentially destroyed.

  I am requesting permission to contact your new nurse managers who may be employed within your organization through a brief presentation at a regular leadership meeting.  The presentation will be approximately 10 minutes long and will provide an opportunity to explain the study and initiate recruitment.  Voluntary participation will be highlighted not only during the presentation, but also during recruitment as well as when obtaining informed consent.

  The study is supervised by a thesis committee consisting of Dr. Judith Scanlan, Faculty of Nursing, University of Manitoba (Thesis chair and advisor); Ms. Beth Brunsdon-Clark, Vice President and CNO Victoria General Hospital; Faculty of Nursing, University of Manitoba (internal member); and Dr. Richard Hechter, Faculty of Education, University of Manitoba (external member). This study has been approved by the Education/Nursing Research Ethics Board at the University of Manitoba. A copy of the approval is attached.

  Data collection is planned to begin in March/April of 2014.  A summary of the completed study will be provided to you, if requested.

Please contact me if you wish further information regarding this study. I look forward to your response.  Thank-you.

Sincerely,

Alexis (Kate) Hodgson, BN

**Appendix C**
**Recruitment Script**

Good morning/good afternoon, my name is Alexis (Kate) Hodgson. I am a registered nurse completing my Master of Nursing degree at the University of Manitoba under the supervision of Dr. Judith Scanlan. I am here today to invite you to participate in a research project about perception of self-efficacy in nursing leadership, specifically new nurse managers. If you are a RN or RPN nurse manager with less than 5 years of experience in your current role, please consider participating in this study.

I have provided a written description of the study for your information and I will be presenting a short power point presentation, highlighting the theoretical framework that will guide this study, as well as a brief overview of the current literature. The results of this study will highlight the importance of the role of nurse manager and will lead to a better understanding of self-efficacy in nursing leadership.

Data will be collected in one on one interview with myself and will take approximately 45-60 minutes. A convenient time and place will be arranged if you decide to participate. I would like to stress that participation is confidential and strictly voluntary. If you choose to participate, you can withdraw at any time without penalty and not answer questions if you choose. I have provided my contact information on the bottom of the written description and would invite you to contact myself if you are interested in participating or have any questions.

Thank you for your time, do you have any questions? Concerns?

**University of Manitoba**

**Appendix D**
**Letter of Invitation to New Nurse Managers**

**Research Project Title: "Perceived levels of Self-Efficacy in Nursing Leadership"**
**Researcher: Alexis (Kate) Hodgson**
**Research Supervisor: Dr. Judith Scanlan**

I would like to invite you to participate in this study, which aims to explore new nurse managers' perceptions of feeling confident within their role and what influences feelings of confidence. If you decide to participate in the study, your participation will include an audio taped interview that will take no longer than 60-90 minutes at a time and place that are convenient and private for the both of us.

During the interview, I will ask you to complete a form that asks a few questions that describe yourself. As part of the interview, I will ask participants about times where they felt confident in their current role as a new nurse manager and times where they did not. Every attempt will be made to maintain your confidentiality before and after this study. A coding system will be used to maintain confidentiality and your name will not appear in any potential publication of the results.

The results of this study will be used to meet thesis requirements to complete my Masters of Nursing degree and may be submitted for publication in an appropriate journal. Your name will not be used in any documents or presentations that may occur as a result of this study. You personally may not benefit from this study at this time, however, results of this study may lead to further research that may enhance and contribute to the role of a new nurse manager. There are no monetary costs attributed to you for participating in this study, and you will not receive any payment for participating in this study.

Remember that you are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without any prejudice or consequence. This study has received approval from the Ethical Review Board, Nursing and Education University of Manitoba.

If you are interested in participating in this study please contact me at the number and emails identified below.

Alexis (Kate) Hodgson RN, BN
Graduate Nursing Student, Master of Nursing Program
Faculty of Nursing
University of Manitoba
Winnipeg, Manitoba
Tel:
Email:

**Appendix E**
**Consent form for study participants**

**Research study title:** Perceived levels of Self-Efficacy in nursing leadership
**Researcher:** Alexis (Kate) Hodgson, RN, BN, Graduate Nursing Student, University of Manitoba, ████████████████████████████

Research Supervisor: Dr. Judith Scanlan, RN PhD, Associate Professor, Faculty of Manitoba, University of Manitoba 204-474-9317, Helen Glass Centre for Nursing, 89 Curry Place R3T 2N2, Judith_Scanlan@umanitoba.ca

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It will provide a basic understanding of what the research project is about and what your participation will involve. If you would like more details regarding something mentioned here, or information not included here, please feel free to ask. Please take the time to read this carefully and to understand any accompanying information.
**Purpose of research:** The purpose of this study is to explore new nurse managers' perceptions and experiences of feeling confident in their roles and what factors influence feelings of confidence within their role.

