A Qualitative Interpretive Description Study Exploring Factors that Influence Emerging Nurse Leaders on The Path to Leadership in Northern Manitoba

By

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Abstract

The purpose of this study was to explore factors that shape emerging nurse leaders' interest to step into a nurse leadership role in the Northern Health Region of Manitoba. Nurse leaders have a pivotal role in health care. Unfortunately, there is a relatively low proportion of nurses who plan to pursue nursing leadership roles, and an anticipated high number of nursing leaders expected to retire and leave the profession. A qualitative design using the approach of interpretive description was chosen to explore factors that influence emerging nurse leaders in northern Manitoba on their pathway to leadership. Using a modified version of Collings and Mellahi's (2009) framework of strategic talent management, several factors were explored, including factors of work motivation, organizational commitment, and extra roles behaviour. This study also examined perception of organizational investment and the participant's retrospective perceptions of experiential knowledge as it pertains to their interest in leadership. Based on the limited information available about talent management and nurse leaders in northern Canada, a purposive sample of 10 participants were recruited in northern Manitoba. Using a semi-structured interview guide, participants engaged in 1:1 virtual, one-hour interviews that were digitally recorded. Digital recordings were transcribed verbatim. Additional data source was a reflexive journal. Transcripts and journal were read and reread. Using constant comparison analysis, I identified three themes related to factors that influenced participants' decision to move into formal leadership roles: i) relationships as the foundation of becoming a leader, ii) push and pull, and iii) the context of the north. Within the theme of relationships, supportive recognition and trust were described as crucial factors that motivated participants to consider leadership positions. Given the important role of the nurse leaders and the vital necessity of positioning our healthcare teams for success, it is imperative to understand the

factors that shape emerging leaders. Talent management may provide a new lens through which to recruit and develop emerging nurse leaders.

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Chapter I

Statement of the Problem

Background

Nursing leadership is vital to effectively navigate health care system challenges which include ensuring healthy work environments, workforce sustainability, and patient outcomes (Canadian Nurses Association [CNA], 2009; Cziraki et al., 2020; Martin & Warshawsky, 2017; Tate et al., 2023; Wong et al., 2013). It is concerning that nursing leadership positions in Canada have overall decreased by 30% since the 1990s due to the restructuring of health care organizations (CNA, 2009). In addition to the elimination of leadership positions, it was estimated that 75% of nurse leaders plan to leave nursing by 2020 (Bulmer, 2013). Wong and colleagues (2014) projected that in Canada, there will be a shortage of 4,200 nurse managers by the year 2022. In the United States, 53% of nurses are 50 years and older and will begin retiring in 2020 (LaCross et al., 2019). As nursing leaders retire, too few nurses are preparing to replace them. In a Canadian study that examined the concept of leadership among direct care nurses in nine provinces, only 24% were interested in pursuing leadership role (Laschinger et al., 2013). Health care is lagging behind other industries in leadership development and succession planning (Al Sabei et al., 2019; Cziraki et al.,2020; Titzer et al., 2013) at a time when these strategies are needed most.

In Canada, and around the world, the COVID-19 pandemic has proven to be an unprecedented time of stress and pressure for nursing leaders (Bookey-Bassett et al., 2020; Stankiewicz & Bailey, 2021). As front-line staff look to their nursing leaders for guidance and support, those leaders are facing situations of complexity and chaos. During the COVID-19 crisis, nurse leaders had a critical role both for positive patient outcomes and safeguarding and inspiring staff to provide excellent nursing care (Bookey-Bassett et al., 2021; Raso et al., 2022).

Given the important role of nurse leaders and the vital necessity of positioning healthcare teams for success, it is vital to understand the factors that shape emerging leaders. Current nurse leaders are challenged to understand how to make leadership roles more attractive (Martin & Kallmeyer, 2018). Understanding how experiential knowledge and leadership development influence nurses to ‘step off the ledge’ and enter formal leadership roles may inform leadership development and talent management strategies (Cziraki et al., 2020; Sherman & Saifman, 2018). Developing new ways to recruit, transition, and develop emerging nurse leaders is vital to health care organizations and to the future of nursing (Sherman & Saifman, 2018).

Historically, health care organizations had large labor pools to select internal employees for leadership positions and succession planning. When employed, this ensured seamless continuation in organizational leadership positions (Titzer & Shirey, 2013). Succession planning is a strategy that has been around since the post-war era in which organizational structure was stable and employees could be educated and remain in a ready state to step into leadership roles as they became vacated through normal processes of attrition (Capelli, 2008; Griffith, 2012). Typically, succession planning focuses on the most top pivotal leadership positions in the organization in which having a succession plan in place increases the return of investment related to the successor being imbedded in the culture of the organization; aware of the organizational strategic plan and in need of less orientation time (Capuano, 2013; Redman, 2006). A proactive strategy, succession planning ensures that qualified candidates are available to flow into leadership positions when they become vacant (Phillips, 2020). However, since the restructuring of healthcare organizations in the 1990s, the labor pools were adjusted and, so to were the leadership positions (Capelli, 2008; CNA, 2009; Collins & Collins, 2007). The changing dynamics of the workforce and health care organizations requires a broader approach to preparing and managing talent (Capelli, 2008; Collins & Collins, 2007).

While there is an element of succession planning in talent management, specifically in healthcare, the talent needed to provide excellent patient outcomes, superior efficiencies in dynamic clinical settings, and actions that align with the strategic direction of the organization need to be managed more globally (Collings & Mellahi, 2009; Nowak & Scanlan, 2021; Phillips, 2020; Sherman, 2005). Talent management activities are aimed at attracting, developing, and retaining individuals in the roles necessary to achieve organizational strategic goals (Collings & Mellahi, 2009; Nowak & Scanlan, 2021; Scullion et al., 2010). Leadership resides not only in the top management team, rather throughout the organization (Collings & Mellahi, 2009; Scullion et al., 2010). In addition to administration, nursing leaders are present at the bedside, in the classroom, in clinical charge nurse roles, and in advanced practice nursing roles (CNA, 2009). Strategic talent management is the “activities and processes that involve the systematic identification of key positions which differentially contribute to the organization’s sustainable competitive advantage” (Collings & Mellahi, 2009, p. 304). These key positions are throughout the healthcare organization, not just the executive leadership roles. According to Collings and Mellahi, by recruiting talented individuals, developing, and exposing them to various leadership opportunities, the organization can develop a talent pool of individuals who are engaged, committed, contributing to the success of the organization.

Purpose of This Study

Given the pivotal role that nurse leaders have in health care, the relatively low proportion of nurses who plan to pursue nursing leadership roles, and the anticipated high number of nursing leaders expected to leave the profession, the purpose of this study was to explore factors that shape emerging nurse leaders’ interest to step into a nurse leadership role. This study focused on emerging nurse leaders in Manitoba’s northern communities. Nursing shortages are experienced more acutely in the rural and northern communities of Canada (MacLeod et al.,

2017; Nowrouzi et al., 2016) and therefore, a shortage of nursing leaders exists in the northern regions of Canada. Knowledge of these factors may be used to develop targeted development and recruitment strategies through talent management. Using a modified version of Collings and Mellahi's (2009) framework of strategic talent management, several factors were explored, including perceptions of organizational investment, work motivation, organizational commitment, and extra role behaviours. This study also explored participants' retrospective perceptions of their experiential knowledge as it pertained to their interest in leadership. Talent management may provide a new lens through which to recruit and develop emerging nurse leaders.

Research Question

The overall research question was: what factors influence an emerging nurse leader to 'step of the ledge' and enter a nurse leadership role in northern Manitoba?

Definitions of Terms

Several terms were central to this study. They are defined as follows:

Emerging nurse leader: For the purposes of this study, an emerging nurse leader was a nurse who self-identifies with a desire to pursue a nursing leadership role; or who has been in a nursing leadership role for up to 5 years.

Nurse leader: Formal nursing leader roles include executive and administrative positions as well as clinical educators, clinicians, charge nurses, and advanced practice nurses. Nursing leaders create a vision, implement strategy, and introduce processes for improved patient outcomes (Al Sabei et al., 2019; CNA, 2009; Cziraki et al., 2020; Wong et al., 2013).

Pivotal positions: "those positions within the organization which have the potential to differentially impact on performance" (Collings & Mellahi, 2009, p. 311).

Strategic talent management: "the activities and processes that involve the systematic identification of key positions (pivotal positions) which differentially contribute to the organization's sustainable competitive advantage; the development of a talent pool with high potential and high performing incumbents who can fill these roles; and the development of a differentiated human resource architecture to facilitate these positions with competent incumbents and ensure their continued commitment to the organizations" (Collings & Mellahi, 2009, p. 304).

Succession planning: "incorporates those actions, activities, and interventions intended to ensure that capable, motivated, and talented individuals are ready to assume the leadership roles for which they have been selected" (Griffith, 2012).

Talent: There are many definitions of talent, and depending on the environment, talent can be approached as a subject in which talent refers to a person, or as an object in which talent refers to the characteristics of a person (Gallardo-Gallardo et al., 2013). In the environment of healthcare leadership, talent can be defined as a special or higher ability to lead excellently. According to Gallardo-Gallardo and colleagues, this objective approach defines talent and encompasses the leadership characteristics of mastery, commitment, and fit in the healthcare organization.

As a subject, talent refers to the people within the organization who possess leadership characteristics - high performing individuals who make a difference and comprise the talent of the organization (Collings & Mellahi, 2009; Gallardo-Gallardo et al., 2013). For the purposes of this study, both a subject and object approach are necessary in the identification and development of nursing leaders.

Talent management: the process of identifying, developing, engaging, retaining, and deploying individuals whose talents are valuable to the success and sustainability of the organization (Gallardo-Gallardo et al., 2019; Nowak & Scanlan, 2021).

Conceptual Framework

The conceptual framework for this study was a modified version of Collings and Mellahi's (2009) talent management framework (Appendix A). This framework was proposed by Collings and Mellahi to aid future research in strategic talent management. The essential elements of the framework are the identification of key pivotal positions in the organization and the development of a talent pool, both of which need to be supported by a differentiated human resource architecture (Collings & Mellahi, 2009).

The identification and differentiation of pivotal positions within the organization is the first and most important step. This represents a fundamental change in thinking about roles and job evaluation (Collings & Mellahi, 2009). According to Collings and Mellahi, traditionally, roles were evaluated based on the input of skill, effort, and ability. The approach advocated in this framework in terms of role evaluation is focused on the potential of those roles to contribute to the strategic plans of the organization (Collings & Mellahi, 2009). As reported by the Institute of Medicine (IOM) (2011), the nursing profession will be required to produce leaders throughout the healthcare system, from the bedside to the boardroom. Nursing leadership roles include frontline clinical resource nurses, clinical educators, advanced practice nurses, managers, clinical directors, and executive positions (Griffith, 2012; Haines, 2013; Webb et al., 2017). All these roles have an important part in identifying and supporting quality improvement initiatives, provision of care according to established care standards, and thereby positively effecting patient outcomes (Martin & Warshawsky, 2017). Qualified nurse leaders in key leadership roles are necessary for the promotion of safe patient care and optimal health care services (Ogden, 2010; Sverdlik, 2012). These strategically important nursing leadership roles are important to identify and differentiate as pivotal positions.

The next step in this framework is the development of a talent pool from which to fill these pivotal positions (Collings & Mellahi, 2009). Developing clusters of talent is a shift from more familiar and traditional vacancy led recruitment to a process that supports recruitment "ahead of the curve" (Sparrow & Makram, 2015). This strategy involves recruiting the best people (both internal and external to the organization) into a talent pool and then drawing from this pool to support the differentiated pivotal positions (Collings & Mellahi, 2009). There is deliberately not an intention in this step to create a talent pool of "A" performers for all roles in the organization as this can result in a highly competitive work environment that can both undermine teamwork and create negative internal competition (Mellahi & Collings, 2010). Rather, Collings and Mellahi suggest the creation of a talent pool for positions that have been determined as strategic for organizational outcomes should be filled with those individuals who have the skill, competencies, or attributes that are relevant to the pivotal positions.

