

HEARING THEIR WORDS:
FRONT LINE MANAGERS PERSPECTIVE ON EMPLOYEE ENGAGEMENT

by

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Abstract

Hearing Their Words: Front Line Managers Perspective on Employee Engagement

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The front line manager has been identified as key to employee engagement in health care organizations and organizational success (Kane-Urabazo, 2006; Laschinger, & Finegan, 2005; Laschinger, Wong, & Greco, 2006; Rivera, Fitzpatrick, & Boyle, 2011; Tillot, 2013). This descriptive qualitative study explored engagement from a front line nurse manager's perspective. A purposive sample of six front line nurse managers were asked (in interviews) to discuss how engagement was experienced, described and observed in their staff and themselves. The aim of the study was to add to the current knowledge of engagement and contribute to the definition and conceptualization of the concept of engagement from the perspective of front line nurse manager. The Appreciative Inquiry, (AI) framework specifically the discovery and dream phases, were used to design the research questions and guided the study. The four themes that emerged from the analysis of the data were: i) supportive relationships and actions, ii) common purposeful work, iii) sense of achievement and recognition, and iv) fully participatory. The unique perspective from the front line nurse managers provides an indication of how engagement is experienced by front line nurse managers. The participants described their perceptions of engagement and its meaning to them. Ongoing research and expansion of knowledge on engagement of the front line nurse managers is integral to further defining and developing a shared meaning of engagement in order to align the understanding of engagement of front line nurse managers with their organizations.

CHAPTER I

Introduction

The topic of engagement has recently been a catalyst for both discussion and research. The front line manager has been identified as key to employee engagement in health care organizations and components of organizational success (Kane-Urabazo, 2006; Laschinger, & Finegan, 2005; Laschinger, Wong, & Greco, 2006; Rivera, Fitzpatrick, & Boyle, 2011; Tillot, 2013). The purpose of this study is to explore engagement from a front line nurse manager's perspective. Engagement can be defined as a positive state that may exhibit some or all of the following traits: a bond or sense of connectedness, a sense of commitment, high level of energy and enthusiasm, motivation, and innovation, as well as an improved quality of work and client satisfaction (Atteridge 2009; Hakanen, Bakker, & Schaufli, 2006; Klie, 2007; Lakshmi 2012; Masalach, & Leiter, 2008; Romanou et al., 2010). The study will explore how engagement is: experienced, described and observed by front line nurse managers. The study is a descriptive qualitative study that will use the Appreciative Inquiry (AI) framework to guide the exploration and content analysis to interpret the data. The aim of the study is to add to the current knowledge of engagement and contribute to the definition and conceptualization of the concept of engagement from the perspective of front line nurse manager.

Why Important?

Front line nurse managers have been identified as integral to employee engagement (Laschinger et al., 2006; Laschinger, & Finegan, 2005; Rivera et al., 2011) therefore it is

essential to understand how front line nurse managers experience and perceive engagement as well as the meaning engagement holds for them. Employers benefit from high levels of engagement in employees, including: increased productivity, retention of staff, client satisfaction, and decreased absenteeism (Atteridge, 2009; Bakker &, Schaufli, 2006; Klie, 2007; Lakshmi, 2012; Masalach & Leiter, 2008; Romannou et al., 2010). The identification of front line managers as key to the engagement of employees, as well as the recognition of the benefits to having engaged employees emphasize the role front line managers have in health care organizational success. It is necessary to explore how front line nurse managers understand, describe, and perceive engagement in order to begin to understand if their perceptions and understandings of the concept align with the organizations in which they work. If front line managers are to meet the expectations of their employers in terms of developing, encouraging, and sustaining engagement within themselves and their employees, understanding the meaning of engagement from the perspective of the front line nurse manager is essential.

Front line nurse managers do not only contribute to organizational success by developing or encouraging engagement, there are also benefits to staff. Engaged employees demonstrate the following traits: energy, enthusiasm, motivation, innovation, a positive attitude, commitment to their organization, and increasing positive organizational outcomes (Atteridge 2009; Hakanen, et al., 2006; Klie, 2007; Lakshmi 2012; Masalach, & Leiter; 2008; Romanou et al., 2010). The traits that engaged employees exhibit are positive for both the employee and employer. Understanding the front line nurse managers' perspectives of engagement is crucial to optimizing the effectiveness of their position.

The topic of engagement initially appeared in the literature at the opposite end of the spectrum to the concept of burnout (Freeney & Tiernan, 2009; Hakanen et al., 2006; Kassing et al., 2012; Laschinger et al., 2006; Masalach & Leiter, 2008). The use of engagement as opposite to burnout occurred in both nursing and psychology (Laschinger et al., 2006; Masalach & Leiter, 2008). The initial studies, therefore, focused on defining, conceptualizing, and studying the concept of burnout, not engagement (Laschinger, et al., 2006). The need to acquire a body of knowledge that focuses on an understanding of engagement is important as the use of the term engagement within health care organizations has expanded significantly.

The study of the topic of engagement began in the mid 2000's with several nurse researchers such as Laschinger and Finegan (2005). Early investigations of engagement does not attach meaning to the concept of engagement and often conceptual clarity in the literature is ambiguous. Laschinger and Finegan (2005) identified organizational empowerment as necessary for engagement in nurses. These authors also closely examined the attributes of burnout at the opposite end of the continuum to engagement. Further, Laschinger et al. (2006) linked engagement to nurse empowerment and improved health outcomes for nurses. The concept of burnout includes the attributes of cynicism, exhaustion, and inefficacy, whereas engagement is defined with the opposite attributes, energy, involvement, and efficacy (Laschinger et al., 2006). Engagement is not defined nor given attributes as a unique concept. The attributes of the concept are labeled by these authors as the opposite to burnout, as well the concept of engagement and empowerment are used as synonyms.

When engagement began to appear in the literature as a unique concept, it was used to describe a positive state that should be attained (Klie, 2007; Romanou et al., 2010). One could assert that the positive state is an almost utopian concept. Administration, including human resources, business, and management do not define engagement, but describe only positive attributes that result from employee engagement (Klie, 2007; Romanou et al., 2010). Romanou et al. (2010) identify a team based organizational culture, increased organizational performance, increased customer satisfaction, and low levels of employee absenteeism as attributes of employee engagement. Krajewski (2008) and Lakshmi (2012) describe engagement as a bond or sense of connectedness an employee has to the employer or company for whom they work. Lakshmi (2012) also outlines positive attributes including quality work, better performance, and increased motivation. Even researchers who challenge assertions of engagement do not attribute negative traits to the concept (Krajewski, 2008). The positive traits of engagement relate to how to achieve engagement, and how engagement is experienced by front line nurse managers requires exploration.

The current description of engagement does not include an understanding of the concept for front line nurse managers. In order for a front line nurse manager to move the concept of engagement from an abstract concept to organizational outcomes, an understanding of front line nurse managers' perceptions of engagement is essential. Engagement requires further investigation and description in real world terms in order for the concept to hold meaning for the front line nurse managers who are working toward the attainment of engagement for themselves and their staff.

The expectations that front line nurse managers will be able to create an environment for employees that will instill engagement, with the purpose of optimizing engagement and benefits for employers, is a particularly daunting task for front line nurse managers given the lack of definition and conceptualization of the concept of engagement. Macey and Schneider (2008) indicate that employee engagement is a newer concept and argue that engagement is frequently not defined or is referred to in terms of perceived positive consequences due to the lack of study or even conceptualization of the term. Simpson (2008) also encouraged nurses to further define the concept of engagement to build a foundation for future research. Upon exploration of the concept of engagement, Simpson (2008) contended that the concept is poorly defined and measurement of the concept poorly understood. Furthering an understanding of engagement from the perspective of the front line nurse managers is imperative to begin to build a body of knowledge that can support the managers as an identified holder of the key to engagement.

Macey and Schneider (2008), as well as Simpson (2008), encouraged further definition and conceptualization of the concept of engagement. Bargagliati (2011) and Gray (2012) both conducted concept analyses of engagement in subsequent years heeding the call for further research. Bargagliati (2011) conducted a concept analysis that was specific to nurse engagement in which vigor, absorption, and dedication are identified as attributes of nurse engagement. The attributes of nurse engagement in the Bargagliati's (2011) concept analysis are borrowed from the field of education. Hakenan et al. (2006) used the same attributes of engagement when determining attributes of engagement in the field of education. Attributes of vigor, absorption, and dedication were used to describe student engagement not the engagement of professionals (Hakenan et al., 2006). One could argue when a student is engaged, they absorb the information

given to them. However, one could also assert that when a professional is engaged they have the capacity to innovate. The attributes or traits given to nurse engagement do not give understanding to the traits which are essential to move engagement from a utopian abstract concept into positive organizational outcomes.

Gray (2012) conducted a concept analysis on nurse manager engagement, and noted that nurse manager engagement was assumed based largely on empirical referents such as, staff vacancy rates. It was suggested by, Gray (2012) that further definition and study of engagement are required. Gray (2012) indicated that nurse manager engagement and staff engagement are linked and both have an effect on organizational outcomes. However, how nurse manager engagement and staff engagement are linked and the effect on organizational outcomes was not specified (Gray, 2012). The perception of nurse manager engagement and the meaning that front line nurse managers place on engagement was not explored.

Purpose

The purpose of this study is to understand what engagement is from the perspective of front line nurse managers, as the exploration of how front line nurse managers understand, describe, and perceive engagement has not been adequately explored. To date, engagement has been researched in terms of quantitative metrics that indicate organizational success (Atteridge, 2009; Bakker & Schaufli, 2006; Gray, 2012; Klie, 2007; Lakshmi, 2012; Masalach &, Leiter, 2008; Romanou et al., 2010). The external metrics from an organization's macro perspective enable measurement of organizational outcomes; however, the quantitative macro examination of engagement fails to identify an understanding of engagement from the perspective of the front

line manager who experiences or observes the phenomenon. The literature often places the responsibility for engagement within an organization with the front line manager (Kane-Urabazo, 2006; Laschinger, & Finegan, 2005; Laschinger, Wong, & Greco, 2006; Rivera et al., 2011; Fitzpatrick, & Boyle, 2011; Tillot, 2013). Nonetheless, what the front line manager perceives as engagement is not yet understood. For example, an overall decrease in employee absenteeism often is used as an indication of employee engagement. The front line nurse manager may have a different perspective of who is engaged at the micro level than is indicated by macro empirical referents. For example, staff who have low levels of absenteeism may not appear engaged while they are at work, and staff with high levels of absenteeism may appear engaged while at work. The macro organizational perspective of engagement may not match the meaning that is placed on engagement by front line managers.

There are assertions that skilled leaders can initiate practices that will engage employees (Maguire, 2011). The difficulty with this assertion is that there may not be a shared understanding of what engagement is; therefore, skilled front line nurse managers may be initiating practices that, from their perspective will engage employees. Without a shared understanding of the phenomenon of engagement, the front line nurse manager may not achieve the outcomes the organization anticipates.

Front line nurse managers are expected by their organization to develop, encourage, and sustain engagement within themselves and their employees. In order to do so, an understanding of the concept of engagement from the perspective of the front line nurse manager is essential. The purpose of this research study is to begin to understand the perception of engagement from

the perspective of a front line nurse manager. The understanding of the front line nurse manager's perspective is integral to further defining and developing a shared understanding of the concept of engagement in order to align the understanding of engagement of front line nurse managers with the organizations.

Manager engagement has been identified as crucial to employee engagement and organizational success (Rivera et al., 2011). Nevertheless, nurse manager engagement is measured empirically by examining external outcomes including but not limited to; staff retention, and the achievement of organizational goals (Gray, 2012). This qualitative descriptive study will facilitate an understanding of the perspective of engagement from the frontline nurse managers as well as how they experience and perceive engagement to begin to understand the phenomenon.

Research Questions

The overall aim of the study is to gain an understanding of engagement from the perspective of front line nurse managers. The journey to the current research question began with the exploration of the concept of engagement and the understanding that in order to provide a foundation for future research it is important to add to the understanding of engagement (Bargagliotti, 2011; Gray, 2012; Simpson, 2008). Significance is placed on the importance of engagement, employers have invested time and resources into engagement, and frontline managers are identified as key to engagement making it essential to understand engagement from the perspective of frontline nurse managers.

The following research questions will guide the interview questions using an Appreciative Inquiry framework. The engagement of nurse managers and the pressure to improve engagement at present comes from external measures and observation (Gray, 2012). An understanding of the perceptions of engagement of front line nurse manager is crucial to understand how changes can be made to improve the engagement of both front line nurse managers and their staff. Employee engagement has been identified as important for organizational success; therefore, understanding how managers within the organizations perceive engagement is important. This proposed study is a beginning step towards understanding the front line nurse managers' perspective of engagement.

Research Questions:

1. What are nurse managers' perceptions of engagement?
2. How do front line nurse managers know they are experiencing engagement themselves?
3. How do nurse managers' describe engagement amongst their staff?

Definitions

The following concepts are defined for the purpose of this study to facilitate clarity in the study.

Engagement: Is a positive state that may exhibit some or all of the following traits: a bond or sense of connectedness, a sense of commitment, high level of energy and enthusiasm,

motivation, and innovation, as well as an improved quality of work and client satisfaction (Atteridge 2009; Hakanen, Bakker, & Schaufli, 2006; Klie, 2007; Lakshmi 2012; Masalach, & Leiter, 2008; Romanou et al., 2010). Engagement can be exhibited by an individual or group who are working toward a common purpose (Living Webster Dictionary, 1977; Oxford Canadian Dictionary, 2004).

Front Line Nurse Managers: A nurse who works out of scope (non-unionized positions), and provide direct supervision to nurses who provide direct patient care.

Conceptual Framework

The conceptual framework chosen for the study is Appreciative Inquiry (AI). The AI was developed by David Cooperrider, a doctoral student in 1980 (Cooperrider, Whitney, & Starvos, 2008). Cooperrider and Jensen listened to stories of physicians' biggest successes and failures. The research focused solely on the positive (Cooperrider, et al., 2008), and referred to the method and philosophy as Appreciative Inquiry. There is an overarching perspective that a history of success demonstrates what is possible in the future.