This document certifies that I, _____ have met the conditions for this study and agree to participate in the study entitled "Perceived Levels of Self-Efficacy in Nursing Leadership". The study proposal has been approved by the University of Manitoba Ethical Education/Nursing Research Ethics Board (ENREB) and access approval has been granted by your institution.
I understand and agree to the following:
1. The study will be conducted by the researcher, Alexis (Kate) Hodgson as part of the requirements of the Master of Nursing Program at the University of Manitoba. Members of the thesis committee include: Dr. Judith Scanlan (Chair and Thesis Advisor); Ms. Beth Brunsdon-Clark (Internal Committee Member); Dr. Richard Hechter (External Committee Member).
2. I understand that the part of the study in which I will be participating includes one audio taped interview and perhaps a follow-up interview with the principal researcher. Interviews will occur at a time and place mutually convenient to me and that principal researcher and will last approximately 60-90 minutes in length.
3. I have been provided with an explanation of the study
4. I understand that I may withdraw from the study at any time without any penalty to myself. I may also decide to decline answering specific questions in the demographic questionnaire or the interview if I wish.
5. I understand that the researcher may make occasional hand written notes in a journal throughout the interview.

6. I understand that this study poses no harm to study participants, that is, your involvement in this study will provide risks that are no greater than those encountered by you in those aspects of your everyday life.

7. I understand that information that I provide during the study will be kept confidential at all times.

8. I understand that only the researcher, thesis chair, and a transcriptionist will have access to raw data, such as audiotapes and transcripts of interview. All data will be identified with a code number only and my name will not appear on any tape or transcript. This consent form is the only form that will have both my name and code together and that this list will be kept in a locked filing cabinet in the researcher's office. All raw data will be kept no longer than 7 years and will then be subsequently destroyed. I understand that the principal researcher will work use a confidential shredding process of the raw data.

9. I understand that anonymity and confidentially of the study will be maintained if the findings of this study are published in the form of a manuscript in an appropriate nursing journal. As well, the researcher may present the findings at nursing conferences.

10. I understand that I may contact Alexis (Kate) Hodgson, Principal Researcher at any time if I have further questions about my participation in this study. Her telephone number is ▮▮▮▮▮▮▮▮▮ or by emailing at ▮▮▮▮▮▮▮▮▮▮▮▮▮

11. I understand that I am entitled to a copy of the summary of the study results. Should I wish to receive a copy of the summary, I can indicate my desire by signing and providing my address at the end of this consent.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participating in this research project and agree to participate. In no way does this waive your legal rights nor release the researcher from their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.
The University of Manitoba may review your research records in order to ensure that the research is conducted in a safe a proper way.
This research has been approved by the University of Manitoba Ethical Education/Nursing Research Ethics Board (ENREB). If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 204-474-7122 or email margaret.bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records.

CODE#_____

I have read or had read to me the details of this above consent form.
My signature below indicates my willingness to participate in this study.

_____

Participant's Signature                              Date

_____

Researcher and/or Delegate's Signature               Date

_____ YES, I would like to receive a summary of the research results

_____ NO, I would not like to receive a summary of the research results

   If YES, please indicate your preferred method to receive results.
___ Posted mail          ___ Email

Mailing Address:

Name_____

Address _____
_____
_____

Email
_____

If you have chosen a summary, one will be provided to you by approximately October 2014.

**Appendix F**
**Semi-structured Interview Guide**

**Interview Protocol Project: Perceived levels of Self-Efficacy in Nursing Leadership**

**Description of Research:** I want to find out more about self-efficacy in nursing leadership, specifically the new nurse manager. From the results of this interview I hope to gather information to highlight the role of self-efficacy in nursing leadership and its relationship to mentoring. For the purpose of this study, confidence will be the term that is used in the interview, as it is more commonly understood than self-efficacy.

1. Can you share with me your personal experience as a leader?
2. Can you share with me why you decided to become a nurse manager?
3. Can you tell me about one experience in your current role where you felt confident?
    a. What/who helped you feel confident?
    b. Can you tell me why you feel confident?
4. Can you tell me about an experience where you did not feel confident in your current role?
    a.  Why did you not feel confident?
    b. How did you handle that experience?
5. Have you held other leadership roles? (e.g. charge RN, CRN, Educator)
    a. How do you think that those roles have prepared you for this role?
    b. If you have not had a similar experience, how do you think a previous leadership role may have prepared you for this role?
6. Can you explain how you prepared for this role? (How? What?)
7. In your preparation for this role, can you tell me about an experience where you felt someone was encouraging you?
    a. How did they encourage you?
    b. If you can't identify someone who was encouraging, can you tell me how what impact it might have had on you?
8. Can you tell me about someone throughout your career who is in a similar role?
    a. How do you identify with them?
9. Can you share with me how you handle stressful situations?
    a. Have stressful situations had an impact on your current role?
10. Mentoring within the nursing profession is noted to be important. Can you share with me an experience you may have had with mentoring?
    a. If you experienced a mentoring relationship, what effect did it have on you?
    b. If you have not had a similar experience, what impact do you think it would have had on you and your career?