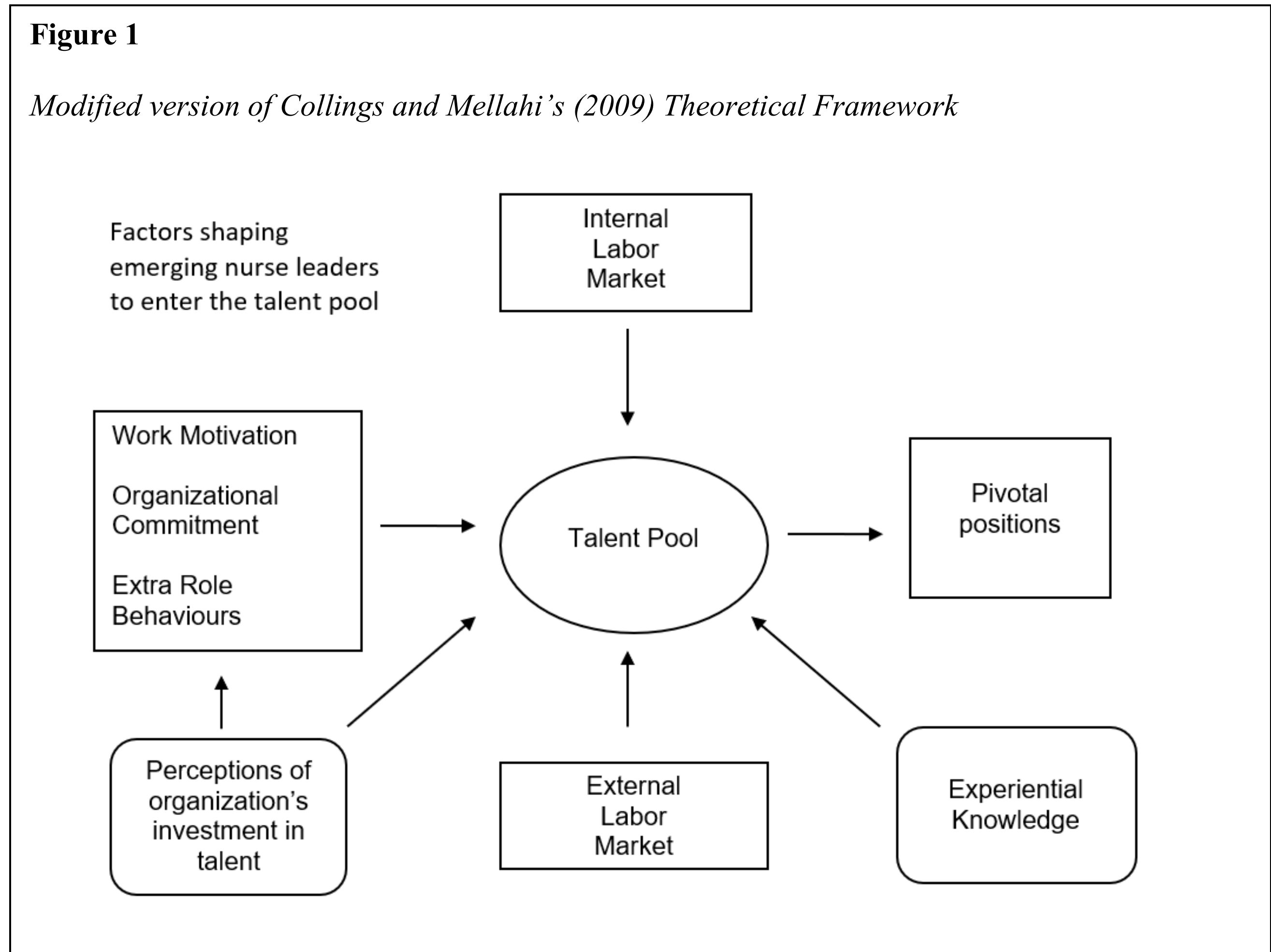
The third element of Collings and Mellahi's (2009) conceptual framework is the human resource architecture. There is a strong link between human resource management practices and organizational performance (Collings & Mellahi, 2009; Jiang & Messersmith, 2018). This model does not prescribe the human resource management practices that are best suited to support the determination of pivotal positions and talent pool; however, it is necessary to ensure these practices have the capacity to support the organization and the number of pivotal positions (Collings & Mellahi, 2009).

Collings and Mellahi (2009) next describe the components of work motivation, organizational commitment, and extra-role behaviour as outcomes resulting from having the right people in the pivotal positions. For purposes of this study, a modified version of the framework was used. A modified version of Collings and Mellahi's (2009) framework was used by Witges (2015) in which the outcomes were conceptualized as mediating variables that may

shape a nurse's potential to enter the talent pool (Appendix B). A further modification of the framework was employed by Meub (2018) whereby the mediating variables were perceived as factors shaping nurses' potential to enter the talent pool (Appendix C). Additionally, perceptions of the organization's investment in talent was included as another factor that could shape a

Figure 1

Modified version of Collings and Mellahi's (2009) Theoretical Framework



nurse's inclusion into the talent pool. This study explored factors that shape emerging nurse leaders' interest to step into a leadership role. As such the framework was further modified to include experiential knowledge as a factor that may shape an emerging nurse leader to enter the talent pool.

Additionally, the effect of perceptions of the organization's investment in talent was explored as well as their work motivation, organizational commitment, and extra role behaviours. Understanding how staff perceive the organization's investment in them as individuals can enhance organizational commitment, work motivation, and willingness to engage in roles outside of usual work (Al Sabei et al., 2019; Hallock, 2019). Identifying experiential knowledge of the individual may also contribute to the potential leadership pool (Al Sabei et al., 2019; Cummings et al.,2021; Hallock, 2019; Sherman et al., 2015).

Need for Study

With current nursing leaders preparing to retire and fewer nurses ready or willing to enter into leadership roles, it is imperative to develop nursing leaders. Loss of nursing leadership could compromise positive outcomes for organizations, patients, and health care providers (Cummings et al., 2021; Cziraki et al., 2020). This study aimed at understanding why emerging nurse leaders choose leadership positions and to use this understanding to rebalance the stability of nursing leadership. Moreover, there is little research occurring in nursing with regard to talent management to identify emerging nurse leaders. The abstract for this study's proposal was presented in October 2018, at the International Qualitative Health Research Conference and attendees representing many countries from around the world voiced similar concerns related to the loss of nurse leaders and the concern of having fewer nurses interested in leadership roles.

Additionally, there is a dearth of information about nursing leadership in rural and northern settings. Nurse leaders in northern and remote communities work in a variety of settings and have a broad range of practice and leadership responsibilities (MacLeod et al., 2019). Although there have been three national studies exploring nursing practice in northern and remote communities in Canada, nursing leadership in this region was not explicitly investigated

(MacLeod et al., 2019). To the best of my knowledge, this study was the first to explore nursing leadership in a northern setting in Canada.

Chapter Summary

Nursing leadership is a shared responsibility, not exclusive to administration, but is present at every level of practice and area of care (CNA, 2009). When nurses are in leadership roles, they contribute positively to outcomes for those that report to them as well as the patients for whom they care (Cummings et al., 2021).

The nursing profession worldwide is experiencing a shortage of nursing leaders (Griffith, 2012). The worldwide shortage of nurses further impacts the shortage of nurse leaders (CNA, 2009; Gillen, 2014; Zinn et al., 2012). In addition to economic constraints and healthcare restructuring, there are impending retirements of the baby boomer population which represents a large proportion of the nursing workforce (Coates, 2011; Martin & Warshawsky, 2017; Spofford, 2017).

Talent is the most important asset of a healthcare organization (Haines, 2013; Upton, 2019). “Talent management moves beyond succession planning and is a process of attracting the best people, developing, and retaining them” (Rothwell, 2011, p. 90). Talent management is a process that can begin well ahead of vacancies (Griffith, 2012; Nowak & Scanlan, 2021; Sverdlik, 2012; Titzer & Shirey, 2013).

Bulmer (2013) noted that nurses with less than 2 years of experience have the greatest leadership aspirations. These emerging nurse leaders should be the focus of an organization’s talent management strategies. There is an opportunity to get ahead of the vacancy curve by intentionally identifying, engaging, developing, and retaining emerging nurse leaders. The strategic talent management framework was specifically selected based on its relevance to the current healthcare restructuring and need for safeguarding nurse leaders. By systematically

identifying the pivotal nurse leader roles, developing a talent pool of high potential and high performing incumbents to fill those roles, and supporting these elements with human resource architecture, it is possible to sustain organizational leadership in pivotal roles (Collings & Mellahi, 2009).

Talent management is a relatively new concept and research pertaining to strategic talent management is sparse; even more so in nursing (Lynas, 2012; Martin & Schmidt, 2010; Nowak & Scanlan, 2021; Rothwell, 2011; Webb et al., 2017). By choosing northern rural communities in Manitoba as the setting, this study's findings will complement previous research about nursing leadership within Winnipeg and southern rural settings (Meub, 2018; Witges, 2015).

This chapter included the background, purpose, research question, definition of terms and the conceptual framework. This study explored factors that shape emerging nurse leaders' interest to step into a nurse leadership role in northern Manitoba.

Chapter II

Literature Review

Introduction

The current shortage of nurse leaders is predicted to continue for the foreseeable future as many current leaders are retiring. The nursing literature is replete with predictions of nursing leader shortages and lack of nurses filling these roles (Al Sabei et al., 2019; Bulmer, 2013; Cummings et al., 2021; IOM, 2011; Laschinger et al., 2012; Laschinger et al., 2020; Martin & Kallmeyer, 2018), however there is little research that points to solutions to this predicament (Czariki et al., 2014). Succession planning has been given much attention in the literature as a possible strategy to replenish the vacated nursing leader roles and establish a “pipeline” of prepared future nurse leaders (Beasley & Ard, 2021; Griffith, 2012; Sherman et al., 2013). However, in our current healthcare environment, what would be considered traditional nursing leadership roles are being reshaped and some roles are not part of the long-term organizational plan (Collings & Mellahi, 2009; Haines, 2013; Manitoba Government, 2018; Scullion et al., 2010). Talent management represents a more dynamic process that is likely better suited to support the succession into leadership roles (Collings & Mellahi, 2009; Haines, 2013; Nowak & Scanlan, 2021).

A literature review should examine both the worth and value of information from the available research (Wakefield, 2014). A literature review should also summarize and evaluate the overall evidence to establish the current state of knowledge (Polit & Beck, 2017). This literature review examined leadership in nursing and the important role of nurse leaders in healthcare. I will provide a critique of existing literature and research regarding leadership recruitment and development strategies and I will include a review of the concepts of succession planning and talent management and their application in supporting vacancies within healthcare. This review

is the result of literature searches from the databases of CINAHL, MEDLINE, PubMed, Business Source Premier, Management and Organization Studies, and Scopus. A date limit was not used in order to capture older literature that would provide historical context.

Nurses as Leaders

Nurses have been delivering health care in Canada for the past 400 years (Wagner, 2018). During this time, there are many examples of nurse leaders establishing hospitals and healthcare services, meeting challenges, providing education, and serving as a catalyst for building healthy communities (Wagner, 2018). At present, as we endure the current crisis of the COVID-19 pandemic, nurse leaders are leading their teams amidst possibly one of the greatest healthcare threats of their careers. There is a demonstrated need for visible nursing leadership during the COVID-19 pandemic (Bove & Scott, 2021; Rosser et al., 2020). In response to the pandemic, nurse leaders often made decisions quickly on information that changed constantly, while at the same time supporting their teams and ensuring the best possible patient outcomes (Bove & Scott, 2021). Rebuilding staff morale and healthy teams during and after the pandemic will be a challenge for nurse leaders (Bove & Scott, 2021; Grimes et al., 2022; Nijar, 2020; Rosser et al., 2020). Among the many lessons learned from the current pandemic, the need to have nursing leaders in place to prepare and carry out contingency plans and lead their teams, is crucial to the success of those plans and patient outcomes. With the impending loss of nurse leaders related to retirement, and the lack of new leaders to replace them, the need to engage nurses regarding leadership is pressing (Martin & Warshawsky, 2017). The World Health Organization (WHO) Report, "State of the World's Nursing" (2020), calls for strengthening and developing current and future nursing leaders.

Leadership is a complex phenomenon that is defined in many ways. For instance, when the term 'leadership' is entered into Google, 9,360,000,000 results appear in under a second. The

empirical literature discusses the role of the leader, leadership skills, and leadership styles as they pertain to business, as well as in healthcare and nursing (Bianchi et al., 2018; Cummings et al., 2021; Doherty & Revell, 2020; Labrague, 2020; Laschinger et al., 2011; Vilaga, 2019). Critical elements of leadership are vision, communication skills, change, stewardship, and development of followers (Grossman & Vilaga, 2017; Vilaga, 2019). The literature described these elements regarding nursing leadership.

Vision

Creating and sharing a vision is often identified as one of the most important elements of leadership (Grossman & Vilaga, 2017). The ability to see things differently and mobilize others to assist in bringing about change that turns that vision into a reality is an attribute of leadership (Bianchi et al., 2018; Grossman & Vilaga, 2017). Nurse leaders have the clinical and professional knowledge that assist them to understand the current state, as well as to create a vision for the future (Sherman, 2005). Nurse leaders create vision related to their ability to see how things can and should be better for their patients, teams, and communities (Grossman & Vilaga, 2017; Vilaga, 2019). As an example, nurses have a duty to stop the spread of disease and protect others. In doing so, nurse leaders share their vision regarding hand hygiene, using personal protective equipment, and ensuring that the team protects patients from vaccine-preventable diseases by availing themselves of available vaccines. Nurse leaders understand that not all team members will share the same vision and so through communication and developing relationships, nurse leaders communicate their vision (Stevenson, 2019; Grossman & Vilaga, 2017).

Communication Skills

Nurses tend to excel in communication and should be particularly advantaged in this leadership element (Bianchi et al., 2018). Nurses relate better with nurse leaders, and this

relationship can have significant positive effect on patient outcomes (Cziraki et al., 2020; Labrague, 2020; Sherman, 2005). Nurse leaders reinforce expectations, communicate initiatives and priorities, and collaborate with members of the healthcare team (Fleiszer et al., 2016). Nurses have an ethical obligation to collaborate with others regarding adjusting priorities and minimizing harm to provide safe and competent patient care (CNA, 2009; College of Registered Nurses of Manitoba [CRNM], 2017). Nurse leaders listen to patient concerns, recognize unmet needs, and advocate those concerns through processes of escalation to bring about change to improve quality of patient care (Fahlberg & Tomey, 2016).