AI has five founding principles including: constructionist, simultaneity, poetic, anticipatory, and positive (Cooperrider, et al., 2008) which, at the foundation of AI, allow the theoretical framework to be used in practice for organizational change (Cooperrider, et al., 2008). The framework is designed to facilitate organizational change by changing the manner in which questions are asked, as well as building on organizational success, rather than recovery

from failure. The questions are viewed as the seeds of change and are central to gathering the stories and ideas that are the building blocks of organizational change.

AI has four phases including: discovery, dream, design, and destiny (Cooperrider, et al., 2008). Each phase of the 4D cycle in the AI framework advances the change process (Cooperrider et al., 2008). Discovery, the first phase in the cycle, uses positively worded questions to begin a conversation about the most positive moments related to the phenomenon being studied (Cooperrider et al., 2008). The second phase of the AI framework is the dream phase which begins after the discovery phase is completed and builds on the best experiences of the participants, and encourages the participant to envision how to build on the most positive experiences (Cooperrider et al., 2008). The dream phase allows the participants to take the best of what has worked for an individual or organization and provide ideas to advance the phenomenon even further.

The third and fourth phases of the 4D cycle of AI are design and destiny. The design phase combines organizational strategies and past successes to develop future corporate direction (Cooperrider et al., 2008). In the design phase the organization highlights previous achievements and goals for the future to develop the strategic intent. The objective of the design phase of the AI cycle is to develop a plan for future goals as well as emphasize that the goals are achievable because they have already been achieved (Cooperrider et al., 2008). The final stage of the 4D cycle is destiny in which staff go through a guided process to develop a shared vision of what the organization could be, and operationalize the plans. At this point AI has momentum and the staff are looking for ways to be innovative and propel the organization they work for

closer to the ideal (Cooperrider et al., 2008). The participants are a part of the development of changes from the beginning (discovery), all changes are based on the successes the participants identified and improvements are based on the participants ideas (dream), of how the best can be improved. For the purpose of this study, an interview will be conducted using four questions about engagement from the discovery phase and two from the dream phase (Appendix E & F).

The AI framework allows the phenomenon to be explored and described from a positive perspective. Trajovski, Schmed, Vickers, and Jackson (2012) indicate that AI may be useful for organizational change, creating workforce engagement and research that is not problem focused. Engagement is a positive concept that may benefit from the use of an inherently positive framework to guide the exploration. Trajovski et al. (2012) found AI facilitates positive workforce changes.

One of the criticisms of the AI approach is that it does not address problems. Cooperrider et al. (2008) posit that AI examines problems from the opposite side, turning the problem into an appreciative question that comes with solutions that can be built on for future successes. The AI framework has been chosen for the study due to its focus on the most positive moments participants have experienced, about the phenomenon. The third and fourth phases of the AI framework; design and destiny, plan and operationalize change which is beyond the scope of the study and therefore will not be utilized for this study. The questions for the study intend to explore times when the participants were the most engaged and when they observed their staff being engaged (discovery), followed by exploration of what would have to occur for both to become even more engaged (dream).

Future Considerations

The intent of the study is to contribute to the body of knowledge on the engagement of front line nurse managers and their perception of engagement in their staff using a descriptive qualitative approach. The themes that are revealed in the study may direct future research on front line nurse manager engagement. In addition, the study will contribute to further definition and conceptualization of the phenomenon of engagement (Polit, & Beck, 2012). Themes may identify attributes of engagement that require future study. The second 2D's design and destiny would be future considerations for ongoing study of front line nurse managers and their perceptions of the phenomenon of engagement.

Chapter Summary

Chapter 1 introduced the study "Engagement: A front line nurse manager's perspective", outlined the importance of the topic of front line nurse manager engagement, and the purpose of the descriptive qualitative study. The framework, definitions, and the research questions that will guide the study to begin to understand how front line nurse managers describe engagement. The researcher posits that gaining further knowledge of engagement is integral to front line nurse manager engagement, staff engagement, and organizational success, and therefore, essential to understand how nurse managers observe, describe, and interpret the phenomenon of engagement.

CHAPTER II

Literature Review

Literature Review Definitions

The literature review on engagement was done in several phases and using multiple methods. Hand searches were used for dictionary definition materials and studies found through reference lists. Alternate searches were completed using CINAHL, SCOPUS, and Pub Med for the stages of the literature search. The lack of empirical literature at various stages in the literature search guided the search toward the subject of front line manager engagement.

Engagement has been used as a term, an idealized concept, and as a word that means the opposite to burnout. The exploration of the literature on engagement began with understanding how engagement is defined. The current use of the word engagement differs from the dictionary definitions. Two dictionary definitions that were explored both describe engagement as the act of being engaged, betrothed, a term of employment, an appointment, and an encounter between hostile or warring forces (Living Webster Dictionary, 1977, Oxford Canadian Dictionary, 2004). The definitions differed in that the Oxford Canadian Dictionary (2004) includes a scheduled theatrical performance and a moral commitment; however the Living Webster Dictionary (1977) refers to a state of meshing and a contract. The dictionary definitions include; contracts, commitments with people, employers, future spouses, and theatre troupes. The definition of engagement consistently refers to people coming together in some type of relationship whether it

is betrothal or as warring factions. The use of the word engagement refers to individuals or groups coming together with a common purpose.

Management

Engagement is referred to in the management literature, and is often measured in organizations. Management, including human resources, business, and administration frequently do not define engagement, however positive attributes that result from employee engagement are discussed (Klie, 2007; Romanou et al., 2010). Romanou et al. (2010) identify a team based organizational culture, increased organizational performance, increased customer satisfaction, and low levels of employee absenteeism as attributes of employee engagement. Krajewski (2008) and Lakshmi (2012) define engagement as a bond or sense of connectedness an employee has to the employer or company for which they work. Lakshmi (2012) also outlines positive attributes including quality work, better performance, and increased motivation, and delineates/describes ten actions the employer undertakes to achieve engagement. Krajewski (2008) challenges the positive attribute that engagement leads to increased profitability; however, no negative attributes are identified. Atteridge (2009) borrows a definition of engagement from the field of psychology and examines the contrary concept of disengagement, as well as the positive attributes of engagement including i) financial success, ii) increased productivity, iii) increased retention, and iv) employee commitment. The positive attributes are similar to other literature in psychology and other fields (Lakshmi, 2012; Romanou et al., 2010).

Romanou et al. (2010) interviewed 25 managers at a company's headquarters to examine five drivers and counter drivers of engagement. Managers at this organization were engaged in

the organization for which they worked and, overall, perceived levels of engagement were fairly high (Romanou et al. 2010). A key driver of manager engagement in this study was recognition for successes, of work done and future opportunities in the organization (Romanou et al., 2010). Romanou et al. (2010) also posited that manager engagement drives employee engagement which improves organizational outcomes. The difference in what engages frontline managers versus frontline nurses is important to recognize, as initiatives that focus on engagement may be different aspects of engagement for different groups of employees.

Psychology

Macey and Schneider (2008) suggest that the organizations are beginning to address employee engagement because engagement affects the profitability of an organization. These authors elaborate on aspects of employee engagement the focus is not manager engagement, nonetheless, the relationship between the engagement of the manager and the staff person is discussed. Macey and Schneider (2008) indicate that employees demonstrate the highest levels of engagement when their values match the values of their organizational leaders. The relationship between the employee and employer is discussed in terms of interpersonal relationship, not external metrics of engagement.

Maslach and Leiter (2008) discussed engagement as it is related to employment, however the focus of their work was burnout. Engagement was described as an opposite state to burnout, and their study focused on identifying early indicators of burnout and the factors that affect burnout (Maslach &, Leiter, 2008).

Education

The educational perspective, uses the term work engagement and defines engagement in terms of three core components i) vigor, ii) dedication, and iii) absorption (Hakanen, Bakker, & Schaufli, 2006). These core components are the opposite state to burnout in which there is an absence or decrease in these components burnout occurs. Hakanen et al. (2006) use the same definition of burnout as Laschinger et al. (2006); however, Hakanen et al. (2006) use different components to define engagement, acknowledging that vigor and dedication are the opposite of burnout. These latter authors posit that some components of engagement are the opposite of burnout, but also attribute absorption as a unique attribute to engagement, not solely the opposite of burnout.

Simpson (2008) conducted a systematic review of engagement at work; the author examined 20 articles that contained antecedents and consequences on the concept of work engagement, seven articles reviewed focused on nursing. The author indicates that 6 of the nursing studies used the burnout/engagement continuum and one focused on the concept of employee engagement. This author suggests that nursing ought to develop and use a consistent definition that indicates how nurse work engagement affects organizational outcomes and other quality indicators (Simpson, 2008). Simpson (2008) also indicates that leader empowering behaviour may have a moderating effect on engagement/burnout of employees. Managers' perception of engagement, their own and their employees are not addressed; however, manager employee engagement are linked. Although Simpson (2008) does not link nurse engagement with patient outcomes, she provides future researchers with an understanding of the current state

of research in the area, and what is required before conducting further research in the area, as well as an invaluable synopsis of the current state of research into engagement and outcomes.

Nursing

Simpson (2008) offers advice for future researchers who are examining nurse/staff engagement and patient outcomes or quality care, she encourages nurse researchers to standardise the conceptualization and definition of the concepts of nurse engagement and patient outcomes, and continue with further research in the area. The emphasis on defining and conceptualizing the concept is important to build a foundation for future research on manager/nurse/ employee engagement.

Engagement and Outcomes

The literature was further searched with the question of whether there is evidence to support that nurse engagement improves patient outcomes. The search was disappointing netting two relevant articles. Due to the gap in the literature the search parameters were expanded and included engagement, metrics and patient outcomes/nurse sensitive outcomes. The second literature search netted one relevant article; two additional articles, were obtained from the reference list of the relevant article. After review of the five articles it was apparent that the nurse engagement in general and specifically in terms of patient outcomes requires further exploration. The current literature linking nurse engagement to patient outcomes is scarce; however, it became apparent during the review of the literature that the relationship between

front line manager and staff engagement and perceptions of engagement are poorly understood and require further investigation.

Gokenbach and Drenkard (2011) examined nurse engagement and the effect of engagement on patient outcomes in the context of building a case to achieve magnet hospital designation. The facility in the case study is an academic hospital that employs 3500 nurses, has 1063 beds and 120,000 emergency room visits per year (Gokenbach, & Drenkard, 2011). Quantitative data were presented that pertain to administrative outcomes indicating an improvement in nurse engagement including a decrease in registered nurse (RN) turnover rates, decrease in RN sick time, decrease in paid overtime, and an identified improvement in nurse physician relationships (Gokenbach, & Drenkard, 2011). These authors posit that the same empirical referents as Gray (2012) were used to measure manager engagement. The engagement of the manager is assumed based on external measurements not information provided by the managers themselves. Qualitative information was not obtained regarding whether front line managers or nurses actually felt more engaged or if an alternate confounding variable altered behaviour. Gokenbach and Drenkard (2011) refer to patient outcomes collectively in one paragraph, an improvement was referred to, however no data were provided. Following their study, these researchers assert that levels of nurse engagement are the most significant predictor of patient mortality and therefore focus efforts on engaging nurses. Gokenbach and Drenkard (2011) when asserting that nurse engagement reduces patient mortality do not provide data to demonstrate the link, Gallup (2005) is referenced in the assertion. The Gokenbach, and Drenkard (2011), article also reference a study that examined nurse manager engagement using a questionnaire. Manager engagement and nurse engagement in the Gokenbach and Drenkard

(2011) are considered interrelated and dependent upon each other. The authors were writing a case study on achieving magnet designation, indicating that many changes were made in the organization creating improvements, evidence for the interrelatedness of manager and nurse engagement was not provided.

Gallup (2005) asserted that nurse engagement is a key factor in reducing patient mortality rates. Standard mortality and complication indexes were used on outcomes from more than 200 hospitals. One of the variables used in the regression analysis was nurse engagement which was determined to be key factor in preventing both deaths and complications (Gallup, 2005). However, the article does not indicate the number of patients, nurses or adverse events used to conclude that nurse engagement is a key factor in preventing complication and deaths in patients. Further the tool used to measure engagement among nurses is not identified or discussed in the article. Gallup (2005) posits that nurse engagement should be a priority of hospitals and there is a suggestion that in order to address nurse engagement, manager talent needs to be considered during the hiring process.

Thompson (2011) linked staff engagement and patient care in a study at a 1200 bed teaching hospital in the United Kingdom (UK). The hospital implemented a program called “Listening into Action” (LiA), a quality improvement initiative to improve staff engagement and patient care. The article does not attempt to correlate the nurse/staff engagement with improved patient outcomes. In the LiA process staff shared ideas which became a change in process that improved patient outcomes. Thompson (2011) indicated that the quality improvement initiatives using the LiA model also created a shift in the perception of administration regarding involving

staff in decision making, which developed more collaboration. In an effort to improve patient outcomes, the manager was identified by those above and below in the organizational hierarchy as being central to change initiatives (Thompson, 2011).

The literature that links nurse engagement to improved patient outcomes was explored. There are few empirical studies reported and it is evident that research is still required. The literature contained a common thread which suggests front line nurse managers' affect or are linked to nurse engagement (Gallup, 2005; Gokenbach & Drenkard 2011; Simpson, 2008; Thompson, 2011). Understanding managers' perception of engagement and how they perceive engagement in their staff is an important research topic to explore.

Literature Review

Once the topic was refined, a search of the literature was conducted which focused on nurse manager engagement using CINAHL as a search engine 6 articles were obtained and on review, three articles were relevant to the topic of nurse manager engagement. Pub Med was also searched using the filters of; full text articles available, published in the past 10 years, and the search terms nurse AND manager AND engagement 22 articles generated. Fourteen articles were eliminated due to lack of relevance and two articles were duplicates from the previous search. Empirical literature only was examined, the total number of relevant articles obtained in the literature search was nine. Searches were also conducted using the search term "front line" which needed to be dropped to obtain articles, however it was determined that "AND engagement" was important to refine the literature search. The eight remaining articles had varying degrees of relevance to the topic, all at some point reference managers and engagement.

The literature review was conducted repeatedly over 9 months. It is noteworthy that in the last year three additional articles were published, making manager engagement a newer construct that is beginning to be researched (Gray, 2013; Gray & Shirey, 2013; Bamford, Wong & Laschinger, 2013).