**Appendix G**

| Interview Questions | Source of Self-efficacy | Source of Self-efficacy | Source of Self-efficacy | Source of Self-efficacy | Research Question | Research Question | Research Question |
|---|---|---|---|---|---|---|---|
| | Enactive Mastery | Vicarious Experience | Verbal Persuasion | Physiological & affective States | How do new nurse managers describe their perceived self-efficacy for leadership? | What contributes to the development of self-efficacy in new nurse managers? | How does mentoring contribute to the development of self-efficacy in the new nurse manager? |
| 1. Can you share with me your personal experience as a leader? | | | | | | √ | √ |
| 2. Can you share with me why you decided to become a nurse manager? | | √ | √ | | | √ | |
| 3. Can you explain how you prepared for this role?<br>a. How<br>b. What | √ | √ | | | | √ | √ |
| 4. In your preparation for this role, can you tell about an experience where you felt someone was encouraging you?<br>a. How did they encourage you?<br>b. If you can't identify someone who was encouraging you, can you tell me how what impact it might have had on you? | | | √ | | | √ | |

| Interview Questions | Source of Self-efficacy<br><br>Enactive Mastery | Source of Self-efficacy<br><br>Vicarious Experience | Source of Self-efficacy<br><br>Verbal Persuasion | Source of Self-efficacy<br><br>Physiological & affective States | Research Question<br><br>How do new nurse managers describe their perceived self-efficacy for leadership? | Research Question<br><br>What contributes to the development of self-efficacy in new nurse managers? | Research Question<br><br>How does mentoring contribute to the development of self-efficacy in the new nurse manager? |
|---|---|---|---|---|---|---|---|
| 5. Have you held other leadership roles? (e.g. charge RN, CRN, Educator)<br>   a. How do you think that those roles have prepared you for this role?<br>   b. If you have not had a similar experience, how do you think a previous leadership role may have prepared you for this role? | √ | | | | | √ | |
| 6. Can you tell me about one experience in your current role where you felt confident?<br>   a. What/who helped you feel confident?<br>   b. Can you tell me why you feel confident? | √ | √ | √ | | √ | | |
| 7. Can you tell me about an experience where you did not feel confident in your current role?<br>   a. Why did you not feel confident?<br>   b. How did you handle that experience? | | | | √ | √ | | |

| Interview Questions | Source of Self-efficacy<br>Enactive Mastery | Source of Self-efficacy<br>Vicarious Experience | Source of Self-efficacy<br>Verbal Persuasion | Source of Self-efficacy<br>Physiological & affective States | Research Question<br>How do new nurse managers describe their perceived self-efficacy for leadership? | Research Question<br>What contributes to the development of self-efficacy in new nurse managers? | Research Question<br>How does mentoring contribute to the development of self-efficacy in the new nurse manager? |
|---|---|---|---|---|---|---|---|
| 8. Can you tell me about someone throughout your career who is in a similar role?<br>  a. How do you identify with them? | | √ | √ | | | √ | |
| 9. Can you share with me how you handle stressful situations?<br>  a. Have stressful situations had an impact on your current role? | | | | √ | | √ | √ |
| 10. Mentoring within the nursing profession is noted to be important. Can you share with me an experience you may have had with mentoring?<br>  a. If you experienced a mentoring relationship, what effect did it have on you?<br>  b. If you have not had a similar experience, what impact do you think it would have had on you and your career? | √ | √ | | | | | √ |

**Appendix H**
**Researcher Assumptions**

1. An outcome of mentoring is self-efficacy.
2. All four sources of self-efficacy are evident in healthy mentoring relationships.
3. Mentoring has occurred for most new nurse managers.
4. Having a mentor is a common experience
5. Mentoring results in nurses assuming formal leadership roles, such as a nurse manager.
6. Preparation for the role of nurse manager is important.
7. Development of self-efficacy is important for nurse managers
8. Nurses should be frontline leaders, providing leadership for the nursing profession.
9. Essential that nurses continue to assume nurse manager roles.

**Appendix I**

**PANEL ON
RESEARCH ETHICS**
*Navigating the ethics of human research*

**TCPS 2: CORE**

## Certificate of Completion

This document certifies that

**Alexis Hodgson**

has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)

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