Change

The process by which evidence informed practice informs clinical care is brought about by changing the current methods and processes to improve patient outcomes (Bianchi et al., 2018; Fleiszer et al., 2015). Nurse leaders have an influential role on the implementation of evidence-based practice by creating a supportive environment and culture of practice (Bianchi et al., 2018). They are often charged with implementing new processes and policies to improve quality and safety of patient care (Bianchi et al., 2018; Fleiszer et al. 2016). Nurse leaders have an important role to focus on a resilient nursing care provider culture that will support improved patient outcomes with quality care regardless of the unending change (Wagner, 2018). Nurse leaders have a pivotal role in inspiring change and supporting innovation (Muls et al., 2015)

Stewardship

Stewardship involves serving others, rather than one's own interests and involves seeing the 'bigger picture' (Bianchi et al. 2018; Milton, 2014). Nurse leaders are generally able to hold in trust the vigor, quality, and integrity of patient care (Milton, 2014). Because of their understanding of patient care needs, the healthcare system, and opportunities for improvement of patient care, nurse leaders readily serve as a resource, mentor, and motivator to their nursing

teams (Grimes et al., 2022; Sherman, 2005). Nursing leadership comprises critical thinking, advocacy, and action which are not only essential for nursing as a whole; but nursing's impact on the Canadian health care system (CNA, 2019).

Developing and Renewing Followers

Lastly, leadership involves continual renewal and development of those whom one leads. Tichy (1997) asserts that a defining characteristic of a leader is their support and development of leaders around them. Developing and renewing others can occur by role modeling, precepting, and mentoring (Grossman & Vilaga, 2017). Role modeling, precepting, and mentoring are the minimal requirements for a registered nurse (CRNM, 2017; Goodyear & Goodyear, 2018). Nurse leaders encourage their teams to develop innovative responses that will match their individual strengths and the goal of quality patient care (Wagner, 2018). Shared leadership between the nurse leader and the team creates an energy resulting in the development of strong networks and relationships the contribute to a high quality of nursing practice (CNA, 2009). Nursing leadership is more about a relationship of influence, rather than one of authority (Grossman & Vilaga, 2017). Maxwell (2007) posits that ones' ability as a leader will ultimately be measured by how well those who follow are prepared to lead in the absence of the leader.

Nursing leadership is an important and complex phenomenon composed of key elements. Although the research and discussion articles can be summarized as providing a strong link between these elements and the quality of the leader and associated outcomes, it does not specifically address emerging nurse leaders nor what factors influence a nurse to consider leadership. The case for a nurse leader to optimize strategic and patient care outcomes has been strongly made, however the research is largely theoretical or anecdotal. What is missing from research is an approach to identify and develop nurse leaders. A study to explore factors that contribute to entry into and development of nurse leaders was needed.

Nursing Leadership Workforce in Rural Setting

In recognition of the global nursing shortage, Nowlan and colleagues (2020) discussed the paramount importance of developing leadership capacity in rural Australia. Nurses are powerful influencers in the rural setting and as such, investing in career pathways and leadership development is essential to the sustainment of rural healthcare settings (Nowlan et al., 2020; Stanley & Stanley, 2019). The observations in North Queensland, Australia describe recruitment and retention of nurses to be about the right person being in the right place at the right time (Nowlan et al., 2020). This recruitment strategy is more about luck and circumstances and demonstrates the need for an effective process to identify and manage the leadership talent of rural nurses. Stanley and Stanley explored how clinical leadership was perceived by nurses in rural, New South Wales, Australia, and although themes were identified around nursing leadership, no method or process was identified about recruitment or retention of nurse leaders in this rural setting.

Luger and Ford (2019) implemented a pilot quality improvement project in a 25 bed American hospital in the midwestern states involving new graduate nurses with less than 12 months experience. The pilot project examined development of leadership skills in new graduate nurses. Results demonstrated an increase of perceptions of what makes a good leader as well as an increase of the participants' perception of their ability to lead. Although a small study of five participants, the findings are congruent with Bulmer (2013) who found that nurses with less than 2 years' experience had the highest degree of leadership aspiration. Similarly, Laschinger and team (2012) found that on average, younger nurses had some interest in aspiring to leadership roles.

Specifically, in Canada, there is a dearth of information about nursing leadership in rural and northern settings. Nurse leaders in northern and remote communities work in a variety of settings and have a broad range of practice and leadership responsibilities (MacLeod et al., 2019). Although there have been three national studies exploring nursing practice in northern and remote communities in Canada, nursing leadership was not explicitly investigated (MacLeod et al., 2019).

The only research located regarding nursing leadership in a rural setting was an unpublished thesis (Meub, 2018). In a southern Manitoba setting, Meub explored rural nurse managers' perspectives that shaped their decision to become a manager. She found that effective recruitment strategies to support nurses to enter a manager role were a supportive work environment that inspires work motivation, organizational commitment, extra role behaviors, and the perception of organizational investment of talent. Although limited in sample size, this study provided insight into rural nurse managers' perceptions of factors that effected their decision to move into a nurse leader role.

Nursing Leadership Workforce

Nurses comprise 68% of all health care professionals in Canada as reported by the Canadian Institute for Health Information (CIHI) (2020). A worldwide shortage of nurses impacts the shortage of nurse leaders (CNA, 2019; Gillen, 2014; Zinn et al., 2012). In addition to economic constraints and healthcare restructuring, there are impending retirements of the baby boomer population, which represents a large proportion of the current nursing workforce (Coates, 2011; Martin & Warshawsky, 2017; Spofford, 2017). In 2006, nurses of the baby boomer generation reached the age of 60 years; if current trends persist, it is inevitable that the talent pool of nursing knowledge and leadership will soon be insufficient to meet the needs of health care organizations (Coates, 2011). Bulmer (2013) echoes this message, estimating that

75% of current nurse leaders will exit the workforce by the year 2020. In Canada, it is projected that there will be a national shortage of nurse leaders by the year 2022 (Cziraki et al., 2014). Considering these data confirming the present and impending loss of nurse leaders, it is prudent to develop strategies to counter this loss in to ensure positive outcomes in the health care system (Al Sabei et al., 2019; Laschinger et al., 2013). The located literature described the imperative need for nurse leaders but does not provide direction for what to do to recruit and retain nurse leaders.

A positive statistic that has been reported by CIHI (2020), is that between 2018 and 2019, Canada's supply of regulated nurses increased by 8,070 (1.9%) with 30% of the nurses early in their career. Specifically, in Manitoba, 85% of graduated nurses were retained (CIHI, 2020). As previously mentioned, nurses starting out in their career have a high degree of interest in leadership aspiration (Bulmer, 2013; Laschinger et al., 2012). Manitoba's retention of graduate nurses presents an opportunity to engage and focus leadership development.

For the first time in history, five generations of nurses will be present in the workplace. As the veteran baby boomers begin their exit, generation Z (born between 1997-2012) is joining the ranks as graduate nurses (Martin & Warshawsky, 2017). A large cohort of generation Y, or 'Millennials', (born between 1980 and 1997) are predicted to comprise 50% the nursing workforce by 2020 (Dyess et al., 2016). Many generation Y nurses will be within their first 10 years of practice. Shirey (2009) described early years of practice as the 'promise phase' wherein junior nurses gain the knowledge and skills that will position them for their future nursing career. As such, generation Y nurses are the ideal emerging nurse leader groups on which to focus talent management efforts.

The matter of an impending nurse leader shortage first emerged in the literature in 2009. Shortages of nurses, nurse leaders, and the associated impact on healthcare organizations have

been reported largely through surveys roles (Al Sabei et al., 2019; Bulmer, 2013; Cummings et al., 2021; Laschinger et al., 2012; Laschinger et al., 2020; Martin & Kallmeyer, 2018). It is now 2023 and there remains a need to understand why nurses enter leadership roles and what factors about leadership are most important to emerging nurse leaders.

Succession Planning

A number of publications equate succession planning or succession management to talent management and use the terms interchangeably (Chaturvedi, 2016; Griffith, 2012; Groves, 2011; Rothwell, 2011; Sverdlik, 2012; Titzer & Shirey, 2013). It is important to differentiate between succession planning and talent management.

Succession planning is a business strategy meant to serve as a replacement plan for key leadership positions within an organization (Griffith, 2012). Effective succession planning practices for leadership roles incorporate a continuum of recruitment, education, exposure to leadership opportunities, mentorship, and coaching. Theoretical literature suggests that succession planning is more complex than simply selecting a successor (Capuano, 2013). The process typically involves identification of the leadership position and required competencies. The labor pool, either internal or external to the organization, is surveyed for a capable or qualified candidate. The candidate is “onboarded” with some amount of education and orientation for the leadership role and transitions into the role (Beasley & Ard, 2021). Succession planning is used in nursing, both clinically and in academia (Phillips, 2020). Identifying and developing nurses as leaders are the important first steps in succession planning to provide leadership continuity and support the workplace environment (Evans Titzer, 2016). Having a talent pool of potential nurse leaders allows for smooth transitions when vacancies created by retirements, promotions and other organizational changes must be addressed (Benjamin et al., 2011; Snethen, 2018; Wigens, 2018).

Historically, health organizations had large labor pools from which to select internal employees for education and leadership development. This is no longer the case (IOM, 2011) and therefore succession planning strategies need to move beyond preselecting employees for specific leadership roles. The changing dynamic of the workforce and healthcare organizations requires a broader approach to preparing and managing talent.

Systematic evaluation of succession planning in nursing is limited. There is minimal empirical data in the nursing literature that establishes a standard approach to succession planning as a method for nurse leader recruitment and retention. Without a consistent approach, it is not possible to ascertain from the literature that succession planning in nursing is beneficial for nurse leadership recruitment and retention.

Talent Management

Talent management is a relatively new concept and represents a shift in human resource management from reactive replacement of vacant positions to a proactive plan to identify and assemble talent and develop employees in preparation for succession into leadership positions (Lynas, 2012; Martin & Schmidt, 2010; Nowak & Scanlan, 2021; Rothwell, 2011; Webb et al., 2017). There has been a shift in the literature from succession planning to talent management (Capuano, 2013; Capelli, 2008; Collins & Collins, 2007; Griffith, 2012). Typically, succession planning focuses on the most senior leadership positions in the organization, which are typically administrative (Capuano, 2013; Redman, 2006), whereas talent management is a range of processes that can be used to attract, develop, and retain staff in a variety of nursing leadership roles (Haines, 2013).

The term talent, as an underlying construct, is not adequately defined (Gallardo-Gallardo et al., 2013; Groves, 2011; Nowak & Scanlan, 2021). There are many definitions of talent, and depending on the environment, talent can be approached as a subject in which talent refers to a

person, or as an object in which talent refers to the characteristics of a person (Gallardo-Gallardo et al., 2013). In the environment of healthcare leadership, talent can be defined as a special or higher ability to lead with excellence. This object approach defines talent and encompasses the leadership characteristics of mastery, commitment, and fit in the healthcare organization (Gallardo-Gallardo et al., 2013).

As a subject, talent, refers to the people within the organization who possess leadership characteristics; talent refers to high performing individuals who make a difference and comprise the talent of the organization (Collings & Mellahi, 2009; Gallardo-Gallardo et al., 2013). Both a subject and object approach are necessary in the identification and development of leaders. Talent management must focus on identifying and developing individuals and preparing them for leadership roles within the organization (Collings & Mellahi, 2009; Gallardo-Gallardo et al., 2013).

The majority of knowledge about talent management was situated in the business and human resource literature (Ariss et al, 2014; Gallardo-Gallardo et al., 2013; Groves, 2011; Jasper & Crossan, 2012; Rothwell, 2011; Vaiman & Collings, 2013). Groves discusses talent management in healthcare and highlights the positive outcomes that are achievable to combat the difficult economic challenges and loss of leadership in healthcare organizations. Notably in nursing, Haines (2013) described talent management as a way to develop future nursing leaders in the National Health Service (NHS) in England. By looking at nursing leadership talent throughout the NHS, and not specifically at key high-level positions, Haines proposed talent management as a more flexible approach to identify, recruit, and retain nursing leaders. In a qualitative study, Witges (2015) explored factors that motivated nurses to aspire to manager roles in an urban Manitoba setting. Using a modified version of Collings and Mellahi's (2009) strategic talent management framework, Witges found that work motivation and effective

leadership practices to support leadership aspirations of nurse managers were important themes. Witges proposed that healthcare organizations need to use talent management to guide the preparation of nurse leaders. Over the last 10 years, talent management has been discussed and examined primarily in the business literature. Although there have been a few articles published in nursing, there exists an opportunity for further theoretical and empirical development of talent management in nursing leadership.

Chapter Summary

Leadership is a role rather than a position (Grossman & Vilaga, 2017). In their position statement on nursing leadership, the CNA (2009) calls for nurses to lead where they stand. Nurses are in an ideal position to lead related to their ability to work collaboratively with a team, sense of service to others, credibility, and trustworthiness from the public, and commitment to excellent patient outcomes (Grossman & Vilaga, 2017; Wagner, 2018). When nurses are in leadership roles, they contribute positively to outcomes for those that report to them as well as the patients for whom they care (Cummings et al., 2021; Cziraki et al., 2020; Doherty & Revell, 2020). With nursing leadership present at all levels in healthcare, a viable nursing workforce will contribute to the delivery of safe care (Mass et al., 2006).