Gray (2013) published two articles on front line manager engagement, the first a concept analysis on nurse manager engagement. Gray (2013) used the Walker and Avant (2005) framework to analyse the concept of nurse manager engagement under the premise that front line managers are linked to staff engagement and affect retention, productivity, meeting organizational goals, and profit. This author begins the concept analysis with constructs that analyse nurse manager engagement based on external factors, the manager's perception of their staff's engagement is not a factor. The factors or attributes considered by Gray (2013) were also identified as empirical referents, the measures of manager engagement in this concept analysis are all linked to external results. Gray (2013) acknowledges that the external metrics are used due to a lack of identified internal metrics to examine front line manager engagement. Gray (2013) recommends that a consistent definition and a mechanism to measure manager engagement and ongoing research in the area of manager engagement is required.

Gray and Shirey (2013) attempted to gain an understanding of nurse manager engagement from three perspectives: the managers, the staff, and the organization. In a retrospective secondary analysis of data collected by a human resources department, six items of an engagement index were used for the study. The data analysis indicated the only statistically significant link was between manager engagement and nurse engagement (Gray & Shirey, 2013).

These authors made several recommendations for improving engagement of front line managers based on the premise that engaged managers inspire engaged staff and improve patient outcomes. Although there is acknowledgment that the construct of engagement has not yet been established (Gray & Shirey, 2013). The article adds to the literature by linking front line nurse manager engagement with the engagement of front line nurse.

Kerfoot (2007) contended that staff engagement begins with the leader and is contagious. Kerfoot (2007) acknowledges the benefits of an engaged staff including loyalty, increased productivity, and an excitement about work. The opposite of engagement is referred to as disengagement and staff who are disengaged are considered by Kerfoot (2007) as more likely to miss work, be careless, and make mistakes. Kerfoot (2007) does not provide data or references to either the positive or negative attributes given to engagement or disengagement. Kerfoot (2007) asserts that managers and leaders who are engaged, provide themselves with recovery time, and model engagement for their staff, creating a positive environment that facilitates engagement in staff. The Kerfoot (2007), study does not examine engagement from the perspective of the staff or front line nurse manager.

Mackoff and Triolo (2008), examined engagement from several perspectives, the researchers wrote 3 articles on nurse manager engagement, the articles used the same set of data (2008a; 2008b 2008c). Mackoff and Triolo (2008a) focused on creating a model for engagement, in the first study these authors selected front line managers who had at least 5 years management experience and were recommended by senior nurse leadership for their leadership and engagement. The study used the AI framework and a nurse management engagement

questionnaire (NMEQ) (Mackoff & Triolo, 2008) as tools to measure components of nurse manager engagement. One of the major premises of the study is that frontline managers who no longer provide patient care, lose part of what drew them to the profession of nursing. The “Line of sight” study focuses on making meaning in the work of front line managers (Mackoff & Triolo, 2008a). Mackoff and Triolo indicate the three key behaviors identified by the NMEQ were a managers’ understanding i) their own values, ii) the overall purpose of their work, and iii) how their work impacts patient outcomes. The study used a standardized questionnaire and did not provide the managers with an opportunity to reflect or identify their own perceptions of engagement. The study also focused on established engaged nurse managers who were seen as leaders by senior management. The study did not address newer and non-engaged managers possibly creating selection intentional selection bias.

A second study (Mackoff & Triolo, 2008b), focused on developing a model or framework to address the turnover of frontline managers, increase their longevity and engagement. This study used the AI framework, the NMEQ, and nurse managers with a minimum of five years in their position. The study identified ten behaviors of nurse managers who are engaged: these managers are mission driven, use generativity, ardor, identification, have boundary clarity, use reflection, self- regulation, attunement, change agility, and an affirmative framework. The study was productive by identifying the behaviors of engagement, as well as establishing the NMEQ as a useful tool to identify the behaviours of engaged behaviours of front line managers (Mackoff & Triolo, 2008b).

In the last study article by (Mackoff & Triolo, 2008c) used the AI framework and NMEQ to examine organizational culture and engagement of nurse managers. There were five factors identified as key to organizational culture they are; learning, regard, meaning, generativity, and excellence. The study acknowledged the need for further studies to increase the evidence that the five factors are evidence based (Mackoff & Triolo, 2008). The need for ongoing study about frontline manager engagement is required and vital to facilitate the retention and development of front line managers.

The three articles by Mackoff and Triolo (2008a; 2008b; 2008c), are based on the same data set and, examined the results from three perspectives. The study had some selection biases, and only included experienced managers who were identified as highly engaged by senior leadership. The area of nurse manager engagement requires further study and building of additional knowledge to understand how a front line nurse managers in general perceive engagement and the meaning it holds for the managers.

Rivera et al. (2011) examined the drivers of engagement of frontline RN's including the perception of drivers of engagement and actual nurse engagement. As the article is American in addition to considering nurse retention and patient satisfaction as indicators of engagement, shareholder returns, and business success were also a focus of the study (River et al., 2011). The study, conducted at a single sight, used a voluntary sample. The results indicated that managers have a critical role in the engagement of frontline nurses (River et al., 2011). The single study site had higher than normal engagement scores overall, and queried whether the more engaged nurses chose to participate in the study (Rivera et al., 2011). However, the possible skewing of

the data to higher engagement scores does not negate the significance of the results which indicated that when controlling for all variables, the nurse manager is critical to front line nurse engagement (Rivera et al., 2011). Rivera et al. (2011) encouraged employers to invest in the recruitment, education, and development of front line nurse managers.

Warshawsky, Havens, and Knafl (2012) conducted a study that examined interpersonal relationships of nurse managers and how these interpersonal relationship are related to nurse managers work engagement. Warshawsky et al. (2012) assert that nurse manager engagement is crucial to creating stimulating work environments for their direct reports. Three hundred and twenty three nurse manages participated in a 5 point Likert scale survey across 44 states, only 290 of the surveys were usable due to the incomplete survey data (Warshawsky et al, 2012).

The Warshawsky et al. (2012) study is unique in that the results provide insights that were not previously identified including: nurse managers believe their work has meaning, and nurse managers' relationships with their peers and administrators were important for work engagement. The relationship that nurse managers have with physicians was a key for creating a proactive work environment; however, the relationship that the nurse manager and administrator have, was the most important for work engagement (Warshawsky et al., 2012). The results highlighted the relationship with the nurse managers have with another profession, as well as their immediate supervisor. Warshawsky et al. (2012) expand the knowledge about the diversity and complexity of the relationships that nurse managers have in their workplace.

Laschinger, Wong, and Greco (2006) focused their study on frontline nurses work-fit, job engagement/burnout. The authors only address the nurse managers in the discussion and

conclusion section of the study, tasking managers with exploring evidence based strategies for their own leadership. Laschinger et al. (2006) acknowledged the importance of nurse manager engagement in optimising work satisfaction. The burden of and responsibility for engaging front line nurses is tasked to the nurse managers without understanding of how front line managers perceived the construct.

Bramford et al. (2013) examined authentic leadership, its' effects on the engagement of front line nurses. The purpose of the study examined how front line nurses perceived their managers leadership, and the effect leadership had on the nurses' engagement at work. The results of this study suggests training for managers in authentic leadership would benefit nurse engagement at work (Bramford et al., 2013).

The literature clearly supports the premise that front line nurse manager engagement affects employee engagement as well as that employee engagement improves organizational outcomes. Nevertheless, the understanding of how nurse managers experience and perceive engagement and describe engagement in their employees remains an area that requires further study and exploration. If front line nurse managers hold the key to organizational success through their own engagement and engaging others, it is crucial that the phenomenon is understood in order to facilitate the development the development of these skills in future front line managers.

Chapter Summary

The literature review contains an overview of the topic of engagement. The original definition of the word engagement is described. The concept of engagement is explored through multiple disciplines including management, psychology, and education. The focus of the topic is further narrowed to look at engagement in nursing as well as engagement in front line nurse managers. The literature supports the need for further study on front line nurse manager engagement.

CHAPTER III

Methods and Procedures

This study used a descriptive qualitative approach with content analysis of the data to facilitate the exploration of the experience of front line nurse managers and how they recognized engagement within themselves, observed engagement in their staff, and the importance they place on engagement in the workplace. A descriptive qualitative design was chosen for this study due to its ability to provide data that were close to a phenomenon as experienced by participants (Polit & Beck, 2012). The descriptive approach provided a comprehensive summary of the data, as well as data that accurately described the phenomenon as it occurred (Sandelowski, 2000). Sandelowski (2000) contends that a descriptive qualitative approach is useful when studying a phenomenon in which the researcher is attempting to determine the, who, what, and where of a phenomenon which can further define and conceptualize that phenomenon. Simpson (2008) acknowledges a need for ongoing definition and standardization of the conceptualization of engagement, and encourages nurse researchers to undergo the process of defining and conceptualizing engagement to facilitate further research.

The Appreciative Inquiry (AI) framework was chosen to guide the study questions for its reflective approach that focuses on recounting positive experiences by the participants (Wright & Baker, 2005). The AI approach was used to develop the interview questions, as well as throughout the semi-structured interviews during the study. The process of reflection facilitated participants recounting their experiences. Wright and Baker (2005) indicated that 2 years after participants were involved in an AI study, many indicated being profoundly affected by the

experience; none indicated that the experience was negative. Norum (2001) asserted that focusing on problems may further damage an organization, whereas focusing on the positive can break the negative cycle and unleash a positive, creative environment. The recounting and reflecting on negative experiences could potentially have the same negative effect on participants as it does on an organization. The potential risk to participants when a different framework was selected for the study is that participants may focus on their lack of engagement and have a negative experience during or after the interview.

As described above, the AI framework was chosen for this study for its focus on the positive and to reduce the risk to the participants. Some participants in other AI studies noted the experience was positive and expressed feeling better about their job after the study than they did before a research interview (Wright & Baker, 2005). Although AI was selected as the framework for the study nonetheless, it is important to be aware of the possible limitations or challenges of the chosen framework in an attempt to avoid potential pitfalls during the study. Coghlan, Preskill, and Catsambas (2003) indicate that a criticism of AI is that it ignores problems due to an exclusively positive approach. However, the topic of engagement is inherently positive and may only benefit from the use of the AI framework.

The goal of the study is to add to the knowledge of how nurse managers describe and perceive engagement in themselves and others. The study is important to gain further knowledge and understanding of how front line nurse managers experience engagement and the meaning that front line nurse managers attach to engagement. AI consists of four phases; i) discovery, ii) dream, iii) design and, iv) destiny, each of the phases advances the change process (Cooperrider,

et al., 2008). The principles of the AI framework were used to develop both the research questions and the study questions. The first 2D's discovery and dream of the 4D, AI cycle guided the study (Cooperrider et al., 2008).

Participants

The descriptive qualitative study used a purposive sample of front line nurse managers at one acute care hospital in a western Canadian city. Purposive sampling was utilized to ensure the study participants had the knowledge base and background to ensure richness of the data described by the participants (Creswell, 2011; Devers & Frankel, 2000). The study participants were front line nurse managers, directors, or supervisors who worked at an acute care hospital. The participants either had staff who reported directly to them or supervised staff as part of their day-to-day responsibilities. The study participants were in their position for a minimum of 6 months at the time of the study. The research study recruited 6 participants, at which point data saturation was achieved.

Posters and email (Appendix C) were used for the recruitment of front line nurse managers, supervisors and directors, as well as snowball sampling. The participants were asked if they would like to invite their peers to participate in the study. If so contact information was provided. The site Chief Nursing Officer (CNO) at the acute care hospital in the form of a letter (Appendix A) was contacted about the study. The CNO was also asked to send a recruitment letter (Appendix C) via email to contact prospective participants on the researchers' behalf.

The researcher assured the participants that the information provided in their interviews will remain confidential and de-identified, a detailed explanation of the de-identification process is included in Appendix B for the participants' information. The digitally recorded interviews were transferred from the recorder to a password protected secure computer, the files were given a code. The digital recordings were deleted on the recorder once the data were transferred to the computer. The coded recordings on the computer were converted verbatim into a word document that was printed for the purpose of data analysis. Informed consent was obtained from each of the participants; the purpose and process of the study was explained as well as how information will be kept confidential (Appendix E). The time commitment from each interview was 45 to 60 minutes.

Setting

The site proposed for data collection was confirmed with the approval of both the research ethics board (ENREB) and the hospital's internal access process. The posters and email used to recruit participants had both the researcher's cell number and email address to allow participants to volunteer to participate in the study. The time and place for consent and data collection were negotiated at a mutually convenient time and place through email or via phone; all email or voicemail messages were deleted to preserve confidentiality. The data collection environment was important, a quiet space was identified that was in close proximity to the participants' work for convenience and to ensure the participants confidentiality was maintained. It was important that the interview space was comfortable and minimized distractions during the interview process. One participant was interviewed in the identified space at the site, the other

participants requested the interviews occur in their offices. The participants' offices provided appropriate spaces for the interviews to occur.

Data Collection

The data collection was a semi-structured digitally recorded interviews in which the researcher asked the participants six questions formulated using the principles of AI. An interview guide was used to ensure the interview stayed focused and pre-selected prompts were used for consistency in data collection (Appendix E). The first question was designed to have the participants reflect on what engagement at work means to them. Questions two to four asked the manager to reflect on their perceptions of their staff's engagement at work. The fifth and sixth questions were about the front line nurse managers themselves and asked the managers to reflect on their perceptions. The research questions focused on the discovery and dream phases of the AI framework.

The interview questions were open-ended and focused to generate data specific to the front line nurse managers' experiences of engagement (Kerwin, Doherty, & Harman, 2011). These researchers incorporated the aforementioned approach to interview questions in order to both verify and reveal concepts. The six interview questions were open ended, and focused on how the front line nurse managers experienced engagement themselves and how they perceived engagement in their staff. The interview questions the study participants were invited to respond to, as well as the four demographic questions are contained in Appendix E.

The demographic questionnaire was part of the consent, and stored with the transcripts. No identifying information was included on the demographic questionnaire. No participant withdrew from the study.

Once the participants were recruited and the consent process was complete, the data collection occurred. The process for the research study was explained to all participants including data collection method, de-identification of the data, access to the data, as well as storage of data, and dissemination of the research results as part of the consent process prior to the interview. The participants were made aware that their responses were anonymous and the results disseminated, would be grouped as themes from multiple participants. The data and consents were stored separately so that the interview content and participants cannot be connected. The consents and all interview material including the demographic questionnaire are kept in separate locked cupboards in the researcher's work office (see Appendix B and D).