The literature indicated that a shortage of nurses and nurse leaders has been predicted for over the last decade (Cziraki et al., 2020; Goodare, 2017). The current COVID-19 pandemic has the potential to effect nurse leaders' intentions to retire earlier than planned related to stress and burnout (International Council of Nurses, 2021). Although literature regarding nurses' intention to leave as a result of the pandemic is sparse, in the United Kingdom, the NHS reported that 36% of current nurses considered leaving the profession in 2021. The Registered Nurses Association of Ontario (RNAO) recently published a survey of more than 2,100 nurses in Ontario. RNAO (2021) reported that 13 % of nurses between the ages of 26-35 years were likely to leave the

profession of nursing after the pandemic (RNAO, 2021). Globally and nationally, the forthcoming nurse leader shortage makes it increasingly important to find ways to encourage, support, and retain nurses in leadership roles (Cummings et al., 2021; Martin & Kallmeyer, 2018). Up to one-third of generation X nurses aspire to a leader role and focusing on generation X and Y nurses' interest in leadership may be a key to unlocking a potential labor pool from which to support, develop, and manage nurse leader vacancies (Martin & Kallmeyer, 2018; Martin & Warshawsky, 2017).

As healthcare continues to face the tremendous stress and disruptions of patient care delivery in the midst of the COVID-19 pandemic, nurse leaders who are able to provide calm and transparent decisions for their teams and patients will be needed to lead our healthcare organizations through this unprecedented crisis (Stankiewicz & Bailey, 2021).

Talent management is an approach by which organizations can strengthen and support emerging and current nurse leaders by preparing them for the inevitable vacant leadership roles (Nowak & Scanlan, 2021). Work motivation, organizational commitment, and extra role behaviors are factors that can identify potential leaders who can contribute to the talent pool of the organization, in particular the internal organizational workforce. Given the pivotal role that nurse leaders have in health care, the relatively low proportion of nurses who plan to pursue nursing leadership roles, and the anticipated high number of nursing leaders expecting to leave the profession reported in the literature, a study is urgently needed to explore factors shaping nurses' interest in pursuing and acquiring a formal nurse leadership role. In view of the limited literature regarding talent management as a framework for developing nurse leaders and lack of studies related to nurse leader recruitment and retention in rural or remote areas, further exploration is needed to address this gap in nursing literature. This study's findings will contribute important information and will build on the talent management body of knowledge.

Chapter III

Research Method

Research Design

Research is systematic inquiry using disciplined methods to understand a problem or answer questions (Polit & Beck, 2017). According to Polit and Beck, quantitative research methods involve precise measurement and analysis to investigate a phenomenon. In examining the factors of work motivation, organizational commitment, and extra role behaviours, consideration was given to the use of a survey. Polit and Beck state that information that can be gathered through questioning, can be obtained by use of a survey. However, information obtained through use of survey can be superficial. Polit and Beck offer that typically, surveys are more suitable for large-scale rather than in-depth analysis. Qualitative research methods involve investigation of a phenomena in an in-depth and extensive manner (Polit & Beck, 2017). Qualitative interpretive description is a research approach that moves past description and into the realm of the "so what" (Thorne, 2016). In exploring factors that shaped a nurse's decision to move into a formal leadership role, it was valuable to obtain a rich, descriptive narrative from the participants.

The qualitative design, using the approach of interpretive description (Thorne, 2016), was chosen to explore factors that influenced emerging nurse leaders in northern Manitoba to enter into leadership roles. According to Thorne, interpretive description is not a formal method per se. Thorne further explains that interpretive description draws from nursing epistemology and makes allowances for creativity in the use of data sources and inquiry approaches. "The motivation behind interpretive description is explicitly to strengthen qualitative research by realigning it with the epistemological underpinnings of the applied disciplines for which it is being used" (Thorne, 2016, p. 39). Use of interpretive description is suited to a small-scale

qualitative study in which the purpose of gathering knowledge from within subjective perceptions can generate an interpretive description that will inform understanding (Thorne et al., 2004). Interpretive description focuses on making transparent the "theoretical forestructure" of a study (Thorne, 2016, p. 70). This involves locating the disciplinary orientation, and positioning the researcher within the ideas (Thorne, 2016). The researcher is transparently accepted as an instrument whereby actions and thinking of the researcher play a meaningful role in the inquiry (Thorne, 2016). Based on the limited evidence about talent management among registered nurses interested in pursuing and acquiring formal leader positions in a northern setting, a qualitative study was warranted to gather rich descriptions from participants.

Setting

The northern health region is geographically the largest health region in Manitoba; created in 2012 through the amalgamation of two former health regions and spans 396,000 square kilometers (NRHA, 2023). The population of 74,175 people is spread across the region in 26 First Nations communities, 16 Northern Affairs Communities, two cities, six towns, and many living in discreet rural communities. The health region encompasses five hospitals, numerous primary care clinics, health centres, and nursing stations in remote communities. This diverse healthcare landscape offers a multitude of leadership roles across various settings.

Based upon the limited information available about talent management and nurse leaders in northern Canada, I recruited participants from northern Manitoba. There were both advantages and disadvantages to locate the study setting in either a setting that is familiar and well known to the researcher, or entering a setting that is generally familiar but does not involve individuals known to the researcher (Thorne, 2016). As I was employed in a leadership position within Winnipeg and the Winnipeg Regional Health Authority, and owing to many years of work in this setting, I conducted research in an area where the power of my position and professional

relationships was minimal. Being an ‘outsider’ may have presented challenges such as being seen as an intruder; someone who is causing ‘extra work’ for the staff; and it could take time to build relationships (Thorne, 2016). However, to minimize the ‘outsider challenges’, the intention of the study was clearly communicated with the nursing leadership and followed the process of access, thereby reducing suspicion or negative ideas from staff. I chose a northern rural health region in Manitoba and, in doing so, this study complemented research that had been done on nursing leadership within Winnipeg and a southern rural setting (Meub, 2018; Witges, 2015).

Sample

Purposive sampling was used. Eligibility criteria included nursing participants who were in a formal leadership role for up to 5 years, as well as those whom senior leadership would “tap” for a leadership role. I believed this to be the main grouping of emerging nurse leaders and thereby participants with this eligibility criteria may generate rich data and findings that would have the potential of seeming trustworthy and reasonable. I chose not to include nurses who were not leaders or who chose not to be a leader. According to S. Thorne (personal communication, October 26, 2018), it is fitting to focus on the emerging nurse leaders and build upon that research, comparing to non-nurse leaders, in another study. Interpretive description can be conducted on samples of almost any size, commonly between five and 30 participants (Thorne, 2016). In determining sample size, it is important to posit how many instances of a thing would be needed to be included for the research to have merit (Thorne, 2016). In qualitative studies, sample sizes tend to be smaller, owing to the large amount of verbal data that must be analyzed (Sandelowski, 1996). The literature review to date, in addition to my clinical experiences, suggested that there was a lack of nurses stepping into leadership roles. A more in-depth exploration of underlying subjective experience from a small number of research participants was an appropriate approach to gain access to knowledge (Thorne, 2016). A sample size of 5-10

participants was planned. According to Thorne et al. (2015), it might be "disingenuous to claim that having observed a certain number of cases, no new variation would be expected" (p. 456). Accordingly, it was reasonable to base sample size on the consideration of reaching probable commonalities as well as some variations (Thorne et al., 2015). Malterud and colleagues (2016) identified that 'information power' can replace saturation in determining sample size, as the more information the sample holds that is relevant to the study, the lower the number of participants required.

Sample Recruitment

Once approval was obtained from the University of Manitoba Research Ethics Board and the Northern Health Region, description of the study was shared with the Chief Nursing Officer (Appendix D). Participation in the study was voluntary. An email invitation (see Appendix E) for potential study participants was extended through the office of the Chief Nursing Officer of a northern health region. I contacted the first 10 respondents who demonstrated a willingness to participate, provided consent to the study by email, and arranged a mutually convenient interview time. Informed consent conformed to the Personal Health Information and Protection Act (PHIPA), as well as all requirements of an informed consent. In particular, the informed consent included information about the purpose and goals of the study as well as the fact that the information obtained would be used for research purposes only (Polit & Beck, 2017). The participants also were provided with information about the length of time commitment required, including the dates of the interview, to reduce rate of participant loss due to attrition.

Data Collection

Once informed consent was obtained (Appendix F), the participant was asked to provide demographic data (see Appendix G). When using the interpretive descriptive approach, the data collection tool should get the researcher "as close to that subjective experience as you reasonably

can so that you have a high probability of being able to access the kind of material that will allow you to answer your research question" (Thorne, 2016, p 135). Semi-structured interviews provided a flexible approach to the interview process (see Appendix H) and allowed for the exploration of spontaneous topics that may have surfaced during the interview. As a health care professional, I am used to conducting interviews to elicit information from clients and staff. However, as a novice researcher, using interview questions to uncover the rich and informative stories from participants initially felt awkward. To ensure that the interview guide was sufficient to elicit appropriate responses, I 'tested the waters' and piloted the interview guide with a few experts in the field of nursing leadership prior to conducting study interviews.

According to Polit & Beck (2017), the most respected method of data collection is face-to-face personal interview. As public health orders needed to be followed pertaining to the COVID-19 pandemic and associated travel restrictions within the Province of Manitoba north of the 53rd Parallel, the interviews were conducted via a secure virtual platform. Participants were given secure login codes for the purposes of the virtual interview. These interviews were digitally recorded and transcribed verbatim. Additional data source of reflexive journaling was used to record thoughts, questions, and ideas that occurred as the study progressed informing my inductive analytic process (Thorne, 2016).

Data Analysis

Demographic data (no real names) were transferred to an Excel spreadsheet. Descriptive statistics were used. For example, 8/10 or 80% of the sample was comprised of women; 2/10 or 20% were men; 70% were under 40 years of age; 50% had less than five years of experience as a registered nurse and 50% of the sample had over 20 years of experience as a registered nurse.

De-identified transcripts and reflexive journal (all word documents) were stored in a folder on the University of Manitoba (UM) network shared drive that I shared with my

advisor/supervisor. The advisor/supervisor and I were the only two individuals who had access to this folder. The researcher and thesis chair independently analyzed three key transcripts. We met and compared/contrasted the coding and thematic development to ensure rigor. The review of the data by more than one individual, in addition to careful documentation, addressed confirmability (Polit & Beck, 2017).

The data was analyzed by constant comparative analysis "…so that patterns and relationships become observable" (Thorne, 2016, p. 168). Creswell (2013) described the analysis process as breaking the process down into manageable steps which includes coding the data and assigning names, combining the codes into themes, and displaying the comparisons in various formats. I coded the data. The thesis chair independently analyzed three transcripts and reviewed the coding to ensure findings were comparable, credible and verifiable (Creswell, 2013). Lincoln and Guba's (1985) framework was used to ensure trustworthiness of the data.

Trustworthiness

Lincoln and Guba (1985) put forth four criteria for developing trustworthiness in qualitative research: credibility, dependability, confirmability, and transferability. According to Lincoln and Guba (1985), use of these trustworthiness elements will position a study "worth paying attention to" (p. 290).

Credibility refers to a confidence in the truth and interpretations of the data (Polit & Beck, 2017). To enhance the believability of the findings and demonstrate credibility (Polit & Beck, 2017), the researcher planned to invite two to three the participants to review the common ideas and the story that emerged from the accounts and indicate if they are acceptable to the participants. A qualitative study is credible when it presents descriptions or interpretations that people having that experience would recognize as their own (Sandelowski, 1996). Unfortunately, I was unable to conduct the follow up interviews as planned.

Dependability refers to the stability of data over time and conditions and whether these findings would be replicated using similar participants and in the same or similar context (Polit & Beck, 2017). By having the thesis chair independently review and code three transcripts, this strategy ameliorated and avoided biases, motivations, and perspectives of the researcher could be avoided (Polit & Beck, 2017). This also enhanced confirmability.

Biases and personal assumptions can affect the quality of research (Polit & Beck, 2017). A researcher may influence the direction of interviews based on personal assumptions or expectations either explicitly or unintentionally, and thereby induce biased behaviours or disclosures (Polit & Beck, 2017). Reflexivity is a process of critical self-reflection on the part of the researcher to reduce personal bias in making judgements (Polit & Beck, 2017). The researcher's personal assumptions are included in Appendix I.

Transferability is the extent to which findings can be transferred to or have applicability in other settings or group (Polit & Beck, 2017). To satisfy this element, the researcher kept the question with which the study was designed and the intended audience with whom the researcher wished the findings to return (Thorne, 2016). In this way, a form of "reflexive accounting" provided a measure of validity to the conclusions (Thorne, 2016; p. 113). The researcher attempted to provide sufficient descriptive data so that the reader/the consumer of the knowledge could evaluate the applicability of the data to other contexts (Polit & Beck, 2017).

Ethical Considerations

Ethical approval was acquired from Research Ethics Board 1 at the University of Manitoba. Researchers have an obligation to prevent or minimize harm in studies that involve human participants (Polit & Beck, 2017). It was essential to recognize that harm or discomfort could be emotional (stress) or financial (loss of paid time) and as such, the researcher must use strategies to reduce harm, even if it was temporary (Polit & Beck, 2017). Times for interviews

were arranged for an acceptable time to the participant and were flexible. If the interview needed to be stopped or delayed for unforeseen circumstances on the participant's behalf, the researcher made every attempt to reconvene the interview at the participant's earliest convenience. Likewise, the participants were treated as autonomous agents and were able to voluntarily withdraw from the study at any time (Polit & Beck, 2017).

I respected the participant's right to anonymity, confidentiality and privacy (Holloway & Galvin, 2016). Findings were presented using aggregate summaries; hypothetical names were used with direct quotes to protect the identities of study participants. Participants were not associated with any position titles or workplace settings. For example, a nurse manager in the specific unit at a specific health centre was referred to as an emerging nurse leader (ENL) in northern Manitoba.

Chapter Summary

In this chapter, I described the research method, including recruitment, sampling technique, data collection, data analysis, along with strategies to ensure trustworthiness. Interpretive description draws on applied discipline epistemology rather than borrowed theory. Nursing epistemology involves both the individual human experience and knowledge gleaned from populations (Thorne & Sawatzky, 2014). Interpretive description does not just describe, but rather, it answers the question "so what?" (Thorne, 2016). By using an interpretive description approach, the factors that shape emerging nurse leaders to enter leadership roles were explored.

Chapter IV

Findings

In this chapter, I present the findings of the study. The chapter begins with a description of the sample. Key themes will be presented in detail.

Description of the Sample

Ten participants volunteered and took part in the virtual interviews. Eighty percent of participants were women, therefore, to preserve anonymity of participants, all participants will be referred as women or I will use gender inclusive language. All leaders, as described by participants, will be referred to as women as well. Nine participants were emerging nurse leaders (ENL), in their role for less than 5 years, or actively being recruited for a leadership position. During the course of one interview, it became evident that a participant had substantial breadth of leadership experience. This key informant's (KI) data was included in the data analysis. All participants identified as working in an acute care setting in the Northern Health Region of Manitoba. No participants were employed in other healthcare settings such as long-term care, public health, or nursing stations on First Nation communities.

The age of participants ranged between 30 to 59 years and of the nine who were currently in a leadership role, three had 6-10 years of nursing experience, one had 10-15 years, and five had more than 15 years of nursing experience before they entered a formal leadership role. As for the number of years, half (5/10) of the participants were in their role less than two years. Regarding level of education, two participants had nursing diplomas, seven had a baccalaureate degree in nursing, while one had a graduate degree (see Table 1).

Table 1

Participant demographics

Age	
<29 yr	0
30-39 yr	4
40-49 yr	3
50-59 yr	3
> 60 yr	0
Gender	
female	8
male	2
other	0
Education	
Diploma	2
Undergraduate	7
Graduate	1
PhD	0
Years as nurse	
0-5	0
6-10	2
11-15	3
16-20	0
> 21	5
Born/raised in the north	
yes	6
no	4

Currently in leadership role	
yes	9
no	1
If yes, # of years in role	
<1	1
1-2	4
2-3	1
3-4	2
5	1
>5	1
Prior to leadership role, # of years of nursing	
<1	0
2-5	0
6-10	3
10-15	1
>15	5
Area of work	
acute care	10
long term care	0
community care	0
public health	0

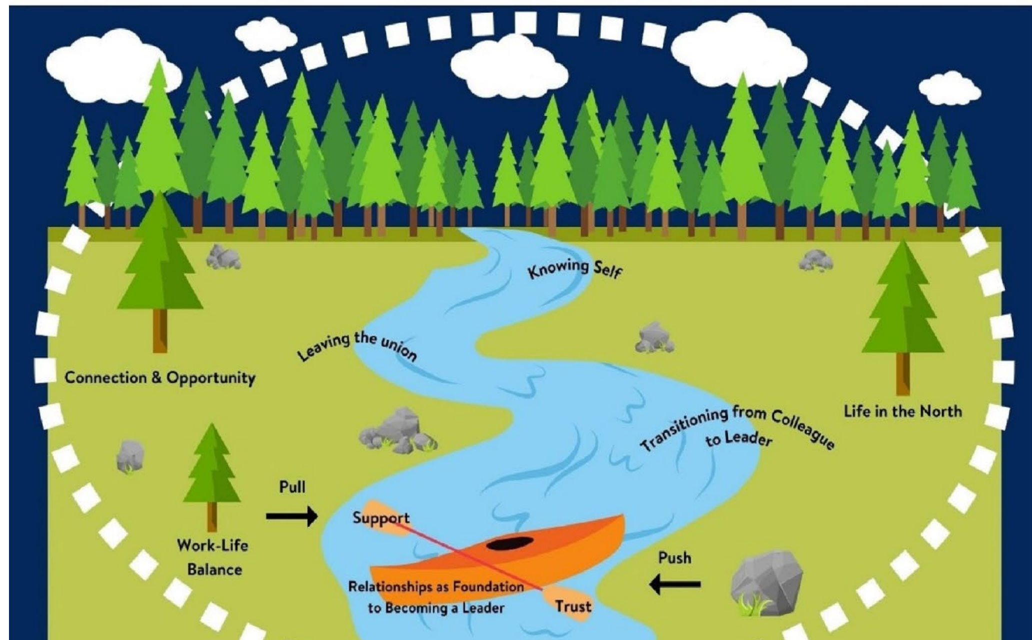
All participants were interviewed once in a 1-hour time frame, and the interviews were recorded and transcribed verbatim into a word document through the Microsoft (MS) Teams platform. Additionally, the recordings and transcriptions were reviewed multiple times to ensure accuracy. The researcher immersed herself into the data by reviewing the transcriptions and reflexive journal, to identify which data pieces were important, all the while grouping and sorting the data into patterns and considering their relationships using an inductive reasoning approach. Three transcripts were reviewed and coded by the chair of the thesis committee.

Themes

In analyzing and interpreting meaning from the data, three themes were identified: i) relationships as foundational to becoming a leader, ii) push and pull, and iii) context of the remote northern environment. These themes were recurrently present and captured predominant factors that emerging nurse leaders reflected on and considered when moving into a formal leadership role.

Figure 2

Nursing leadership path in the Northern Health Region



Note. The pathway to leadership is represented by a river. Relationships as foundational to becoming a leader is depicted by a canoe with paddles of support and trust. Push and pull forces along with subthemes of transitioning from colleague to leader; leaving the union; and knowing self are represented by bends in the river. Context of the northern region encircles all with a dotted line with subthemes of life in the north; connection and opportunity; and work-life balance represented by trees.

Theme 1 – Relationships as Foundational to Become a Leader

The participants shared many different aspects of their relationships as they pertained to their decision to move into a leadership role. They shared the impact of relationships with their peers, supervisors and leaders, and with the organization of the health region as a whole. These connections within the workplace were described, primarily, as favorable and motivating. Participants shared that when considering all factors, it was the relationship not only with their direct supervisor, but with the supervisor to whom they would next report, that was most impactful. Through the course of reviewing the transcripts and reflexive notes, two key elements or subthemes of these relationships were described by the participants as having a foundational impact on their path toward a leadership position. The subthemes of a) support and b) trust were described as important factors when considering a leadership role. *"I knew I [felt] supported, and I knew that I could trust her"* (ENL A, line 595, p. 19). The support provided participants with reassurance in their ability to lead. *"… [she was] so supportive. It was like, oh, I could totally do this"* (ENL D, line 596, p. 19). Participants shared that the perceived support provided assuredness that they were not alone. *"It's not …sink or swim"* (ENL E, line 436, p.14). Participants shared that when they perceived that they would receive support in a leadership role and that they could trust the leaders and organization to provide that support, they became open to considering leadership roles. *"I knew that person always had my back. That's how you grow a leader"* (KI, line 468-67, p. 15). Support and trust are not mutually exclusive and are interconnected in the data, however they will be discussed separately.

Supportive recognition

For some participants, the supportive relationship of peers or colleagues was a strong influence in stepping into a leadership role. When their peers encouraged them or shared that they believed in them and their ability to perform effectively in a leadership role, the participants

expressed higher confidence in their leadership abilities and in turn, believed they were ready to enter into a leadership position. This support was not solicited but rather freely shared by colleagues. *"I was actually approached by multiple coworkers, saying you should apply for this"* (ENL J, line 588-89, p. 19). In review of the researcher's reflexive journal, the support of colleagues was both meaningful and positive to participants. To be recognized by their peers for leadership skills and ability was not only complimentary, because their colleagues knew them best, this was often the confirmation they needed to know that they had the skills necessary to lead. There was a close connection to their peers based on years of experience working alongside each other. *"[my co-worker] texted me and said you need to apply for this"* (ENL D, line 397-98, p. 13). Receiving recognition and support at this level was both encouraging and a validation of their leadership skills.

Further, participants shared that because they were well acquainted with the teams through shared work experience; they viewed that by moving into a leadership role within that team, they could take on the interests of the team's wellbeing and create a better workplace by improving outcomes for both patients and team members. *"I'm used to their personalities, and kind of what their barriers are, or what's bugging them [about the workplace]"* (ENL H, line 958-59, p. 30*).* *"We can do better, make quality improvements for patients we deliver service to"* (ENL G, line 646-47, p. 21). They had developed an understanding of the team and needs of patients; experience in projects that had been successful and those that were less successful. *"If [we've] attempted to do something and it's not working out…you start asking questions in terms of why we do things…figuring out why it's that way…you get into it"* (ENL A, line 234-249, p .8). Participants believed that they could use this knowledge and experience to build upon and lead the team to further successes.

Participants shared that they intentionally observed other leaders prior to their decision to step into a leadership role. Current leaders were observed for their interactions and display of support for their teams. "*… just the way she carried herself. Her confidence…still supported everyone in whatever decision she made or choice she made"* (ENL F, line 641-45, p. 21). Participants observed how their potential future supervisor conducted herself to understand if that relationship will benefit them, especially as they considered taking on a new role. *"I know, I mean I know how she is going to be. She's going to be supportive and she's going to help me"* (ENL A, line 780-84, p. 25). Through this observation process, participants considered how they would function and perform in a leadership role.

> *I think it had to be under the right leader for me. When I had someone above me, that I thought would have my back and would work with me and would be a team with me, I felt ready to take that [leadership] role.* (ENL C, line 357-58, p. 12)

Participants required evidence that being a leader under the person to whom they would report, was going to be a good fit for them.

Support from leadership also took the form of mentorship. Mentors were described as actively involved with the mentee and supported them throughout their leadership journey. *"I have [xxx] as an excellent mentor throughout my time. She's very encouraging and helpful all the way along"* (ENL G. line 468-70, p. 12). The availability of mentorship was discussed with participants before they entered into their position and was interpreted by them as a supportive measure.

Mentors provided emotional support, guidance, and a confidential environment to discuss and share ideas. *"I can really go to her for anything…and she would be super supportive"* (ENL C, line 954-56, p. 30). Mentors provided clarification regarding leadership roles and remained connected to their mentee, offering ideas and feedback. *"I could, you know, get a hold of her and*

we could talk about it and she supported me in that way "(ENL E, line 418-19, p. 13). The feedback was helpful to participants and provided reassurances as they trialed new ideas. *"And then with each success in each accomplishment, your apprehension dissipated. My mentor was great for that [providing feedback]"* (ENL E, line 557-58, p. 18). Sometimes mentors were the former incumbent in the leadership position and used the offering of mentorship to support succession planning. *"When [xxx] got me to take the job, she made herself available. She didn't just hire you, she mentored you"* (KI, line 417-20, p. 13). In other instances, mentorship was offered outside of the direct workplace and involved regular opportunities to connect and support.

For the participants, subsequent to the mentoring and support they experienced, they had a desire to do the same for their teams. *"…so I'd always had that that good leadership and support from her and so I wanted to take that with me……and kind of maintain that"* (ENL C, line 434-36, p. 14). In other words, they wanted to be the leader that inspired them to lead, so that teams would enjoy the benefits of that style of leadership that they believe are positive and supportive. *"And so I would love to be like that [as she did]. That's how I would hope to emulate with my staff so that they feel the same way"* (ENL A, line 952-54, p. 30).

Participants discussed organizational relationships and evidence of support from the northern health region as a factor in their decision to embrace a leadership role. Participants described that the history of support and investment in leadership development from the executive leaders in the health region helped them decide to transition to a leadership role. Information on education and leadership development opportunities were communicated through the human resources (HR) department. Sometimes these opportunities were posted on bulletin boards or included in general emails from the region. *"They [HR] send out course reminders [via email]"* (ENL H, line 280, p. 9) These opportunities involved leadership courses and

workshop series. As this region is remote, the courses offered to participants were available online. *"We had lots of leadership [courses] offered to us. Some really good ones on how to build capacity and what resilience means"* (KI, line 319-24, p. 10). There was also support to travel and attend workshops in person. *"Having the opportunity to go [to attend workshop] and then bring that back has been great"* (ENL G, line 796-97, p. 25). Other times, participants were offered educational opportunities directly. *"She did push me to take the leadership course….and it was a really good course too"* (ENL H, line 544-49, p. 17). Many spoke about a program entitled "Grow Your Own,' which is an education-based leadership development program that supports additional education contingent upon a return of service. Participants who engaged in this program spoke positively of this experience.

> *They are very supportive and encouraging. I had an opportunity to take part in Grow Your Own and return to school to do [a graduate program] and they completely supported that. They made me feel like I could go further and do something like them* (ENL E, line 294-301, p.10).

The educational programs that participants discussed ranged from university-based baccalaureate and master's programs, to workshops focused on leadership skill development courses such "Leading in Place". *"They [the health region] were doing courses on leading in place…and situational leadership"* (ENL J, line 965-66, p. 30). Working in an organization that offered support through continuing education was a positive experience and a valuable demonstration of support with regard to nursing leadership. *"I quickly realized that there was an investment being made in me personally and they were there to support you and the investment is there"* (ENL G, line 524-28, p. 17). The support to continue personal growth at work was a strong contributor to developing trust. Participants saw that the organization and leaders had

good intentions to support their ongoing development and this further raised the participants' trust in the organization.