The data collection included journal notes, field notes, digitally recorded interviews, interview transcripts, and demographic information. The journal notes were kept to facilitate researcher bracketing her pre-reflective preparation, reflection, learning, and action from learning (Wall, Glenn, Mitchinson, &, Poole, 2004). The researcher was a front line nurse manager for 10 years, has held a different position for the past 2 years, but needed to be mindful of any personal biases prior to interviewing the participants (data collection) as well as during the data analysis process. The intent of bracketing was to be mindful of any personal bias that may affect the data collection and data analysis process (Polit & Beck, 2012). The researcher

needed to be aware of any personal thoughts, assumptions, feelings or memories that emerged during the research process.

The writer used an observational protocol for the journal notes as described by Creswell (2007) that has two columns, one for descriptive notes and the other for reflective notes. The researcher used the two column format as it was helpful to separate what was observed from what was felt throughout the interview process. The journal notes facilitated bracketing.

The field notes described the physical layout of the interview settings and the interview process. The researcher initiated the notes with a narrative format and changes to an observational protocol as outlined by Creswell (2007). The interview settings were conducive to digitally recording the interviews, data collection settings were crucial to the study.

Frankel and Devers (2000) emphasized the importance of understanding social norms and rules of reciprocity in groups being studied to ensure that there was clarity at the beginning of the research process. Understanding the expectations of front line nurse managers and outlining the research process clearly was important. The researcher needed to be mindful of any pre-conceived ideas the participants had about the researcher and ensure before the interviews began that there was clarity of the role of the researcher and the purpose of the study.

The consent process was an integral aspect of the research process and set the foundation for the researcher and participant relationship. The consent process was the beginning of building trust and rapport between the study participant and the researcher. Creswell (2007) described the initial phase of the interview as disclosure and states this helps build rapport with

participants. Frankel & Dever (2000) also indicated that the researcher should spend time explicitly discussing the amount of input that the participant will have into the questions, and how and when any results may be shared with them.

Data Analysis

The anonymous coded transcripts were printed for the purpose of data analysis. The transcripts were stored in a locked cupboard when not being used for the purpose of data analysis. Frankel and Devers (2000) emphasized that it is essential to transcribe the data as accurately as possible. To enhance data accuracy, the digitally transcribed transcript were read and re-read with the digital recording to facilitate the accuracy of the transcripts. Data analysis was done using content analysis, themes were identified and coded (Creswell, 2007; Devers & Frankel, 2000). Creswell (2007) described the analysis process by breaking the process down into manageable steps including coding the data and assigning names, combining the codes into themes, and displaying the comparisons in various formats. The investigator used the coding system for the analysis of the data. The researcher read the transcripts repeatedly in their entirety. Codes and then themes became evident in the transcripts. The codes and themes were verified with the thesis chair to enhance credibility and dependability.

The prompts in the semi-structured interview in the study were designed to clarify the participants' responses to ensure that words or phrases used were interpreted correctly by the investigator (Appendix E). The verification of responses, member checking, and addresses the criteria of dependability (Polit and Beck, 2012). The thesis chair independently analyzed one transcript and reviewed the data analysis as a form of peer review as well as verified themes and

coding of data, and overall interpretation of the data. The review of the data by more than one individual, in addition to careful documentation, addressed the confirmability (Polit and Beck, 2012). The study had six participants and due to the relatively small size of the study transferability to other settings and populations may not be possible (Polit and Beck, 2012). The investigator kept detailed field notes, recruited until data saturation occurred. Several data collection and data analysis processes were incorporated to increase the dependability to improve the credibility of the study.

Graneheim and Lundman (2003) indicate that codes should not overlap and are mutually exclusive. The investigator needed to be mindful that the codes were mutually exclusive when the data analysis occurred. Attride-Stirling (2001) also assert that “the coding framework should have quite explicit boundaries, so that they are not interchangeable or redundant”. If codes are overlapping when the data are analysed it will be important to note that overlapping codes may in fact be themes emerging from the data.

Themes were identified as part of the data analysis. The literature described themes as salient patterns, over-arching ideas, or emerging themes (Attride-Stirling, 2001; Creswell, 2007; Graneheim & Lundman, 2003). The researcher analysed the interview transcripts to determine if there were consistent ideas that were repeated and pervasive within the data. The challenge with the themes were to accurately reflect them and try not to force the data into the emerging themes. The researcher was mindful of ensuring that the themes that came from the data were based on how the participants responded to the interview questions. The AI framework provided the paradigm to explore the data. The researcher needed to be attentive to the potential for bias

and ensure that biases were bracketed. The researcher ensured categories and emerging themes came from the data which were collected.

The thesis chair independently analyzed one transcript and reviewed the data (codes and themes) to ensure that the results were verified and credible (Creswell, 2007). The researcher also utilized a modified version of member check, during the interview process if the researcher was unsure of the participants' response or meaning of response the meaning was verified with the study participants.

Lincoln and Guba identified four criteria for trustworthiness in qualitative research, including; credibility, dependability, confirmability and transferability (Polit and Beck, 2012). Trustworthiness is important to qualitative research, to address concerns of rigor that have emerged (Polit and Beck, 2012). Recommendations regarding processes to address credibility and improve the credibility of qualitative research are made by Northcut and Heller (2002) the recommendations include; member checks, peer review, and triangulation. Polit and Beck (2012), indicate that credibility and dependability are dependent on each other, one cannot be achieved without the other.

Ethical Approval

The study required approval from the research ethics board (ENREB) in addition to access from acute care hospital independent access process. Communication tools and protocols used during the study required approval from ENREB including; letter of introduction (participant and CNO), recruitment poster, study consent form and study protocol (see

Appendices A, B, C, D, and E). Confidentiality was maintained throughout the study. A detailed description of the de-identification process is outlined for participants in Appendices B and D.

The findings of the study will be communicated in multiple forums and formats. The participants received results via email as requested. Completed thesis results are posted to an online University of Manitoba site, the participants were given the link to the site on their copy of the consent form. The results of the completed study will be submitted for peer reviewed publication and poster presentations at conferences.

Limitations

There are several limitations of this study including, the relatively small sample size. Although the research will add to the literature, transferability of findings to other contexts cannot be assumed. An additional limitation was that the study did not address current rates of engagement in either front line nurse managers or the staff who reported to the front line nurse managers. The study was limited to front line nurse managers and did not include other members of the multidisciplinary team or other direct reports of the front line nurse managers.

Chapter Summary

Chapter 3 described the purpose of the study “*Hearing Their Words: Front Line Managers Perspective on Employee Engagement*”. The rationale for choosing a descriptive qualitative approach for the study was explored, as well as the purpose for choosing the AI framework. The research process that was undertaken in the study was described in detail

including: criteria for participants, recruitment methods, setting for the research, process for data collection, data analysis, ethical considerations, and limitations of the study. Appendices A, B, C, D, and E, and F also provide details of the method of the research.

CHAPTER IV

Findings

The Sample

The purpose of this study was to understand engagement from the perspective of front line nurse managers. The study explored how front line nurse managers understand, describe, and perceive engagement in themselves and their staff. The sample (n=6) participants were from (one acute care hospital in western Canada) who worked as a nurse manager for a minimum of 6 months. Due to the relatively small sample size, a demographic table is not included to maintain the anonymity of the participants. The majority of the participants were between 46-55 years of age and had been a nurse for more than 21 years. The highest level of education obtained by the participants was homogenous, all were baccalaureate prepared. The median number of years the participants were nurse managers was 11 years, the participants' range of experience as a manager spanned the spectrum from beginner to experienced. The participants in the study worked in a variety of clinical areas across the acute care site. All of the study participants responded to the six interview questions, as well as the four demographic questions. The participants will all be referred to as her/she to maintain anonymity of the participants, as the nursing profession remains predominantly female.

The Interview Transcripts

The interviews were conducted at the site at which the participants worked. One interview was conducted in a meeting room, the other interviews were conducted in the

participants' offices. The digital recordings of the interviews were transcribed verbatim by the principal investigator. The interviews were labelled P1 to P6, each line of the transcripts were numbered, and half of each page was left blank to allow for data analysis. The themes from the data emerged through the analysis process. It became apparent through repetition of ideas and concepts that, with six participants, data saturation occurred. One interview transcript was independently analysed by the thesis chair to validate the themes which emerged from the data. The field notes were used to maintain bracketing and referred to during the data analysis process in order to remain mindful of the researcher's perceptions during the interview process.

The interview questions (Appendix E) were designed using the Appreciative Inquiry (AI) framework to begin to provide insight into the following research questions;

1. What are nurse managers' perceptions of engagement?
2. How do front line nurse managers know they are experiencing engagement themselves?
3. How do nurse managers describe engagement amongst their staff?

The first interview question asked of each participant was intended to have participants define engagement at work in their own words. Each participant provided a personnel perspective of what engagement at work meant to them. The participants each brought their own interpretation based on their own life and work experience; the definitions provided by the participants added a depth and richness to the data. The discovery and dream phases of the Appreciative Inquiry (AI) framework were used to encourage the participants to reflect and tell stories about engagement at work. The four distinct themes that emerged from the data were: i)

supportive relationships and actions, ii) common purposeful work, iii) sense of achievement and recognition, and iv) fully participatory. The two predominant themes were supportive relationships and common purposeful work; each of these themes was embedded throughout the responses to the six interview questions. The two predominant themes also have several sub-themes that emphasize the significance these themes held for the participants. Many of the names of the themes and sub-themes came directly from the data.

Theme I: Supportive Relationships and Actions

The theme of supportive relationships and actions emerged as a consistent theme within the data of participants' responses to the interview questions (Appendix E). The participants indicated that supportive relationships and actions were significant to their own engagement, as well as the engagement of their staff. The primary theme of supportive relationships is composed of three sub-themes: i) providing support, ii) receiving support, and iii) accepting supports. The participants identified support as integral to their own engagement and perceived support also as crucial to the engagement of their staff.

Providing Support

Providing support to staff was acknowledged by participants as important to their staffs' engagement; the theme emerged, through the repeated use of the word "support" through description of acts that provided support from the participants to their staff and stories told by the participants. The participant below described the support given at a stressful time in the clinical area, and illustrates the complexity of the subtheme of providing support.

When the unit is, is literally like just hanging on by a hinge because of some devastating thing that has happened, to really just be with your staff and support them and, and get them any resources that might be available at the time to help support them through something horrible like that is also a way to engage your staff and support them. (P3)

The participants in the study described providing an environment that had supportive relationships and actions that provided support for their staff. The sub-categories to providing support were: i) being available, ii) feeling comfortable, iii) giving staff a voice, iv) having an open door, v) knowing staff as individuals, and vi) providing orientation and education, vii) providing tools and resources, as well as viii) participating.

Being Available. The participants indicated that being available and visible for their staff were important for their staffs' engagement at work. The participants emphasized the importance of being visible and available to their staff as much as possible as a supportive behaviour.

Walking around and being available to them takes a lot of time but it's something that I have always done as a manager and I think that it makes a difference, that they feel that they can approach me. It is safe to approach me on any matter keeping, you know, basic confidentiality and that type of you know just, just having integrity around that builds trust and builds a relationship with you, that they feel they're in a safe trusted situation. (P3)

Participants who were challenged with having the time to be available to meet their staffs' immediate needs for support indicated a desire to be able to provide that support to their staff. The theme of support and the sub theme of providing support were described in the data by the participants as something that they truly desired to be able to provide to their staff.

I can't even imagine how it's even possible because if you have a scheduled meeting and someone comes to you two minutes before and say they want to talk to you for half an hour, it's probably not going to happen. But I think that would really help if, if there was the ability to be more immediately responsive in my dealing with people's personal issues or their professional issues in the job. (P6)

Being available to staff does not always mean providing the same support to them. One of the participants indicated having more than one clinical area, each of the clinical areas had different levels of perceived engagement and required adjusting support to provide what was uniquely required in each area; therefore being there meant something different to each of the clinical areas.

In my areas, the one department would probably have a higher level of engagement, which is ironic because you manage them the same way..., but they are completely different and they want and need different things. (P1)

Feeling Comfortable. Participants indicated they worked to create environments in which their staff were comfortable. One participant indicated that when staff felt that the environment was safe enough to express a contrary opinion, the staff were engaged at work.

Another participant encouraged a nurse to be more assertive. The desire to ensure that staff were comfortable was described as being supportive and creating an environment that fostered both current and sustained engagement of staff.

When they are feeling comfortable enough to come back to me and say, “like I disagree with you and this is why” in a respectful way, like I think that shows that they are engaged. (P1)

I enable them to, to feel comfortable you know. I walked in yesterday and looked at a new grad and said “Do want to work an overtime day tomorrow?” and she looked at me and, I said “you know, you need to learn to say no to me” ..., I think that is the important thing is to make them feel comfortable, to feel like it is OK to go home at the end of the day. Everybody has lives. (P5)

Giving Staff a Voice. One aspect of supporting staff was ensuring they felt that their voices were heard and that what they expressed mattered to the participant as their manager, as well as to the organization. Managers are the link between the front line and higher levels of administration, sharing the ideas of their staff with higher levels of administration and supporting those ideas to facilitate change at the unit level and potentially beyond was deemed important by the participants in supporting their staff.

I think it’s important that people feel they’ve been heard. And sometimes when they see some action come out of what they’ve talked about, that is reinforcing for them that they

feel heard, that somebody cares, somebody's listening, and somebody wants to make improvements. (P2)

Open Door. The supportive relationship as described by participants included providing an open door and recognizing staff as individuals to support the staff with work related issues, as well as issues from the personal lives of the staff. The participants acknowledged that providing support for staff on a one to one basis, regarding issues outside of work was an important part of what they do to facilitate their staffs' engagement.

I think even just being a sounding board for them, they'll come in, lots of times they'll just come, they call it the venting chair. They'll just come blow off some steam and off they go. It just depends on what they need. (P1)

My role in helping them feel engaged is being there for them to come to me with anything, that door is always open. They know that if they need to listen or they have something they need to talk about, they know that I listen to my voice mail 7 days a week. They know that I listen to my voicemail very late at night, its making them feel comfortable. (P5)

Knowing Staff as Individuals. The participants described providing a supportive relationship that extended beyond the workplace, providing support for events that occurred beyond the doors of work. The support from participants helped the staff function at work.