Trust

In addition to support, the subtheme of trust emerged from the data analysis. As previously discussed, the participants shared that they observed what the leaders said and did and through these observations, a feeling of trust was developed as the leaders' words and actions were seen as congruent. Having trust that the leader supported them, based on previous actions was an important factor for the emerging nurse leaders. *"…I had worked with her in the past. So a big part of me trusting her was part of my decision going into this role. I know I knew I felt supported and I knew I could trust her"* (ENL A, line 587-96, p. 19).

For the participants, an important facet of trust in the northern health region organization was understanding that their best interests were considered and supported. When participants saw commitment from their organization towards them, the level of trust in themselves and their ability to take on a leadership role and the associated challenging work increased. *"That they put my name forward [for a committee] tells me that they value my opinion and they trust my judgement and that in itself is being supported"* (ENL J, line 1068-73, p. 34).

Embarking on a leadership role involved participants moving out of their "comfort zone". Some described it as entering into an unknown area of nursing and trust in the current leadership and trust in themselves was paramount (reflexive journal, December 22, 2022). Participants had an idea of what leaders do based on their interactions and observations, however these observations only provided the outward, public aspects of the role. Until participants were actually in the role was it possible to appreciate the entirety of the position. *"I don't think growing leaders have any concept about what those roles involve until they are actually doing it"* (ENL E, line 385-389, p. 12-13).

Some participants questioned themselves as to whether they could make the "hard calls" that are part of leadership. *"I didn't know if I have the heart to make those hard calls and I definitely have more respect for that pressure now"* (ENL C, line 503-04, p. 16). The perception that decisions made in leadership were harder than decisions made in clinical practice was shared by some participants. Perhaps this is a reflection of the understanding of leadership or related to experiences where participants were not given all the information related to decisions made by their past leaders (reflexive journal, December 2, 2022). Participants also shared that perhaps by creating a more fulsome awareness of leadership roles through immersive techniques such as job shadowing or use of an interim position, nurses would have a better understanding of the role. *"Maybe come in for a term. The fear [of the unknown] is real"* (ENL J, line 513-14, p. 17). Some participants shared that interim positions could be a successful way to onboard new leaders and develop trust. They expressed that this was an opportunity that would have been beneficial to them when they were considering a transition to leadership.

The participants discussed various facets of relationships with regards to their decision to transition to leadership roles. They shared the influence of connections with peers, leaders, and the broader northern health region. When sharing experiences about current or past leaders, many participants recalled supportive and trustful encounters which for some participants, became an emotionally intense disclosure. Participants shared deeply meaningful interactions. It was apparent that leaders have an impact on those they lead, both positively and negatively. (reflexive journal, December 6, 2022). It was also apparent that participants had freedom to try ideas and would be supported if the results were less than anticipated, which was described as a 'freedom to fail' (reflexive journal, December 2, 2022). Throughout the interviews, the two subthemes of support and trust, within these relationships, emerged as important elements that

shaped their journey toward leadership positions. Furthermore, trust remains a significant element of the second theme, push and pull.

Theme 2: Push and Pull

Push and pull are opposite forces and in coming to know the data, this internal tension between pushing forward and pulling back was evident as participants described either a push toward or a pull away from moving into leadership roles. Pushing was described as both an internal process that involved such things as looking for opportunities to lead, and as an external force when colleagues or leaders attempted to push or nudge them toward leadership positions. Participants also described a sense of pulling back, in part related to their confidence or in their hesitance to fully trust in their ability to be a leader and the leaders in the organization. Subthemes of a) transitioning from colleague, b) leaving a unionized position, and c) knowing self, were key elements of this push and pull.

Transitioning from Colleague to Leader

Transitioning from colleague and peer to leader can be challenging and difficult related to perceived loss of friendships and being treated differently. A leadership role is different from the more equal role as member of the team. As a leader, one needs to provide guidance, set goals, and make decisions that will have impact on the team. *"I can't be your friend and your manager. We are all going to have to be okay with that"* (ENL J, line 618, p. 19)

Many of the participants live in small communities in the northern health region where friends and family both live and work together. There are resources such as social support and important activities that occur in small communities that bring members closer. In this way, friendships can cross over from social and community environments to the workplace. *"You go from being colleagues and peers, and it's different; you're seen differently. I've been treated different, you know, and it is a little hard to lose a bit of your colleague friendships. Something*

to think about" (ENL C, line 806-807, p. 26). Integration of family, friends, community members, and work caused some participants to initially pull back from advancing into leadership.

Ultimately, participants shared that they had moved into leadership roles despite their concerns about the impact with their friendships. For the most part, the relationships continued to exist both at work and in community, however at work, they believed that they were respected as a leader. There were also experiences of the participant supervising staff who was a family member. The roles and interactions at work were described as defined by the work environment, rather than the family environment. In this way, relationships and support outside of the workplace remained intact. As previously discussed, participants described encouragement and support from their peers and colleagues when considering a leadership role.

Leaving a Unionized Role

The push and pull related to leaving a unionized position were present as participants shared their perceptions and thoughts about what it meant to be unionized and the job security associated with belonging to a union. For some participants, moving to a leadership role meant that they would be moving out of a unionized position. The support of the labor union for nurses was strong for some participants. Some shared that they had previously held leadership positions with the nursing union. These roles gave them both leadership experience and a deeper understanding of the role of the union and union membership. Leaving the union and considering a leadership position that was out of union scope was described as a major threshold to cross. Participants shared that transitioning out of the union gave them a sense of being exposed and vulnerable with regard to job security. *"As soon as you leave that [union position] then it's scary too. You really got to stop and think before you walk away from that"* (ENL B, line 773-75, p. 23).

In the union environment, years of service are translated into seniority hours and those hours are important to both secure desired unionized positions, as well as protecting the nurse from job action when such processes as job deletions occur. In some instances, nurses over a certain threshold of seniority hours are protected from job loss, or used those seniority hours to secure another position. *"Like you're protected or there's a mentality that the union will protect you and once you step out of scope, you're at risk"* (ENL G, line 493-94, p.16). This "protection" from the union was also described by participants as a protection against job loss. *"You're a bit protected with the union and you're kind of going off on a limb and I am going out, and can I lose?"* (ENL H, line 292-94, p. 9). Participants understood, either through personal experience or experiences related to them, that it was exceedingly difficult for management to terminate a unionized employee.

Contrary Evidence

Some participants shared perceptions that management positions were used to terminate employees. *"Some people were let go under, you know, suspicious circumstances. It didn't seem that you would have that firing if it was a union [position]"* (ENL A, line 1035-41, p. 32). Recollections of previous leaders recruiting nurses into leadership positions outside of the labor union in order to then terminate them resulted in fear and reluctance to take management positions. *"Seeing some people get fired for sure scared me"* (ENL C., line 593-94, p. 18). The history and perception of previous leaders' actions seemed to bolster the perception of job security within the union environment. *"We don't have the best track record for [leaders] whether they chose to leave or are fired, and so there's great fear for going to an out-of-scope position"* (ENL F, line 362-66, p. 12).

Not all participants shared the same level of concern with leaving a unionized position. Although the risk of leaving the union was considered, it was not a barrier for them as they

moved into a formal leadership role. *"I don't need union protection. I know I will do a good job"* (ENL J, line 583-84, p. 19).

Knowing Self

The subtheme of knowing self described the reflective process that participants shared as they considered leadership positions. Their "push" was described as an internal force, an internal "knowing" associated with a desire to lead. *"I always wanted to be a leader. I love the challenge of leadership and solving problems"* (ENL F, line 492-93, p. 16). Participants shared a strong desire to improve the working environment and promote high quality care; which could result in positive outcomes for patients and staff. *"I wanted to make an impact; I wanted to make change and make it for the right reasons"* (ENL G, line 554, p. 18); *"I took this [leadership role] because I wanted to see positive change"* (ENL J, line137-38, p. 5).

All participants shared past experiences of leadership outside of nursing. Some coached sports teams; some worked as lifeguards; while others managed small family businesses. These experiences, whether voluntary or paid positions, provided opportunities to develop leadership skills that could be transferred to a nursing leadership role. Skills of organization, communication, leading teams toward a goal, and taking initiative were woven through the data in discussions and stories shared of previous leadership experience outside of the workplace.

Some participants shared that they lacked confidence in their leadership abilities when it came to the workplace and described that they were experiencing doubt about their ability to lead, which was pulling them away from leadership. *"...so I think the biggest thing that pulled me back was maybe my own self-doubt and my own lack of confidence"* (ENL J, p 21, line 713-15). This experience was shared as an internal dialogue in an attempt to balance their internal motivation to lead and external pressures, such as failure to succeed or loss of job satisfaction. *"I don't know what the answer is. I mean I guess it would be security, given my fears, my internal*

dialogue and fears" (ENL F, line 400-01, p. 13). Additionally, participants shared a description of balancing the fear of failing with the knowledge that they could make a positive difference in a leadership role. Ultimately, the opportunity to make a difference and the reassurance from leadership that they would be supported, allowed them to overcome their self-doubt and propelled them forward into a leadership position. *"Several times I thought what am I doing? And then I would say, okay, I can do this"* (ENL E, line 333-34, p. 11).

Knowing self and a personal realization of steps needed to be taken to grow professionally and move to formal leadership were driving forces for some participants. *"I wanted to better myself. I want to, you know, take the next step"* (ENL B, line 180-81, p. 6). Participants shared their journey of self-examination vis a vis their career goals. The HR department in the northern health region uses a template of a 5-year plan for staff to utilize in examination of where they currently are and where they see themselves in five years and what steps are needed to attain the 5-year goal. *"One of my [5 year] goals is I want to start taking leadership courses"* (ENL H, line 258-60, p. 8). Many discussed their career plans in terms of a 5- year plan and where they were on that path. When there was a clear intention to pursue leadership and advance their career, participants examined what needed to occur for them to move forward. *"I knew I had to leave the unit in order to grow as a person and as a professional, so, I left"* (ENL F, line 328-29, p. 11).

The theme of push and pull explored the opposing forces that shaped participants' perceptions of entering a leadership role. Participants shared instances of wanting to push themselves towards leadership, driven by their personal aspirations *"It's a lot about you know, learning to believe in yourself. That's the first step. And then it's all about growing"* (ENL E, line 365-66, p. 12), or encouragement from peers and leaders within the organization. Conversely, they also acknowledged a personal sense of pulling back, often linked to concerns

with changing the social structure of their life. *"This is my home. If I ended up being released from the position, I would have to uproot my life, my home"* (ENL F, line 377-79, p. 120). Participants also shared concerns with leaving the labor union and hesitancy to place complete trust and confidence in their ability to succeed as a leader. For many participants, the push and pull forces were met with an eventual move into a leadership position. The data revealed that participants reached a point at which either the force to push themselves was strong enough, or they had created a capacity within themselves to be ready when leaders reached out to them with an opportunity for leadership. *"When this position came up, I was ready. I was interested"* (ENL G, line 567-68, p. 18). In discussing opportunities to lead, the context of a remote northern health region became evident as a third theme in the data.

Theme 3: Context

In analyzing the data, three subthemes within the context of this health region were apparent and described important factors shaping the participants' decision to enter a leadership role. The subthemes of a) life in the north b) connection and opportunity, and c) work-life balance, will be discussed along with their influence on participants' decision to lead.

Life in the North

In the context of the northern health region, many participants shared that they grew up in the area, and that their friends and family (spouses, partners, children, parents) were also living, working, and actively participating in the community. For those who did not grow up in the north, they moved to the north early in their nursing career and have remained, building family and community. *"It was like wow, this is how they treat people in the North? And then I just stayed"* (ENL D, line 1576-77, p. 48). The participants shared that living in this area is special both in the remote beauty and the close-knit communities. Based on their experiences and perceptions of living and working in this rural community, participants shared a concern that

should they move into a leadership role and subsequently not be successful to the point of termination, they would become unemployable as a nurse by the health region, thereby needing to relocate their homes and families to seek employment in another health region. *"This is my home, my life, all my life. If I was fired then what? I would have to uproot my life"* (ENL C, line 605-606, p. 19). The perception that there was more at risk then just losing their job in a leadership role outside the scope of the union, meant for some that they would seek unionized leadership roles. *"If I ended up being released from my position, I would have to uproot my life from my home, where I want to be. I have a lot of struggle with it internally in terms of moving out of scope"* (ENL F, line 378-83, p. 12).

As previously described, there was perceived security in remaining unionized. For others, the relationships and trust that were forged with leadership was enough to allay their concerns. *"I think yeah, [leaving the union], that's part of trust. If I didn't trust [xxx] I probably wouldn't have come into this position"* (ENL A, line 1041-1050, p. 33). Even so, they also acknowledged how devastating it would be to them to have to uproot themselves and possibly their families from friends and communities that were so well known to them. Community is an important feature and can provide support to its members in remote, northern areas. *"You're such a big part of the community [at work] as well as outside of work"* (KI, line 533-34, p. 16). Community provides social engagement and connections that allow for stability and growth. *"There are families similar to us…you set up a social group [in the community] and I have a great circle of friends"* (ENL A, line 1199-1202, p. 38).

Connection and Opportunity

Although this health region is vast, in many ways the connections that participants had across sites, created a smaller community, *"We really are like a small group here"* (ENL A, line 1109-110, p. 35) that worked closely together. For example, in order to operationalize

educational roll-outs or improvement activities, many individuals needed to come together to create successful implementation and sustainment plans. As a result of this, participants shared that by participating in working groups and committees, they created a network of colleagues that included leadership at many levels, and at times included executive leaders. *"I was really growing, ... meeting with different people there, and kind of seeing more of the region"* (ENL H, line 448-450, p. 25). Exposure to this type of work not only gave participants experiences observing leaders, it also gave them direct opportunities to develop relationships with senior leaders. *"I've had the opportunity to work with [senior leader] closely and here in the north there is a lot of networking across the region. You kind of get to know people and feel confident"* (ENL G, line 187-88, p. 6).

Making these connections either in person, or through virtual meetings, created awareness of leadership opportunities simply by being connected to multiple sites and leaders within the region. Before the use of MS Teams or Zoom for virtual meetings, the northern health region used the platform Link. Virtual meetings were considered safer and preferred over hours of driving to and from meetings. As they had been using a virtual platform for so many years, a comfort existed with the technology often facilitating the normal pre and post meeting casual conversations (reflexive journal, December 2, 2022). Working with teams and having the opportunity to demonstrate abilities to staff and teams located across the region meant a wider audience of leaders who could become familiar with the emerging leaders and their work. *"I was really growing and meeting different people there and seeing more of the Region and working on committees and sitting at tables with like our [senior leader]"* (ENL H, line 470-72, p. 15).

The concept of being a small community in an expansive region was also related to the opportunity to advance into leadership roles. Participants perceived that they had opportunities for leadership roles that would have been out of reach for them in another health region related to

a smaller number of candidates competing for the position. *"I mean there's not a great big pool to choose from so your experience and knowledge gained over the years definitely counts towards things here"* (ENL B, line 567-66, p. 18).

Emerging nurse leaders networked across the region and gained knowledge and experiences to position themselves for the future. They also created connections with leadership on many levels and participants saw this network as an avenue to get to know the leaders and develop relationships with them. *"It's good to create your network, because you're meeting with [senior leaders] and you get to work with them"* (ENL D, 1122-24, p. 35). In this vast and beautiful region, there was defined sense of community that reduced the vastness to a more intimate level of connection.

Work-Life Balance

Another aspect within the context of the northern health region was the promotion of work-life balance. A work-life conflict can arise when the overall demands of work and personal roles become incompatible and as such, make it increasingly difficult to fulfil each role. Participants shared that while expectations of their work were high, respect for the challenges of leading in a remote setting were addressed with an assurance that a work-life balance is equally important. *"In the North we have some child care issues, so sometimes I need to flex my start times. [xxx] will let you work from home if your kids are sick, so it's awesome that way"* (ENL D, line 45-46, p. 2).

This balance was described as flexible hours when children's schedules were altered at school or daycare. It was also described as an ability to work from home earlier in the day and then connect with the teams later on in the day. *"That's her time to connect. That's what works best for her schedule and it works"* (KI, line 445-46, p. 12). Participants viewed this as a positive aspect of leadership roles and enjoyed both the flexibility and adaptability of work hours. *"I*

typically work Monday to Friday but I know I can do evenings as well. I like that flexibility" (ENL D, line 227-28, p. 6).

Hours of the work day were described as predictable and stable, *"Typically, my day ends around 3:30 because I start at 7:30. Well I'm usually here a bit before that because that is the best time to catch everyone. Some days I am here later, but that's not the usual"* (ENL E, line 154-56, p. 6) with a clear expectation that when the work day ended, there was no need to stay connected to work through phone calls or emails. *"My schedule is very set and the hours are very stable. I generally work an eight-hour day"* (ENL B, line 104-105, p. 4). In discussion with participants, it seemed that there was infrastructure in place to support the teams during the off hours and leaders could freely disconnect from their cell phones in the evenings and weekends (reflexive journal, January 25, 2023). The reassurance and support to maintain a work-life balance is a positive factor for participants when considering a leadership role. Furthermore, promotion of work life balance is also present on the region's online recruitment page with the slogan "Come for a career, stay for the lifestyle" (NRHA, 2023). More than one participant shared that they moved into the northern region and have remained; fully participating in the community, as well as their work life (reflexive journal, January 25, 2023). *"I did not expect to stay here this long. The lifestyle has been a perfect fit"* (ENL A, line 1177-78, p. 37).

Chapter Summary

This chapter described three themes related to the factors that influence the participant's decision to move into formal leadership roles: i) relationships as foundational to become a leader, ii) push and pull, and iii) context of the north. Within the theme of relationships, supportive recognition and trust were described as crucial factors that motivated participants to consider leadership positions. Peers, mentors, and observation of current leaders were part of building support and trust. The theme of push and pull represented participants' internal conflict

regarding entering a leadership role. The push aspect involved personal aspiration and encouragement from peers, while the pull element included concerns about changing social dynamics, leaving unionized positions, and self-doubt. Ultimately, the desire to make a positive impact and assurances of support from leadership helped participants to transition into a leadership position. The third theme of context, particularly the unique characteristics of the remote northern region, played a significant role in the decision to enter leadership. Participants value their communities, the opportunity to network and connect across sites, and the promotion of work-life balance in the region. These factors influenced the decision-making process of participants when considering a move into formal leadership.

Chapter V

Discussion

In the field of healthcare, nurse leaders play a pivotal role in enhancing overall patient outcomes through inspiring change and supporting innovation (Wagner, 2018; Muls et al., 2015). Considering the complexity of the healthcare system and the importance of providing quality care, the presence of nursing leadership is critical (Al Sabei & Ross, 2023). The current shortage of nursing leaders combined with the diminished interest of direct care nurses to pursue a leadership role (Laschinger et al., 2013) underscores the need to explore strategies for attracting and retaining nurses in leadership positions. The purpose of this study was to describe factors that shape emerging nurse leaders' interest to pursue a nurse leadership role.

The findings of this study contribute to the understanding of what factors influence the decision-making process of emerging nurse leaders in a remote, northern community to move into formal leadership roles. The themes of relationships as the foundation to becoming a leader; the push and pull representing the internal conflict; and the context of the north, highlighting unique characteristics of the remote northern region, impacted the decision to enter leadership.

A modified version of Collings and Mellahi's (2009) strategic talent management framework (Figure 1, p. 10) provided guidance in analyzing the data gathered from the study participants. Strategic talent management requires that pivotal positions be identified. Pivotal positions make a difference in the organization's success and improving overall outcomes. A talent pool of individuals needs to be created in order to ultimately fill these pivotal positions. Perception of organizational investment impacts the emerging nurse leader and is reflected in their work motivation, organizational commitment, and extra role behaviours. These individuals received support and opportunities to grow, prepare, and be ready to transition to a leadership role. The component of organizational investment on work motivation, organizational

commitment, and experiential knowledge will be discussed. Additionally, organizational investment and experiential knowledge are factors that contribute to building and sustaining the talent pool and will be discussed in relation to the findings. Furthermore, human resources practices, in conjunction with internal and external labor markets, also support this process and will be examined in discussion of the findings.

This chapter will include a discussion of the interpretation of the findings specific to the components of the modified conceptual framework of strategic talent management (Collings & Mellahi, 2009), including both what is similar and what is novel as compared to the literature. Recommendations to develop processes to support nurses' interest in leadership, as well as recommendations for future research will be shared.

Pivotal Positions

Nursing leadership roles are pivotal for healthcare organizational success (Fowler & Villaneuva, 2023; Cziraki et al., 2020). These leadership roles range from executive level positions to unit managers and frontline leaders, such as nurse educators and clinical resource nurses. These roles influence and lead clinical teams for the purpose of providing safe and effective patient care (Al Sabei & Ross, 2023). It is important to develop talent within the broader organization with pivotal positions in mind, rather than focus on specific roles (Collings & Mellahi, 2009). These types of roles exist within the northern health region and participants identified these positions as leadership roles.

Perceptions of Organization's Investment in Talent

This study revealed a relationship between organizational investment and organizational commitment. When participants were provided opportunities and supported to advance their education or participate in leadership courses, they regarded this as a demonstration of support and investment. The support to continue personal growth as a leader contributed to the

development of trusting relationships. Nurses are committed to meeting the needs of their clients and acting in their best interests (CRNM, 2017). Participants who experienced a level of commitment towards them from the organization, perceived confidence in their own ability to take on the leadership role and the challenging work that was involved.

Participants in this study described a regional program titled "Grow Your Own" which is an education-based leadership development program that support additional education contingent on a return of service. Participants who engaged in this program spoke positively about their experience. Organizational support in the form of education and training opportunities positively influence aspirations of nurses to leadership roles (Lartey et al., 2023).

Mentorship was perceived as an important facet of support to the participants. A key piece of success for nurse leaders is the ability for leadership knowledge to be transferred and shared (Hedenstrom et al., 2023). Mentors provided support, guidance, and knowledge to the participants. Mentorship provides a safe environment that enables growth and confidence in leadership skill (Rosser et al., 2020). Participants shared having a mentor provided this safe environment and they felt secure in their mentor's commitment to them described as mentors "having their back". Mentorship created a culture of trust and enabled participants to both benefit from the experiences and leadership skills of the mentor and used this relationship to test out ideas and strategies they had for their teams. The foundation of mentoring relationship is trust, which can then foster open communication, reflection, and disclosure as described by Hedenstrom and colleagues (2023) in their study examining a nursing leadership mentoring program. Mentorship is described as both a formal arrangement or as an informal relationship in which an experienced leader offered consistent support and advice.

Work Motivation

For the participants, subsequent to the mentoring and support they experienced, they had a desire to do the same for their teams. In other words, they wanted to be the leader that inspired others/staff to lead. Participants shared a strong desire to improve their working environment and lead quality improvements aimed at improving outcomes for patients and staff. Additionally, participants were motivated to consider leadership
roles within their clinical teams as they believed they could focus on the team's wellbeing and create a positive work environment that would ultimately improve clinical outcomes for patients. This is congruent with Cziraki et al.'s (2020) finding that motivation to lead influences an emerging leader to become interested in leadership roles and activities.

For some participants, despite a motivation to lead, moving into a leadership role meant leaving a labor union. The labor union for nurses was perceived by some as offering job security and protection from job loss. Leaving the union had the potential to expose participants to job insecurity that would impact not only their work life, but also their personal life. They expressed concern that if they became a leader outside of the scope of the union and failed to perform well, they might face termination. This outcome was perceived as rendering them unemployable in the health region which would necessitate action to uproot and relocate their home and family in search of work in a different health region. Recollections were shared that recruitment of nurses to leadership roles was used by previous leaders as a termination process. These memories continue to create fear and reluctance to move to a leadership role out of the scope of a union for some participants. Although Balogh-Robinson (2012) discusses the unique challenges of developing nurse leaders in a unionized environment, there is paucity in the literature regarding perceived risks associated with leaving a unionized position for a leadership role that is outside the scope of the labor union.

Another challenge that impacted participants who were intrinsically motivated to lead was the transition from colleague and peer to leader. This transition was described by some participants as difficult and at times caused them to be reluctant to pursue a leadership role. Many of the participants lived in small communities where friends and family both live and work together. Often, friendships and family relationships cross over from social and community environments to the workplace in small communities. Stuart and colleagues (2020) state that personal and professional lives of nurses working in remote rural Canadian settings are often intertwined with the healthcare facility which is often a major part of the community. However, there was no specific discussion in the literature with regard to transition of nurses to leadership roles. Through support from their peers and their organizational commitment, participants shared that ultimately, they were able to move into leadership roles despite their concerns about the impact with their friends and family.

Organizational Commitment

Participants who were born or raised in the northern community shared an interest to remain in the communities and build their careers in the heath region. A commitment to community and organization was shared and for their part, the organization nurtured that commitment through development of relationships, supportive recognition, and trust. The internal labor market was strong and participants shared there were opportunities to advance into leadership roles. Participants perceived that they had opportunities for leadership roles that would have been out of reach for them in an urban setting related to a smaller number of candidates competing for the position. The external labor market was also important in building the talent pool. Two participants shared that their interest in moving to the northern region was based on interactions they had with recruiters in a large urban setting. Once these participants arrived in the north, the relationships they developed with clinical leaders and staff forged a

desire to remain in the north. Effective recruitment strategies and the culture of the organization were important foundational pieces in building the external labor market to feed into the talent pool. Again, the promotion of work life balance was a driving force in creating organizational commitment. On the recruitment website, the slogan "Come for a career, stay for the lifestyle" holds true for these participants. They shared that they came, or returned to the north and never left. They are committed to their career in the northern health region.

Extra Role Behaviours

Extra role behaviours are those behaviours that have a direct positive effect on the organizational effectiveness, while providing no monetary benefit to the employee (Collings & Mellahi, 2009). In other words, participants who performed extra role behaviours volunteered for or sought out these experiences for reasons other than monetary compensation. Laschinger et al. (2013) found that intrinsic motivation to aspire to formal leadership roles outweigh extrinsic factors such as wage increases.

Participants shared that by participating on working groups or committees, they were able to network across the region and develop relationships with other leaders, including executive leadership. They gained knowledge and experience that would better position them for leadership roles in the future. They also gained exposure to senior leadership and participants saw this networking as an avenue to get to know the leaders and develop relationships with them. Networking across a remote health region can help to reduce professional isolation that can be sometimes experienced in rural settings (Rohatinsky & Jahner, 2016).

Additionally, when participants were invited to participate on committees, this was perceived as the organization investing in them and trusting their ability as a leader. As described by Wong and Wong (2017), when individuals perceive organizational commitment and investment, their commitment to the organization increases.