They might share more, they might actually, some of the employees share a lot more than I want to hear but its helpful right. It's all confidential but at least it gives me a better perspective of things and we work together through issues and concerns. (P3)

So just being supportive there, you know a lot of stuff about people that you think, "I don't even know how you get up in the morning and come here." So you kind of get involved in that and I think even just being a sounding board for them, they'll come lots [to me]. (P1)

Orientation and Education. Support was not always described by the participants as a relationship. The participants also indicated that providing the right educational support and skill development were also a form of support for their staff.

I guess in a way I do believe that enabling staff is allowing them to be engaged, cause the worst thing is to not feel you are able to do your job, is to make sure they have a good orientation when they start. (P4)

It's making them [staff] feel comfortable in what they're doing everyday feeling that they are educated enough to provide safe care..., we have educators, we have CRN's we have physicians, it's, it's a level of comfort you provide them with so they know they are doing the best job that they can. (P5)

Tools and Resources. The participants described actions they perceived as supportive to their staff. Their actions included providing information and tools and determining what else

was needed, what else could be done to support staff. Support was comprised of many components together that are crucial to engagement at work.

I think it's important to do is to provide them with the tools they need to get their job done and well and safely. (P6)

The participants both facilitated accessing the resources required, and worked toward determining what additional resources were required.

Supportive, what can I do to help continue your level of engagement or improve it..., what can I put in place, what can I do that's going to help you get from here to there. (P2)

So whatever the situation would be if they needed help from say infection control, or they needed help from a physician colleague or they just needed some information to help them in what they are doing, then my role would be to connect that and, and you know to foster that communication, those links just so they feel well supported. (P3)

Participating. Participants, provided the opportunity for their staff to participate in working groups in order to provide them with the opportunity to develop additional skills, and to be a part of facilitating change. Enabling staff was seen as supporting their engagement.

You have to help them to have the skills. If they're not comfortable speaking or they're not sure what other people think, or they haven't had an opportunity to participate, one of the things I do is try to get other people to participate. (P4)

Providing support is a sub-theme that included aspects of supportive relationships. The sub-theme of providing support also has several sub-categories. The theme was complex and what is considered as supportive was diverse. The sub-categories included: being available, feeling comfortable, voice is heard, open door, knowing staff as individuals, orientation and education, tools and resources, as well as participating. The participants indicated the importance of providing support, within the context of supportive relationships and actions, by the level of detail in the description.

Receiving Support

The participants indicated receiving support from peers, their direct supervisor, and the multidisciplinary team was important to their own engagement. The support from others and the environment that the support created, enabled the engagement of the participants.

Peers/Colleagues. The supportive relationship between the participants, peers, and colleagues was deemed integral to engagement. The comradery and the sharing of ideas and information with peers and colleagues was described as important within this relationship.

I feel engaged when I feel supported by my colleagues. (P3)

We do a site quality meeting with a couple of key physicians and the educator, and access nurse and CRN. I find those meetings very rewarding and you get very excited about making some good strides. (P1)

Direct Supervisor. The supportive relationship between the participants and their superiors was described, not only as important, but as possibly the most important indicator of their engagement. The one aspect of the relationship, with their supervisor that was described as crucial was knowing support was there from their immediate supervisor.

The support from your, the person that you report to, I think that is the most important thing. (P5)

I have an open easy kinda relationship with my director, so if I am at a point where it's like you know, things are going to pop or I need to talk about it or I need to solicit her involvement or her help, or support the door is always open. (P2)

Education/Mentoring. Education, mentoring, coaching, and the ongoing opportunity to develop professionally were elements of engagement at work for the participants. Participants expressed the desire for both formal and informal opportunities to develop.

I think ongoing..., education and support..., I've had some very good support. (P6)

She's [supervisor] very logical and if you approach her with a problem she can, she talks out loud so you can learn. Like she is a wonderful person to be around..., she'll talk it through and if you are logical and that is how you approach problems, it makes sense. So it is not just telling you, "well you need to do this". It is "OK, so here is what the problem is and these are some of the challenges". Then she walks you through so by the time that you get here [indicating the end of the problem], it makes sense to you. (P1)

The participants indicated that receiving support was important to their engagement at work. The subtheme of receiving support was comprised of several sub-categories: peer/colleagues, direct supervisors as well as mentoring and education. The sub-categories of peer/colleague and direct supervisor describe the supportive relationships that the participants had in their workplace, the mentoring and education sub-category describes supportive actions that provided professional development for the participants.

Accepting Support

The sub-theme of accepting support was interesting in that there was a reluctance to either accept support or invest in the relationship that could provide them the support they desired. The accepting of support was unique in that the support was perceived as available but the participants were reluctant to accept the support despite emphasizing how important it was. One of the participants summarized the necessity of accepting the support that is offered by others within the organization.

You have to know that people are there, they're wanting to support you, they want to do the best for the facility and let them do it. (P4)

Other participants acknowledged wanting more support, but indicated a reluctance to readily accept or access the support. One participant described knowing it was there, but preferred to persevere by herself whereas another participant indicated being challenged with adjusting to changes in an immediate supervisor.

I remind myself that I could if I needed to [referring to asking director for assistance], but I am going to try it one more time on my own, or I, but I know that I can go if I really need to. (P2)

The reluctance to build a relationship with their immediate supervisor due to repeated changes in their supervisor meant support that may have been available was not sought.

You don't really jump in with both feet cause you're kind of waiting for them [supervisor] to move or change again, it is hard. (P1)

Accepting support is something that appeared to be an individual decision, with varying factors. Participants knew support was there and chose to try things alone either out of determination or the need to develop a more trusting relationship first with the supervisor.

Summary - Theme I

The participants, when asked what engagement at work meant to them, did not state that support was part of engagement at work. However, when asked what could be done to further improve their engagement, all six participants referenced an aspect of support as key to their own engagement. All six participants perceived aspects of support was key to their staffs' engagement. The recognition that support was not only integral to their own engagement, but also the engagement of their staff was apparent in both the discussion of support and the numerous ways support was provided to staff as a means of improving and enabling staffs' engagement. Supportive relationships were not just important from an employee-employer relationship, but the support of the extended multidisciplinary team identified was also as

important in engagement. The desire to both give and receive more support also was apparent as the responses once again emphasized the importance given to engagement by the participants in the study.

Theme II - Common Purposeful Work

Participants described that understanding and having a sense of purpose in their work including understanding goals, having common goals, and working toward goals with a team were important in their work engagement. The theme of common purposeful work and the sub-themes included goals at the unit, organizational, and regional levels. Common purposeful work, emerged from the data of the participants who repeatedly intertwined the concepts of purposeful work that is goal orientated with team based work in which a common purpose or goal is being worked toward. The subthemes that emerged from the data included: understanding goals, having common goals and working toward goals.

Understanding Goals

Understanding goals of and the sense of purpose to work derived from understanding goals and working actively to achieve that purpose, were described as important to participant engagement.

I feel engaged at work if I have a, if I feel a purpose to my work, and I feel satisfaction from the work that I do. I feel engaged when I understand the business, and understand my role in contributing to the business or to the plan overall. I feel engaged when I know a goal. I feel engaged when I know what is expected of me. (P3)

Having Common Goals

The sense of a group or team working together toward a common goal or goals included activities such as work at the committee, unit, program, or regional level. The connectedness to a group was important to the participants' engagement, as well as the perceived engagement of their staff.

I am engaged in the fact that I feel that we play a huge part in the regional [name of program] program. We work well as a team both with our physicians and our multidisciplinary team. (P5)

It is always about the team and how the team works together, so to me it's about engagement, that's what I try to do. (P4)

Working toward Goals

Working toward shared goals was one subtheme that emerged from the data; it was apparent that sharing goals and moving toward achieving the shared goal was key in how the participants perceived engagement.

What's important to that person is what's you know important in my sort of strategic planning to make sure we are aligned, to make sure that we are working toward the same goals. (P3)

You are in a room where people are like minded and you have the same agenda, right.

You are not in it for yourself. You're not trying to figure out how you are going to move ahead. You all have the same goal. (P1)

The teams working together toward a shared goal was described as an engaging experience for the participants. The collective striving and working together in a purposeful way both engaged the participants and were important in achieving the goals that the teams set out. The three subthemes: understanding goals, having common goals, and working toward goals, often merged when the participants described a time when they, themselves were engaged or they observed their staff being engaged at work.

To work with together with them. My staff on all of my units have very excellent ideas about how to approach certain issues and concerns in the program and on our units. And working with them to accomplish those goals helps I think to increase engagement (P3)

The participants described how they introduced their staff to the goals of the unit or to the process of a shared project. The introduction of the staff to common purposeful work emphasized the importance the participants gave the concept.

I guess the only other way that I do that is to make sure people understand goals. I have goals that when I talk to new staff, I have got them on my board there, it's the hospital's goals, it's the program's goals. But it is also my personal goals for the ward that all fit into that, and I will talk to new staff about the fact that we have goals, and we do have things we are trying to achieve. (P4)

The participants introduced and guided their staff toward the common goals, and provided structure to the team members. The introduction to the common goals and sense of shared purpose by the participants emphasized the importance the participants' place in this concept.

We had the goals of our staff, and the goals of our patients. Like there were many goals but we were all, I was working toward them with other people you know depending on what the goal was, our teams were and we were ..., at the end result it was all about ya' know providing safe care to the patients..., that common thread was essential. (P3)

One participant acknowledged that involving an employee in an improvement activity and including her as part of the change process which would involve a team and a clear goal, was a strategy to enhance an employee's engagement.

We also try to involve people in, in improvement projects. I won't make an entirely disengaged employees but I generally like to have one in a group that isn't particularly interested, or whatever they're, they're disengaged. But sometimes encouraging them into the process of creating change and creating improvement may help to sort of sway them the other way. (P2)

Theme II – Summary

The excerpts from the transcripts demonstrated the participants focused on having a common sense of purpose in their work including i) understanding goals, ii) having common goals, and iii) working toward goals were significant in their work engagement. Participants

described introducing their staff to a common shared purpose of their unit, organization, and/or regional program. Less engaged staff were brought into goal focused processes as a strategy to enhance employee engagement. The theme of common purposeful work included three sub themes that encompassed goals at all levels within the organization and extended to the region.

Theme III - Sense of Achievement and Recognition

The sense of achievement and recognition that provided a sense of a job well done was a theme that came from both internal and external sources, and was indicated by participants as integral to the engagement or lack of engagement of staff. The characteristics of external recognition were both formal and informal, thankfulness, and outward indicators of appreciation by colleagues. The internal characteristics included a sense of pride, sense of reward, and satisfaction.

Participants indicated that they attempted to enable their staffs' internal sense of achievement. The following describes the participants' perceptions of their staffs' internal sense of achievement.

It's enabling them to feel that sense of pride and reward that they should feel about themselves. (P5)

She [staff member] expects to be busy, she expects things to be kind of chaotic by times, but she really prides herself in the, in the job that she does. (P2)

One of the participants encouraged her staff to work toward an internal sense of achievement. The participant had achieved that sense of achievement herself and encouraged others to attain the same level.

I would recognize those who are really engaged. Then I would go to them “you need to do this, you need to push yourself and, and get really, really into it. It is so much more rewarding”. (P6)

The participants acknowledged their own internal sense of achievement and described how they felt at work and how those feelings contributed to their sense of engagement at work.

I mean, it [describing sense of accomplishment] is very, it, I mean you feel energized, you feel motivated, you feel valued, like you’re maybe not the expert in that area but, you can contribute. So I think all of those good things you kind of leave thinking you have done a good job. (P1)

The internal sense of achievement was indicated by one participant to come from self-teaching and pushing themselves toward excellence in their work.

Doing a lot of self-teaching, but also asking a lot of questions of the physicians to the point where I pushed myself and I felt really, really a part of the team really, really good about my ability in the job. (P6)

The participants acknowledged that providing external recognition to staff as their manager was an aspect of encouraging work engagement within their staff.

Just reinforcing the good things. Congratulating them for jobs well done and recognizing when people have gone over and above to do something or make something happen. I think that all of those things help foster that kind of environment where people want to come to work. (P2)

Staff are feeling I think appreciated and recognized, that's kind of my thermometer. (P1)

The participants revealed that external recognition was part of what fostered their engagement at work. The external recognition sometimes just happened as a result of a job well done, whereas at other times there was an acknowledgement that the recognition, when it did occur, was appreciated. This external recognition as described by participants was important to their engagement at work.

The accolades described were formal acknowledgement of the success of a group project that was highly successful for the program, both at a site and regional level.

I did really feel engaged at the end of the process because of the score we got and we got such accolades. (P5)

The informal acknowledgement of work that was well done was just as important to participants as formal acknowledgement.

Genuine thankfulness and response for my work, makes me feel I did a really good job, and then, and then I feel really engaged in that process. (P6)

It's kind of nice to be recognized or thanked in some way when you have worked very hard on something to achieve your achievements are recognized in some way. (P3)

Theme III – Summary

An internal sense of achievement and external recognition that provided a sense of a job well done was illustrated in the participants' responses to the interview questions. The responses provided the basis for the theme, sense of achievement and recognition internal and external. The responses from the participants demonstrated aspects of the theme from both the perspective of the participants and the participants' perception of their staffs' engagement. The participants indicated that an internal sense of achievement and external recognition by colleagues were integral to the engagement of themselves and their staff.

Theme IV - Fully Participatory

The theme of being fully participatory is encompassed by attentiveness to the work, commitment to the work, and joy in doing the work. The participants described feelings and actions at work that facilitated them to be fully involved with their work. Participants often went beyond the involvement in their work and described the positive feelings that occurred at a high level of immersion in their work. Participants also described witnessing both this level of involvement and feeling with their staff as well. The fully participatory state describes the fully engaged person.

Fully Participatory - Self. The combination of attentiveness to the work and sheer joy from being engaged at work was described by a participant;

Engagement to me means being present a 100%. So having my head in the game, my heart in the game, my energy with me.... It's being attentive to what I am doing and loving it. (P2)

Participants also described being engaged at work as a commitment to the job and actions required to work at the highest level possible.

I am committed to the job..., I am fully participatory in terms of my team, my management team, my work team, the people that I manage. If I am serving on committees or doing any kind of work like that I am actually participating. (P4)

The fully participatory state included the description of a commitment to the job that involved wanting to be present and doing their best.

Waking up and still wanting to come to work every day, feeling like I want to be a part of the program..., doing the best I can for both units..., the hospital. (P5)

The joy of doing the work was also clearly evident in the fully participatory theme.

It is enjoying what I am doing. (P6)

The theme as described by participants of being fully participatory themselves demonstrated their commitment to the work done every day. These participants functioned in a manner in which they were immersed in their work life and enjoyed the work. For these exemplified participants true engagement at work was apparent.

Fully Participatory - Staff. The participants also recognized staff who functioned at the highest level and were fully participatory at work. The participants described their perceptions of staff members' engagement and each told a story that illustrated a staff member who was engaged. The stories enabled the participants to describe behaviours that, from their perspective, reflected engagement at work.

The fully participatory employee was described as having energy, being excited about participating, and loving the job.

She's into everything that is going on..., she's a very lively person, very much into team work and you can see the love of the job. (P6)

Very enthusiastic, very energetic about the work that was being done, was very motivated, and motivating others in her area to participate, you know coming to work fully, fully ready to go and fully participatory. (P3)

The description of the staff person as smiling and calm, in control, and putting patients first were examples of staff engagement.

Everything is happening at the desk all at the same time, but she's in control and she's happy and she's good. So she's smiling, she's calm, she's still got the patients you know right in front. (P2)

The fully participatory staff person was motivated, innovative, and wanted to do a good job, as well as caring about the patients.

If you're engaged what you see with people is they're motivated, they're bringing up ideas, they're looking at the best way to do things, they're caring about their patients, or they're caring about their work. (P4)

The fully participatory theme highlighted the participants' recognition of attentiveness to the work commitment and joy in doing the work that is above and beyond what is normally required of the work. The AI framework which was used to write the research questions encouraged participants to focus on their most positive experience and then envision a future state that is even better. The positivity in this theme may be an example of the framework focusing participants on the positive.

Theme IV – Summary

The theme of being fully participatory encompassed the participants' descriptions of themselves and their staff when they believed they were engaged in the work. The descriptions contain phrases such as “fully ready to go”, “into everything thing”, “enjoying the job”, and “loving it”. The fully participatory state at work described a state in which the participants were high functioning and engaged at work.

Chapter Summary

Chapter IV presented the findings to the qualitative study, *Hearing Their Words: Front Line Managers Perspective on Employee Engagement*. The study was conducted at an acute care facility in western Canada, with a purposive sample of six front line managers who are nurses and have front line nurses as direct reports. The Appreciative Inquiry (AI) framework

was used in the design of the study and the interview questions. The AI framework encouraged the reflection on and telling of a positive story about the phenomenon in question, asking the participants what could be done to further improve staff engagement. The four themes that emerged from analysis of the data were described: i) supportive relationships and actions, ii) common purposeful work, iii) sense of achievement and recognition, and iv) fully participatory. Each theme described attributes of engagement at work from the frontline nurse manager's perspective. The participants' description of engagement and the stories shared added to the richness of the data.

CHAPTER V

Discussion

The following chapter discusses the results of the study, *Hearing Their Words: Front Line Managers Perspective on Employee Engagement*. The study was a descriptive qualitative study that used a purposive sample from a single acute care hospital in western Canada. The Appreciative Inquiry (AI) framework was used to design the research questions and guide the study. The purpose of this study was to explore engagement from the perspective of the front line nurse manager. The study explored how engagement at work was experienced, described, and observed by front line nurse managers. The goal of the study was to add to the current body of knowledge on engagement and contribute to understanding and conceptualizing engagement from the perspective of the front line nurse manager. The study focused on answering the following research questions using the data obtained from the participants using the interview protocol developed for the purpose of this study (Appendix E).

1. What are nurse managers' perceptions of engagement?
2. How do front line nurse managers know they are experiencing engagement themselves?
3. How do nurse managers describe engagement amongst their staff?

The purpose of this chapter is to discuss the findings of the study. It is noteworthy that during the study, participants were not asked to discuss, describe, or indicate their level of engagement. Rather the participants were given the opportunity to reflect on engagement at work and tell stories about observing a staff member who was engaged, as well as a time the

participant herself felt engaged. The AI framework provided the foundation for the study and the four themes that emerged from analysis of the data were: i) supportive relationships and actions, ii) common purposeful work, iii) sense of achievement and recognition, and iv) fully participatory. Each theme described attributes of engagement at work from the frontline nurse manager's perspective. The participants' description of engagement and the stories shared added to the richness of the data.

Appreciative Inquiry Framework

The Appreciative Inquiry (AI) framework was the conceptual framework chosen for the study (Cooperrider, et al., 2008). The AI framework has four phases: i) discovery, ii) dream, iii) design and, iv) destiny, the first two phases of the framework were used for this study (Cooperrider, et al., 2008). The AI framework focused the participants in the study on positive aspects of engagement by using the discovery and dream phases of AI in the development of the research questions. The discovery phase used positively worded questions that began a conversation about the most positive moments related to the phenomenon of engagement at work (Cooperrider, et al., 2008) (see Appendix E, questions 1, 2, 4, & 5). Once the participant completed her responses to the questions in the discovery phase, a follow up question from the dream phase of AI was asked (see Appendix E, questions 3 & 6). The intent of the dream phase questions were to build on the best experiences of the participants and encouraged participants to envision how to build on their most positive experiences to increase engagement (Cooperrider, et al., 2008).

The responses to the research questions encouraged participants to tell positive stories about both themselves and their staff being engaged at work. The questions also encouraged the participants to dream about what could improve engagement beyond the stories that were told. The research questions were successful in encouraging the participants to both discover and dream about engagement at work. It is noteworthy that a response from participants in the dream phase that may be an idea that could improve engagement or a suggestion that more of something would make a positive experience better did not indicate an absence of that feature or a lack of engagement. Rather, participants explored how to enhance engagement. In an example to illustrate the use of the discovery and dream phases; a gardener may be asked to describe the most beautiful flower garden they have ever planted, and then asked if there is anything they could do to further improve the garden. If the gardener suggests that a water feature would make the garden better, the addition of the water feature does not negate the beauty of the original garden. Rather the addition builds on the garden. During the discussion of the findings, how the AI framework was used must be clearly understood, the goal of the AI questions was to have the participants reflect and dream about what might take both their engagement at work and the engagement of their staff to the next level, even if they believed they and their staff were engaged.

The participants, despite the intentionally positive questions, also told stories about a time when they or their staff person were not engaged. The stories seemed to be a means of telling the researcher what engagement was not. The researcher did not include a prompt in the interview guide (Appendix E) to re-focus the responses to the positive; however, without

prompts the participants always returned to a positive perspective of engagement and what could be done to improve current engagement.

Appreciative Inquiry Framework

Discovery

The discovery phase of the AI framework encouraged the participants to reflect upon engagement at work for themselves and their staff. They were asked to tell stories about a staff person who was engaged, a time in their own life they were engaged, and what being engaged was like (Cooperrider, et al., 2008). The goal of the discovery phase in this study was to have the participants tell a story that exemplified the engagement of their staff and themselves. The stories were descriptive examples that provided data from which the four themes emerged; supportive relationships and actions, common purposeful work, sense of achievement and recognition, and fully participatory.

Manager's Perceptions of Engagement

The initial interview question encouraged participants to reflect on their perceptions of engagement as front line managers. Specifically front line nurse managers are identified in the literature as crucial to employee engagement in health care organizations, as well as for components of organizational success (Kane-Urabazo, 2006; Laschinger & Finegan, 2005; Laschinger, Wong, & Greco, 2006; Rivera, Fitzpatrick, & Boyle, 2011; Tillot, 2013). The front line nurse manager is the first line of administration and administrative group that has the most contact with front line staff and patients. Consequently, front line managers are perceived to be

in a key position to engage staff and thus improve health care outcomes. The focus of this study was to gain an understanding of the participants' perceptions of engagement.

These participants were asked what engagement at work meant to them. Further, each participant was asked to describe a staff person who was engaged. The stories told by the participants described the engaged staff person and participants matched the attributes of engagement each had given in the first question. The congruence between the attributes of engagement in the reflection of the participants of engagement and the attributes of engagement attributed to the staff in the story told by the participants was notable. One could posit that participants recognized attributes that held importance to the participants' understanding of engagement.

To date the primary focus of much of the research on engagement has been on the metrics that are used to describe the benefits of employee engagement such as, increased productivity, staff retention, client satisfaction, and decreased absenteeism (Atteridge, 2009; Bakker & Schaufli, 2006; Klie, 2007; Lakshmi, 2012; Masalach & Leiter, 2008; Romannou et al., 2010). The participants in this study were aware of the metrics; however they did not focus on metrics when telling stories about engagement both as they described staff who were engaged, as well as their own engagement. In this study the participants focused on the four themes (supportive relationships and actions, common purposeful work, sense of achievement and recognition, and fully participatory) which created an environment that promoted engagement and did not reflect on external metrics while describing their understanding and perceptions of engagement. The environment created by managers may support and improve the external metrics; however these metrics identified in the literature did not emerge in the findings.

Do Managers Believe They Can Enable Their Staffs' Engagement?

The question of whether or not managers believed they had a role in enabling staff engagement was developed as a result of the researcher's discussion with mentors. The researcher was challenged to consider both whether a manager can be responsible for their staffs' engagement, and whether managers believe they can influence staffs' engagement at work. Understanding the managers' perception and beliefs regarding their influence over their staff is integral to gaining an in-depth understanding of managers' beliefs about engagement at work.

The literature supports a link between nurse managers' engagement and the engagement of their staff (Laschinger et al., 2006; Laschinger & Finegan, 2005; Rivera et al., 2011). The findings of this study support previous finding in the literature. Although there was acknowledgement that engagement is "somewhat from within" (P4), all participants explained and described their role in enabling their staff's engagement. Participants also indicated that support from their own supervisor was important to the participants' engagement.

The stories the six participants told all referred to aspects of supportive relationships and actions integral to both their own engagement and the engagement of their staff. The participants provided more detail and description when answering questions about their staff than about themselves, thus the description and detail of support to enhance engagement provided regarding staff outweighed descriptions and detail of the participants' own engagement. The stories the participants told illustrated their staff's engagement and attributes related to their engagement, as well as the supportive relationships and actions that enabled engagement of staff. The stories

varied from descriptions of a good day at work to an exceptional project. However, all stories illustrated the importance of supportive relationships and actions in facilitating staff engagement.

The theme of common purposeful work also emerged from the data. Participants' stories often had groups coming together to achieve common goals at various levels of health care: the unit, the site, and/or regional levels. The teams in the stories were composed of various groupings of interdisciplinary teams; the composition of the team did not seem to matter. Rather, the focus was on the team's ability to have a common goal or purpose that everyone could work toward. Working toward a common goal or purpose was one of the sub-themes within common purposeful work. Mackoff and Triolo (2008a) indicate that understanding the overall purpose of their work is one of three behaviours identified as an indicator of manager engagement. This study's participants identified that, it is not only understanding the purpose of their work, it was integral to manager engagement that the purpose of the work also was shared with peers, colleagues, staff, and/or supervisors. This finding is a contribution to the current understanding of managers' perception of engagement. Amabile's (1991) discussion of the progress principle indicates that achieving small goals at work moves staff toward joy and engagement at work. The sharing and achieving of common goals is indicated as improving engagement at work.

The discovery stories about engagement at work often had a sense of achievement for the participants or a sense of perceived achievement for the staff. The stories included both formal and informal recognition that emphasized the positive outcome of the story. Mackoff and Triolo (2008c) indicate that an organizational culture that contains both learning and regard are two of

five factors that are important to engagement. The participants did not use the word *regard*, however one could assert that recognition and acknowledgement may be a similar phenomenon to regard. The recognition described by participants were a thank you or acknowledgement of a job well done, not a formal recognition. This finding emphasizes the importance acknowledging success in the workplace held for the participants as a factor contributing to engagement. Further study is required to determine if the theme of recognition and acknowledgement supports the factor of *regard* in the Mackoff and Triolo (2008c) study.

The final theme, fully participatory encompassed the attributes of attentiveness to the work, commitment to the work, and joy in doing the work. Participants described feelings and actions at work that incorporated being fully involved with their work and observing staff members who demonstrated those attributes in action. The fully participatory state at work is both highly functional and highly desirable to achieve. Participants described commitment to work as commitment to the organization, joy in working, and attentiveness to the work. The attributes the participants described in their responses regarding fully participatory emerged in the discovery phase.

The literature asserts that engaged employees have energy, enthusiasm, motivation, innovation, positive attitude, commitment to the organization, and as a result, an increase in positive organizational outcomes (Atteridge 2009; Hakanen, et al., 2006; Klie, 2007; Lakshmi 2012; Masalach, & Leiter; 2008; Romanou et al., 2010). The potential benefits that could be obtained by enabling staffs' engagement at work are substantial. It is therefore essential that

further understanding of the complexity involved in enabling staff engagement and creating a work environment that supports engagement is pursued.

Csikszentmihaly's (1991) concept of flow supports the theme of fully participatory. This concept posits that flow activities consume the participants, are challenging enough to keep interest, remove self-doubt, and increase joy. One could assert that the fully participatory theme described participants being engaged in a flow activity while they are at work.

The discovery phase questions encouraged the participants to reflect upon a positive example of engagement from observing their staff and from their own experience. The discovery questions focused the participants on what was done well. The participants appeared to enjoy recalling stories about engagement; there was a sense of energy and enthusiasm with recalling the positive experiences during the interviews.

AI Framework

Dream

The dream phase of the AI framework is intended to have the participants build on the positive experiences and stories told in the discovery phase. The dream phase encourages participants to envision the ideal situation (Cooperrider, et al., 2008). As participants envisioned what could be done to improve engagement, both for themselves and their staff, the findings were predominantly embedded in the theme of supportive relationships and actions. There was a simplicity to the responses that was remarkable; there was not a request for a piece of equipment, a tool, or tracking device. The primary *dream* was to have more time to be supportive to staff.

The theme of supportive relationships and actions emerged as a predominant theme from the data. The findings indicated that supportive relationships and actions were fundamental to the engagement of the participants and perceived as integral to their staffs' engagement. The findings indicate that the participants perceived supportive relationships and actions as the most important factor in engagement for both the front line nurse managers who participated in the study and their direct reports. The desire to both give and receive more support in the dream phase responses further emphasizes the importance support held for the participants. The current literature on engagement focuses primarily on external metrics (Gray, 2013). Warshawsky and colleagues. (2012) indicated that interpersonal relationships specifically between managers, their peers and supervisors were important for engagement, this study both supports and expands on those findings. One of the findings of this study was that participants felt support from their immediate supervisor was fundamental to their own engagement. However, the unique finding of this study is that managers are more focused on providing support to their staff and they believe this was crucial to their staffs' engagement.

Agnew and Royal (2011) describe frustration as the enemy of engagement and employee enablement as integral to employee engagement. The two components of employee enablement identified by Agnew and Royal (2011) are; i) optimizing the employee's role and ii) creating a supportive environment for employees. The supportive environment is described further by these authors and includes ensuring employees have what they need, eliminating non-essential work and, facilitating employees' focus on goals (Agnew & Royal, 2011). The importance of supportive relationships and actions to engagement as well as the complexity of the meaning of support is reinforced by the Agnew and Royal (2011) discussion.

Accepting support most often emerged from responses to the second dream phase question in which participants were asked what could further improve their engagement. The findings indicated that the participants perceived that, although support was available to them, more support would be appreciated. Moreover, despite the availability of support, participants were hesitant to seek out this support from supervisors. The reasons for the hesitation varied, from wanting to try and solve issues on their own, to repeated changes in their immediate supervisor. Warshawsky et al. (2012), indicated that the relationship between the nurse manager and her supervisor was the most important for work engagement. However, the attributes of this relationship are not defined. One can assert that this relationship is undoubtedly complex and further study is required to further understand the dynamics of this relationship between managers and their supervisors. This study contributes to further understanding this relationship, as the participants of this study identified support as the most important aspect of the relationship with their supervisor. If support was more readily offered by immediate supervisors to front line nurse managers, the support may be more readily accepted.

The dream phase provided the participants with the opportunity to describe how to further improve their own engagement, and further enable their staff's engagement. The participants were able to build on the positive stories told in the discovery questions, and indicated what they believed would further improve engagement for themselves and their staff.

Limitations of the Study

The study was a descriptive qualitative study that used a purposive sample from a single acute care hospital in western Canada. The sample size was small (n=6 participants); however,

data saturation was reached with this number of participants. With a small sample size and single site for the study, the results are not transferable to other contexts. The study did not examine or address current rates of engagement with either the nurse managers or the staff who reported to the front line nurse manager participants. No attempt was made to measure engagement and organizational outcomes. The participants self-selected potentially creating a bias toward engaged managers. The study was limited specifically to front line nurse managers and did not include managers from other disciplines or front line staff.

Implications

The current literature on nurse manager engagement and how they perceive engagement is scant. The focus of the engagement research has examined the phenomenon in terms of: external metrics (Gray, 2013), manager behaviors (Mackoff & Triolo, 2008), and drivers of engagement (Rivers et al., 2011). Warshawsky et al.'s (2012) study was unique in that these authors identified interpersonal relationships as key to manager engagement. However, what those interpersonal relationships entail was not specified. The themes (supportive relationships and actions, common purposeful work, sense of achievement and recognition, and fully participatory) that emerged from the data collectively add to the body of knowledge of front line nurse managers' perception of engagement by providing insights into their perceptions, observations, and thoughts about engagement at work that are not addressed in the current literature. The unique perspective from the front line nurse manager provides an indication of how engagement is experienced by front line nurse managers. The participants described their perceptions of engagement and its meaning to them. Further, the participants described how they observed engagement at work in their staff.

The participants defined engagement in a manner that aligns with the literature. Although the participants alluded to being aware of external metrics they did not focus on metrics during the interview. The nurse manager has been identified as vital to staff engagement and organizational success (Kane-Urabazo, 2006; Laschinger & Finegan, 2005; Laschinger, Wong, & Greco, 2006; Rivera, Fitzpatrick, & Boyle, 2011; Tillot, 2013). Nonetheless, more research is required to determine if managers' beliefs about engagement need to align with their organizations to optimize the benefits engagement brings to an organization. Moreover, further study is required as to how nurse managers enable their staffs' engagement and how these efforts align with the external metrics currently described in the literature.

The concept of engagement in the literature asserts that engagement is on a continuum with burnout at the opposite end (Freeney & Tiernan, 2009; Hakanen et al., 2006; Kassing et al., 2012; Laschinger et al., 2006; Masalach & Leiter, 2008). However, the concept of engagement was not defined or developed independently by these scholars. The study of engagement as an autonomous concept is relatively new in nursing. The participants in this study did not use the word "burnout" during the data collection process. Rather, the words or phrases used to describe the opposite of engagement by the participants were "dis-engaged", "turned off of engagement", or "not so engaged" to describe states in which the participants themselves or their staff were not engaged. The word burnout or any synonym of the word burnout were never used by the participants during the interview process. The findings of this study shed new light on engagement and disengagement as different and distinct from burnout. Further understanding of engagement and disengagement of the continuum between engaged and disengaged is required.

Recommendations

Further study in the area of manager engagement, and how managers perceive engagement and observe engagement are required. Rivera et al. (2011) posit a link between nurse manager engagement and front line nurse engagement; however the questions of how or why were not answered. This study found that the participants told stories about engaged staff who had attributes of engagement that were congruent with the participants' definitions. One could ask the question whether engaged managers and disengaged managers select staff with different attributes or characteristics than each other, thus leading to differing levels of engagement. It is important that organizations gain an understanding of the managers' perceptions of engagement because of the pivotal role front line nurse managers have in health care organizations. For example, Rivera et al. (2011) encouraged employers to invest in the recruitment, education, and development of front line nurse managers, in recognition of the crucial role nurse managers have within health care organizations. This study indicated that supportive relationships and actions were crucial to engagement. It is important that organizational leaders understand the role supportive relationships and actions have in engagement. Further qualitative research is required to understand the implications of these findings, particularly with an aging nursing workforce and impending retirements of experienced nurse managers. Understanding the supportive relationships and action required for the new managers will be integral to ongoing organizational success.

The nurse manager is identified in the literature as necessary for the engagement of staff, as well as for organizational success (Kane-Urabazo, 2006; Laschinger, & Finegan, 2005;

Laschinger, Wong, & Greco, 2006; Rivera, Fitzpatrick, & Boyle, 2011; Tillot, 2013). Thus, further exploration of engagement from both the perspective of the front line manager and the front line staff also are required to further examine the alignment of the two groups and their perceptions of engagement. Supportive relationship and actions were essential to engagement for this study's participants. Further examination of an in-depth understanding of these relationships will shed additional light on the relationships between managers' and staffs' engagement and the relationship of engagement to organizational success. In addition the study of engagement in health care settings and organizational outcomes requires further study. The role of front line managers and staff's engagement requires ongoing research to gain further understanding of the phenomenon.

Simpson (2008) encouraged nurse researchers to further define the concept of engagement to build a foundation for future research. The foundation of this research on engagement in nursing is in its infancy. The ongoing exploration of the concept of engagement continues, and further understanding of engagement from the perspective of the front line nurse managers continues to be imperative to build of a body of knowledge that can support the front line manager both with their own engagement and the engagement of their staff.

Conclusion

The purpose of this study was to begin to understand the front line nurse managers' perceptions of engagement, as well as how they experience and describe engagement of themselves and their staff. The four themes, supportive relationships and actions, common purposeful work, sense of achievement and recognition, and fully participatory, which emerged

from the data provided insight into how front line nurse managers perceived, experienced and described engagement. This research study adds to an understanding of the perception of engagement from the perspective of the front line nurse manager. Continued research and expansion of knowledge on engagement of the front line nurse manager is integral to further defining and developing a shared meaning of engagement in order to align the understanding of engagement of front line nurse managers with their organizations. The literature often places the responsibility for engagement within an organization with the front line manager (Kane-Urabazo, 2006; Laschinger, & Finegan, 2005; Laschinger, Wong, & Greco, 2006; Rivera et al., 2011; Fitzpatrick, & Boyle, 2011; Tillot, 2013). Therefore, ongoing research in this area is essential to support managers as they, in turn, support and facilitate their staffs' engagement.

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Appendix A

Faculty of Nursing

Helen Glass Centre for Nursing
Winnipeg, Manitoba
Canada R3T 2N2 Telephone
:(204) 474-7452 Fax: (204)
474-7682

Introduction Letter for the CNO

Dear; [REDACTED]

Thank you in advance for considering this request to contact your staff for my thesis study. I am requesting your assistance as the Chief Nursing Officer of [REDACTED], to send the front line nurse managers the attached letter of invitation. The details of the study are below.

I am a graduate student at the University of Manitoba, Faculty of Nursing in the administrative stream. As a requirement of the thesis based Masters, I am conducting a study titled “Engagement: The Front Line Nurse Managers Perspective”. The research questions at the foundation of the study are:

1. What are nurse managers’ perceptions of engagement?
2. How do front line nurse managers know they are experiencing engagement themselves?
3. How do nurse managers’ identify engagement amongst their staff?

The purpose of this descriptive qualitative study is to examine how engagement is experienced, described and observed by front line nurse managers. Nurse managers have been identified as key to the engagement of employees, and engaged employees are recognized as crucial to organizational success. It is therefore important to gain a better understanding of nurse managers’ perceptions of engagement, and the meaning of engagement from their perspective. Participants will be registered nurses or registered psychiatric nurses, who work as nurse managers who are willing to participate in an interview. If they participate in the study, they will be asked to:

1. Sign a consent form at the time of the interview, a copy will also be provided to them for

their records.

2. Participate in one interview, approximately 45-60 minutes in duration. The interview will be digitally recorded for the purpose of transcription. The interview will be semi-structured, pre-determined questions will be asked and additional question may be asked based on the interview.
3. Participants may be asked during the interview to clarify their responses in order to ensure, the perspective of the participant, is clear.

Confidentiality:

All information provided in writing and recorded during the study will be kept confidential at all times. Dr. J. Scanlan, the Thesis Chair and I will be the only people who have access to the digital recordings and transcripts of the interviews. The digital recordings and transcripts will be identified with a codes only, no names will appear on recordings or transcripts. The researcher will be the only person who will know the participants identities, and this knowledge will be kept confidential.

Consent Form:

During the study, consent forms will be securely stored in a locked filing cabinet in my office. When the study is complete and thesis is defended in November, 2014, consent forms will be destroyed using confidential waste.

Interview recordings and notes:

Digitally recorded interview will be transferred onto a computer that is secure and password protected. Once the recording of the interview is transferred, the recording on the digital recorder will be deleted. The transferred version of the interview, will be transcribed into a word document and become a transcript. The digital recording and transcript will be given a code for identification. When the study is complete, the computer file containing your electronic transcript and audio recording will remain password protected and kept for 7 years (2021). All electronic information will be deleted 7 years after the study is complete. A printed copy of your transcript will be used for data analysis. The paper transcript as well as additional notes will be securely stored in a separate locked filing cabinet in my work office for 7 years until 2021. Seven years after the study is complete (2021), the paper transcript and all additional notes will also be destroyed using confidential waste.

Participation in this study is voluntary. Participants in the study will be assured it will not affect the participants' employment and the information received will not be shared with their employer.

If a nurse manager chooses to participate, s/he will be contacted and a mutually convenient time will be determined. The day before the interview the researcher will call to confirm the location and time of the interview as discussed at first contact. Participants will receive a \$10 Tim Horton's gift card as a token of appreciation for their participation. If at any point a participant decides s/he do not want to answer a question or s/he does not want to continue with the study, he/she can withdraw from the study. If a participant chooses to withdraw from the study, any information collected will be destroyed immediately using confidential waste and the deletion of data.

My thesis committee consists of: Dr. Judith Scanlan, (Chair), Dr. Diana Clarke (Internal member), and Mr. David Zinger (External member). The results of this study will be used for the completion of my thesis. The results of this study may be published in peer reviewed journals or presented at a conference, the results will be presented as themes, study participants' identifiable information will not be included.

This study has approval from the Education/Nursing Research Ethics Board at the University of Manitoba.

If they have any questions or comments about this study please contact myself at 204- [REDACTED] (cell), or email valerik@cc.umanitoba.ca or the thesis chair, Dr. Judith Scanlan at 204- [REDACTED], or email judith.scanlan@umanitoba.ca or the Human Ethics Coordinator, Maggie Bowman at 204- [REDACTED], or email margaret.bowman@umanitoba.ca

Thank you in advance for considering communicating with your staff on my behalf.

Kristen Valeri, RN, BA, BN,



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Appendix B

Helen Glass Centre for Nursing
Winnipeg Manitoba
Canada R3T 2N2
Telephone:(204) 474-7452
Fax: (204) 474-7682

FACULTY OF NURSING

Introduction Letter for Participants

Dear Nurse Managers:

The Chief Nursing Officer or your Program Director at your site is sending this email on my behalf. The identity of the recipients of this email will not be shared with me.

I am a graduate student at the University of Manitoba, Faculty of Nursing in the administrative stream. As a requirement of the thesis based Masters, I am conducting a study titled “Engagement: The Front Line Nurse Managers Perspective”. The research questions at the foundation of the study are:

1. What are nurse managers’ perceptions of engagement?
2. How do frontline nurse managers know they are experiencing engagement themselves?
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The purpose of this descriptive qualitative study is to examine how engagement is experienced, described and observed by front line nurse managers. Nurse managers have been identified as key to the engagement of employees, and engaged employees are recognized as crucial to organizational success. It is therefore important to gain a better understanding of nurse managers’ perception of engagement, and the meaning of engagement from your perspective. Participants will be registered nurses or registered psychiatric nurses who work as nurse managers who are willing to participate in an interview.

If you participate in the study, you will be asked to:

1. Sign a consent form at the time of the interview, a copy will also be provided to you for your records.
2. Participate in one interview, approximately 45-60 minutes in duration. The interview will be digitally recorded for the purpose of transcription. The interview will be semi-structured, pre-determined questions will be asked and additional questions may be asked.
3. The interview questions will ask you to reflect on your perceptions of engagement, and how you identify engagement within your staff.
4. You may be asked during the interview to clarify responses to ensure that the researcher accurately reflects the perspective of the participant.
5. You may be asked to participate in a follow up interview after data analysis to provide the researcher with feedback regarding the themes and categories emerging from the data analysis.
6. There are no potential risks or benefits to participating in the study.

Confidentiality:

All information provided in writing and recorded during the study will be kept confidential at all times. The Thesis Chair and I will be the only people who have access to the digital recordings and the transcripts of the interviews. The digital recordings and transcripts will be identified with a codes only, no names will appear on recordings or transcripts. I will be the only person who knows the identity of the participants and that knowledge will remain confidential. The University of Manitoba Research Ethics Board and the [REDACTED] may review the research-related records for quality assurance purposes.

Consent Form:

During the study, consent forms will be securely stored in a locked filing cabinet in my office. When the study is complete in November, 2014, consent forms will be destroyed using confidential waste.

Interview recordings and notes:

Your digitally recorded interview will be transferred onto a computer that is secure and password protected. Once the recording of the interview is transferred, the recording on the digital recorder will be deleted. The transferred version of the interview, will be transcribed into a word document and become a transcript. The digital recording and transcript will be given a code for identification. When the study is complete, the computer file containing your electronic transcript and audio recording will remain password protected and kept for 7 years (2021). All electronic information will be deleted 7 years after the study is complete. A printed copy of your

transcript will be used for data analysis. The paper transcript as well as additional notes made will be securely stored in a separate locked filing cabinet in my work office for 7 years until 2021. Seven years after the study is complete (2021), the paper transcript and all additional notes will also be destroyed using confidential waste.

If at any point you choose not want to answer any particular question(s) or you do not want to continue with the study, you can withdraw from the study. If you choose to withdraw from the study, any information collected from you will be destroyed immediately using confidential waste and the deletion of data from the digital recording.

Your participation in this study is voluntary. Your participation in the study will not affect your employment and the information received from you will not be shared with your employer.

If you choose to participate, you will be contacted and a mutually convenient time will be determined. The day before the interview the researcher will call to confirm the location and time of the interview as discussed at first contact. You will receive a \$10 Tim Horton's gift card as a token of appreciation if you decide at any point to withdraw from the study you will receive the gift card.

My thesis committee consists of: Dr. Judith Scanlan, (Chair), Dr. Diana Clarke (Internal member), and Mr. David Zinger (External member). The results of this study will be used for the completion of my thesis. The results of this study may be published in peer reviewed journals, or presented at a conference, the results will be presented as themes, study participants' identifiable information will not be included.

This study has approval from the Education/Nursing Research Ethics Board at the University of Manitoba, and the Research Review Committee of [REDACTED] Hospital.

If you have any questions or comments about this study please contact myself at 204-[REDACTED] (cell), or email valerik@cc.umanitoba.ca or the thesis chair, Dr. Judith Scanlan at 204-[REDACTED], or email judith.scanlan@umanitoba.ca or the Human Ethics Coordinator, Maggie Bowman at 204-[REDACTED], or email margaret.bowman@umanitoba.ca

Thank you in advance for considering participating in my study.

Kristen Valeri, RN, BA, BN

Appendix C

Recruiting: Nurse managers for thesis based research study

Engagement: The Front line nurse managers perspective

Nurse Managers have been identified as key to the engagement of employees. Engaged employees are recognized as crucial to organizational success. It is important to gain a better understanding of nurse managers' perception of the phenomenon of engagement.

The interviews will be conducted at a time and place that is convenient for the participants

This study has approval from the Education/Nursing Research Ethics Board at the University of Manitoba, and the Research Review Committee [REDACTED] Hospital. Concerns or complaints about this study can be directed to Maggie Bowman, Human Ethics Coordinator 204-[REDACTED], or email margaret.bowman@umanitoba.ca



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Recruiting registered nurses, currently working as nurse managers who are willing to participate in 45-60 minute (one on one) interview about engagement

Participants will receive a \$10 Tim Horton's card as a token of appreciation

To participate contact:
Kristen Valeri 204-[REDACTED]
or email
valerik@cc.umanitoba.ca

Research Advisor

Dr. Judith Scanlan
204-[REDACTED] or email
judith.scanlan@umanitoba.ca

Human Ethics Coordinator

Maggie Bowman
204-[REDACTED], or email



Appendix D

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM

Research Project Title: Engagement: The Front Line Nurse Managers Perspective

Principal Investigator: Kristen J. Valeri R.N., B.N., B.A. contact at valerik@ccumanitoba.ca or 204-██████████

Researcher Supervisor: Dr. J. Scanlan contact at judith.scanlan@umanitoba.ca or 204-██████████
██████████ University of Manitoba Faculty of Health Studies, College of Nursing

INTRODUCTION

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 should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

PURPOSE OF THE STUDY

The investigator is a graduate student at the University of Manitoba, Faculty of Nursing in the administrative stream. This study is being conducted as a requirement of the thesis based Masters. The purpose of this study is to examine how engagement is experienced, described, and observed by front line nurse managers. Nurse managers have been identified as key to the engagement of employees, and engaged employees are recognized as crucial to organizational success. It is therefore important to gain a better understanding of nurse managers' perceptions of engagement, and the meaning of engagement from their perspective. You will be registered nurses, who work as nurse managers that are willing to participate in an interview.

A total of 10 to 15 people will be asked to participate in this study. Your participation in this study is entirely voluntary.

STUDY PROCEDURES

Once you decide to be a part of the study you will be asked to:

1. Sign a consent form at the time of the interview, a copy will also be provided to you for your records.
2. Participate in one interview, approximately 45-60 minutes in duration. The interview will be digitally recorded for the purpose of transcription. The interview will be semi-structured, additional question may be asked.
3. The interview will occur in a meeting room at [REDACTED] Hospital.
4. You may be asked during the interview to clarify responses this is to ensure that I understand your perspective.
5. You will be asked a few demographic questions on age, education, and years of nursing experience.
6. The interview questions will ask you to reflect on your perceptions of engagement, and how you identify engagement within your staff.
7. You may be asked to participate in a follow up interview after data analysis to provide the researcher with feedback regarding the themes and categories emerging from the data analysis.
8. The writer will be making notes regarding the setting, research process and self reflection, the notes will not contain any information about you as a participant.

RISKS AND DISCOMFORTS

It is not expected that you will experience any discomfort from participating in this study.

BENEFITS

There may not be direct benefit to you from participating in this study. The information gathered from this study will help to build knowledge about front line nurse manager engagement. The results to the study will be available once the research based thesis is complete on the University of Manitoba website.

COSTS

There will be no costs to you as a study participant.

PAYMENT FOR PARTICIPATION

You will not be paid to participate, you will receive a \$10.00 gift card as a token of appreciation. If you decide to withdraw from the study you will keep the token of appreciation.

ALTERNATIVES

The alternative to participating in this study is not to participate.

CONFIDENTIALITY

Information gathered in this research study may be published or presented in public forums; however your name and other identifying information will not be used or revealed. Despite efforts to keep your personal information confidential, absolute confidentiality cannot be guaranteed. Your personal information may be disclosed if required by law. All information provided in writing and recorded during the study will be kept confidential at all times. The researcher will be conducting the interviews and will be the only person who knows the identity of the participants. The researcher will also be using software to transcribe the data, and will be the only person involved in the process. The thesis Chair and I will be the only people that have access to the digital recordings and the transcripts of the interviews. The University of Manitoba Research Ethics Board and the [REDACTED] Hospital may review the research-related records for quality assurance purposes.

The digital recordings and transcripts will be identified with a code only, no names will appear on recordings or transcripts.

INTERVIEW RECORDINGS AND NOTES:

Digitally recorded interview will be transferred onto a computer that is secure and password protected. Once the recording of the interview is transferred, the recording on the digital recorder will be deleted. The transferred version of the interview, will be transcribed into a word document and become a transcript. The digital recording and transcript will be given a code for identification. When the study is complete, the computer file containing your electronic transcript and audio recording will remain password protected and kept for 7 years (2021). All electronic information will be deleted 7 years after the study is complete. A printed copy of your

transcript will be used for data analysis. The paper transcript as well as additional notes will be securely stored in a separate locked filing cabinet in my work office for 7 years until 2021. Seven years after the study is complete (2021), the paper transcript and all additional notes will also be destroyed using confidential waste.

VOLUNTARY PARTICIPATION / WITHDRAWAL FROM THE STUDY

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not answer individual questions, participate or to withdraw from the study will not affect your employment and will not be communicated with your employer. If you decide to withdraw from the study contact Kristen Valeri at 204- [REDACTED] or valerik@ccumanitoba.ca all data collected from you will be destroyed at that time.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions 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 look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Education/Nursing Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator Maggie Bowman at [REDACTED]. A copy of this consent form has been given to you to keep for your records and reference.

QUESTIONS

You are free to ask any questions that you may have about the study and your rights as a research participant. If any questions come up during or after the study or if you have a research-related concern, contact Kristen Valeri at (204) [REDACTED]

For questions about your rights as a research participant, you may contact The University of Manitoba, Fort Garry Campus Research Ethics Board Office at (204) [REDACTED]

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Participant Printed Name

Participant Signature

Date (day/month/year)

Researchers Printed Name

Researchers Signature

Date (day/month/year)

Summary of Results

I would like a summary of the study results sent to
mail or email address:

Participant Printed Name

Participant Signature

Date (day/month/year)

Appendix E

Interview Protocol:

The study participants will be able to contact the investigator via email or phone. Once contact has been made by the participants a meeting place and time will be arranged.

Upon meeting the participant the investigator will bring both the letter of invitation Appendix B and the letter of consent Appendix D.

I will introduce myself as the investigator of the study and explain the purpose of the study as outlined in Appendix B, and ensure that the potential participants understand the consent form and understand that being a part of the research is completely voluntary. The participants will be encouraged to ask questions.

The following are the questions that will be asked. The participants will be encouraged to take a moment to reflect on the questions prior to answering.

1. What does engagement at work mean to you?
2. Describe a time you observed a staff person who was engaged?
3. Describe your role in enabling the engaged staff person?
4. What do you believe you can do to enable your staff's engagement?
5. Describe a time when you were engaged at work, what was it like being engaged?
6. What can be done to further improve your engagement?

Prompts for the questions:

Is there anything else you would like to add?

Can you explain what that meant to you?

What does _____ word mean to you?

Can you expand on that?

Did you observe anything else?

The prompts will be used during the interview to gain clarity on the responses. Once the interview has ended, I will thank them for participating and provide the participants with the gift card. The participants will be provided with contact information for myself and will be asked if there are any questions or concerns.

Demographic Questionnaire:

Age range: Can you please indicate your age range? a)25-35 b)36-45 c)46-55 d)56 or over

What is the highest level of education you have completed? a) diploma b) bachelors c) masters
d) PhD

How long have you been a nurse? a) 0-5yrs b) 6-10yrs c) 11-15yrs d) 16-20yrs e) 21yrs or over

How long have you been a front line nurse manager? a) 0-2yrs b) 3-5yrs c) 6-10yrs d) 11-15yrs
e)16- 20yrs f) 21years or over

Appendix F

Interview Grid

Interview Q	AI Discovery	AI Dream	Research Q1; What are managers' perceptions of engagement?	Research Q2; How do front line nurse managers know they are experiencing engagement?	Research Q3; How do managers' describe engagement amongst staff?
What does engagement at work mean to you?	X		X	X	
Describe a time you observed a staff person who was engaged?	X		X		X
Describe your role in enabling the engaged staff person?	X		X		X
What do you believe you can do to enable your staff's engagement?		X	X		X
Describe a time when you were engaged at work, what was it like being engaged?	X		X	X	
What can be done to further improve your engagement?		X	X	X	

Appendix G



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APPROVAL CERTIFICATE

September 2, 2014

TO: **Kristen Valeri** (Advisor J. Scanlan)
Principal Investigator

FROM: **Lorna Guse, Chair**
Education/Nursing Research Ethics Board (ENREB)

Re: **Protocol #E2014:108**
"Engagement: The Front Line Nurse Manager's Perspective"

Please be advised that your above-referenced protocol has received human ethics approval by the **Education/Nursing Research Ethics Board**, which is organized and operates according to the Tri-Council Policy Statement (2). **This approval is valid for one year only.**

Any significant changes of the protocol and/or informed consent form should be reported to the Human Ethics Secretariat in advance of implementation of such changes.

Please note:

- If you have funds pending human ethics approval, please mail/e-mail/fax (261-0325) a copy of this Approval (identifying the related UM Project Number) to the Research Grants Officer in ORS in order to initiate fund setup. (How to find your UM Project Number: <http://umanitoba.ca/research/ors/mrt-faq.html#pr0>)
- if you have received multi-year funding for this research, responsibility lies with you to apply for and obtain Renewal Approval at the expiry of the initial one-year approval; otherwise the account will be locked.

The Research Quality Management Office may request to review research documentation from this project to demonstrate compliance with this approved protocol and the University of Manitoba *Ethics of Research Involving Humans*.

The Research Ethics Board requests a final report for your study (available at: http://umanitoba.ca/research/orec/ethics/human_ethics_REB_forms_guidelines.html) in order to be in compliance with Tri-Council Guidelines.

Appendix H



Research Review Committee Approval Form

Principal Investigator: Ms. K. Valeri

RRC Reference Number: RRC/2014/1420

Date: September 8, 2014

Protocol Title: Engagement: The Front Line Nurse Manger's Perspective

The following is/are approved for use:

- Proposal, Version reviewed at the RRC meeting held on August 6, 2014
- Research Participant Information and Consent Form, Version 1 dated April 2014
- Introduction Letter for the VP/CNO, Version submitted to the RRC on September 4, 2014
- Introduction Letter for Participants, Version submitted to the RRC on September 4, 2014
- Recruitment Poster, Version submitted to the RRC on September 4, 2014
- Interview Protocol, Version reviewed at the RRC meeting held on August 6, 2014

The above was approved by [REDACTED] Co-Chairperson, Research Review Committee (RRC), [REDACTED] Hospital, on behalf of the Committee. As the recommendations by the Research Review Committee have been met, final approval is now granted.

As a reminder any changes to the study Protocol and/or Informed Consent Form must be reported to the Research Review Committee along with any other documents required as per Standard Operating Procedures for Clinical Investigators. The Research Review Committee must be notified regarding discontinuation or study closure.

Should you require assistance during any stage of your research project, please do not hesitate to contact the [REDACTED] Hospital Office of Clinical Research (204-[REDACTED])

The Research Review Committee wishes you much success with your study.

Sincerely yours,