Organizational Investment

An interesting finding was the organization's investment and promotion of work-life balance. Nurse leadership roles are often associated with longer hours leading to an imbalance of worked hours over personal time (Miller & Hemburg, 2023). In the remote, northern health region, participants shared that they enjoyed a good quality of work-life balance and this was a positive factor when considering a leadership role. Work-life balance was described as flexible hours to accommodate childcare; ability to work from home from time to time; and ability to flex hours to start later and work into the evening. Most participants shared a reliably consistent schedule that allowed them to enjoy personal and family time outside of work to disconnect from the stress of work and to re-energize.

Experiential Knowledge

Collings and Mellahi's (2009) theoretical framework for strategic talent management was further modified in this study to include experiential knowledge as a factor contributing leadership development and ultimately building the talent pool of emerging nurse leaders. All participants shared past experience of leadership outside of nursing. Some coached sports teams; worked as lifeguards or swimming instructors; while others managed small family businesses.

These experiences, whether voluntary or paid positions, provided opportunities to develop leadership skills that could be transferred to a nursing leadership role. Skills of organization, prioritization, communication, leading teams toward a goal, and taking initiative were woven through the data in discussions and stories shared of previous leadership experience outside of the workplace. As noted in the literature, previous leadership experience can provide a higher level of self-confidence and influence both leadership aspirations and actions (Bergner et al., 2018).

Significance of the Study

This study aimed to understand why emerging nurse leaders choose leadership positions and to use this understanding to rebalance the stability of nursing leadership. Participants shared the importance of strong relationships as the foundation to leadership. Strong relationships built on support and trust were invaluable to participants as they considered leadership roles.

Mentorship of emerging leaders is imperative to build leadership skill and confidence and should be used in both recruitment efforts and onboarding processes of new leaders. When participants were aware of mentorship possibilities, they were more willing to take on a formal leadership role. The support of a mentor was described as invaluable and should be considered as necessary for the successful growth of an emerging nurse leader.

This study is the first to explore nursing leadership in a northern setting in Canada. The context of a northern, remote community is important to consider when working with emerging leaders. Establishing trusting relationships to enable unionized nurses to cross the threshold into non-unionized leadership roles cannot be over emphasized. Every participant shared hesitation with regard to leaving the union. Participants who trusted their supervisor and experienced positive mentorship had the confidence to move out of the union. However, this does not mean that unionized leadership positions are not also pivotal to organizational success and positive patient outcomes. These findings suggest that as nurses are progressing on the leadership path, they will inevitably come to consider a move out of a labor union. It is at this time that trust and organizational investment could be the deciding factors for nurses to leave the union.

Another important contextual factor of the north is the perceived vulnerability to job loss and the impact not only on employment security, but on the individual's personal life as well as a result of leaving the labor union. The perception that one would have to leave the health region in order to secure employment as a nurse/nurse leader if they were to be terminated is a unique

factor of the north. This impact is not experienced in a larger, urban setting in the south nor discussed in the literature. To allay these concerns, open communication and trusting relationships could support the emerging nurse leader that would translate into confidence that the organization and its leaders are committed to their successful transition into a leadership role.

There is literature that discusses what leaders do (Bianchi et al., 2018, Cummings et al., 2021; Doherty & Revell, 2020; Laschinger et al., 2011); however, an interesting finding of this study is that participants were not aware of this literature. There was a lack of understanding and awareness of what leaders did and participants shared that this lack of understanding caused them to initially disregard leadership roles for their career path. Use of interim leadership roles can be method of exposing emerging leaders to new roles; described as 'trying on' a leadership role (Fisher et al., 2022). Many participants shared that they did not understand a leadership position or what a leader did, and this lack of understanding could present barriers to pursuing formal leadership roles. One method of creating awareness of leadership roles could be providing job shadow opportunities and use of interim positions. Through these immersive techniques, nurses could have a better understanding of the role and the support available to them.

Lastly, experiential knowledge is an important factor for creating a talent pool of emerging nurse leaders. Every participant shared previous leadership experiences outside of their professional practice. Previous leadership experiences should be explored when reviewing resumes and through interview processes. Nurses with these previous experiences can then be added to the talent pool and considered for career development and growth into pivotal leadership positions.

Recommendations for Future Research

Talent management is a relatively new framework which has developed over the last decade. Studies pertaining to strategic talent management are sparse in nursing (Webb et al., 2017). The original framework developed by Collings and Mellahi (2009) was modified by Meub (2018) with the addition of organizational investment in talent as a factor that shaped nurses' potential to enter the talent pool. The perception of organizational investment in talent was found by Meub (2018) to enhance the nurses' commitment to the organization and their intrinsic motivation to lead, and was also included in this study. Participants shared that when they perceived the organization investing in them and their development, they felt supported to work to their vision of leadership in their role.

In this study, experiential knowledge was an important addition to the framework because it provided a broader understanding of factors that shape a nurse to consider a leadership role. Participants shared previous leadership experience gained through roles outside of nursing or prior to nursing which provided them with skill development of communication, leading groups, managing budgets/payroll, and setting goals. This experience provides a source for leadership skill acquisition that can be transferred to a nurse leadership role. This is different from extra role behaviours, which is understood to be voluntary efforts beyond an employee's role (Collings & Mellahi, 2009). Participants described extra role behaviours such as participating in committees and working groups. Both additions of experiential knowledge and organizational investment need to be further studied to understand how these factors add to the strategic talent management framework.

Two previous studies in Manitoba used the strategic talent framework by Collings & Mellahi (2009) to examine factors influencing nurses to pursue nurse management positions. Witges (2015) examined perceptions of nurse managers in an urban setting, while Meub (2018)

investigated nurse managers in a rural setting in southern Manitoba. A noted difference between this study and the two previous studies, is that nurse leadership roles in this study were expanded beyond the manager role. All formal nursing leadership roles can be considered pivotal to the organization's success and understanding factors shaping emerging nurse leaders' entry into formal leadership roles is crucial to the recruitment of nurse leaders. Participants spoke about different leadership positions leading to subsequent positions and different routes to leadership. The pathway to leadership (clinical resource nurse, educator, manager) was not a focus of this study but would be worthy of further investigation to understand those pathways.

Leaving the labor union to take a leadership position was a decision that many participants contemplated before acting. The perception that the union offers an element of protection against job loss and, by leaving the union, the participants shared they became vulnerable to the risk of being terminated. When weighing the risks of leaving the union, some participants chose to pursue leadership positions that were in the scope of a labor union (clinical resource nurse, educator). Further research regarding the relationship of union membership and nurses' decision to pursue leadership roles outside of union could assist employers in building their talent pool.

Mentoring of new and emerging nurse leaders was discussed as foundational to developing trust and support as participants navigated their leadership role. Participants valued their mentors and spoke positively of this experience. Mentorship was described as having a senior or supervising leader check in with the participant at regular intervals. These check-ins provided opportunities to develop and increase confidence with leadership skills. Participants also shared that without their mentorship experience, they were not sure they could have been successful in a leadership role. Research to understand the role of mentoring for emerging nurse

leaders could provide valuable information for employers to support nurses on their pathway to leadership.

The need to cultivate nursing leaders is paramount for healthcare organizations. However, the findings of this study reveal a lack of awareness among participants regarding the roles and responsibilities of nursing leaders. This finding identifies an important gap in knowledge of nurses. Further exploration in the area of leadership role awareness among nurses could inform strategies to improve nurses' knowledge of leadership roles and thereby increase interest and recruitment opportunities.

The study participants consisted of a homogenous sample of emerging nurse leaders in an acute care setting and the information shared may not be representative of the experiences of those in long term care, public health, or First Nations communities. Further research that includes recruitment targeted at these healthcare settings is required to understand if the themes developed in this study would be transferable.

Limitations

By using purposive sampling, all participants were recruited from within the same healthcare region. As described above, there was a lack of participants outside of acute care setting and from First Nation communities. Since participants volunteered to be a part of this study, there could be a degree of self-selection bias. Additionally, a perspective could be missed owing to the fact that only those interested in the study participated (Sharma, 2017). This healthcare region is remote and access to leadership roles may have varied in relation to an urban setting.

Chapter Summary

This chapter discussed how the findings of this study contribute to the literature and adds to the work completed in two previous studies in Manitoba using a modified version of Collings and Mellahi's (2009) strategic talent management framework. This framework was further modified to include experiential knowledge in addition to the factors of work motivation, organizational commitment, extra role behaviours, and perception of organizational investment. Strategic talent management can provide a lens through which to recruit and develop emerging nurse leaders on their pathway to leadership. Following discussion of the findings, the significance of the study and future recommendations for further research were suggested.

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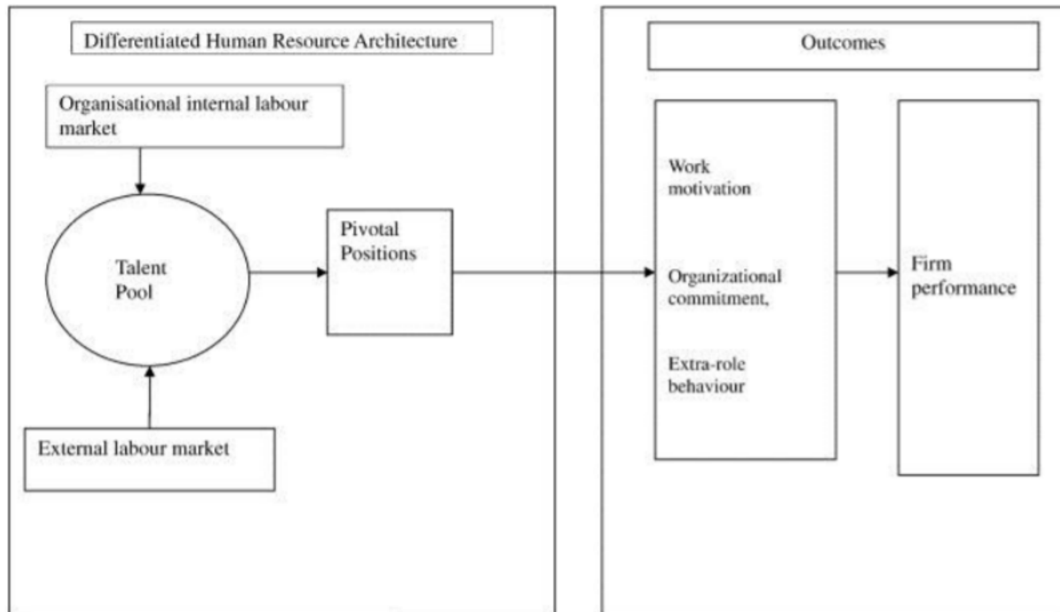
Appendix A

Collings and Mellahi's Strategic Talent Management Framework

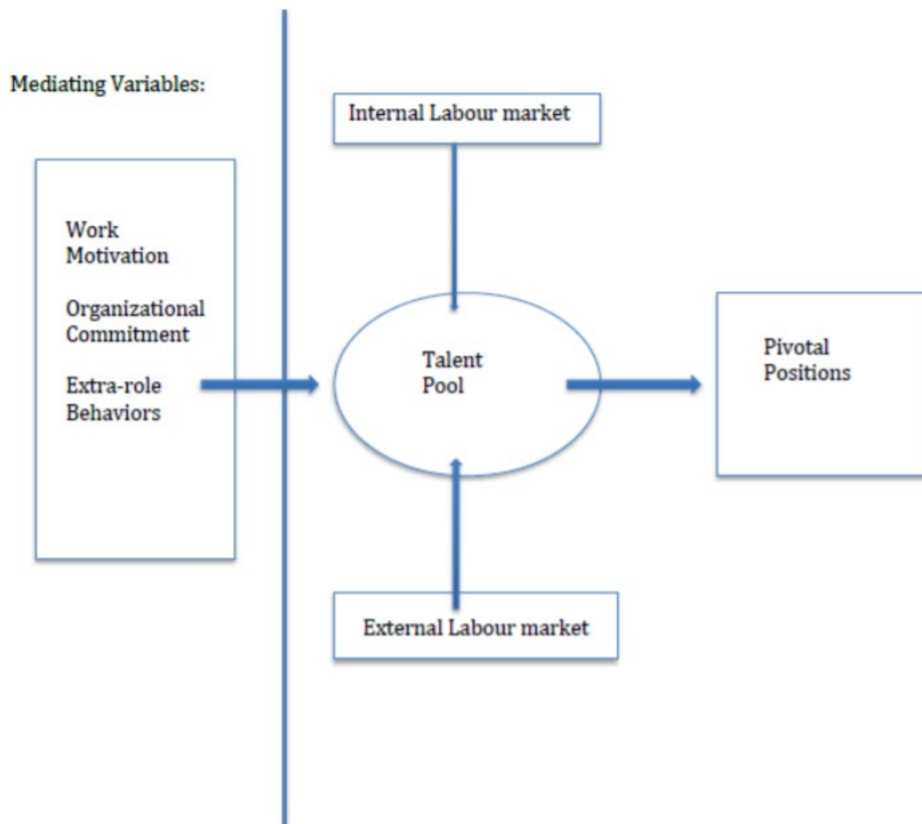


Reference:

Collings, D. & Mellahi, K. (2009). Strategic talent management: A review and research agenda. *Human Resource Management Review, 19* (4), 307. Used with permission.

Appendix B

Modified Version of Collings and Mellahi's Theoretical Framework

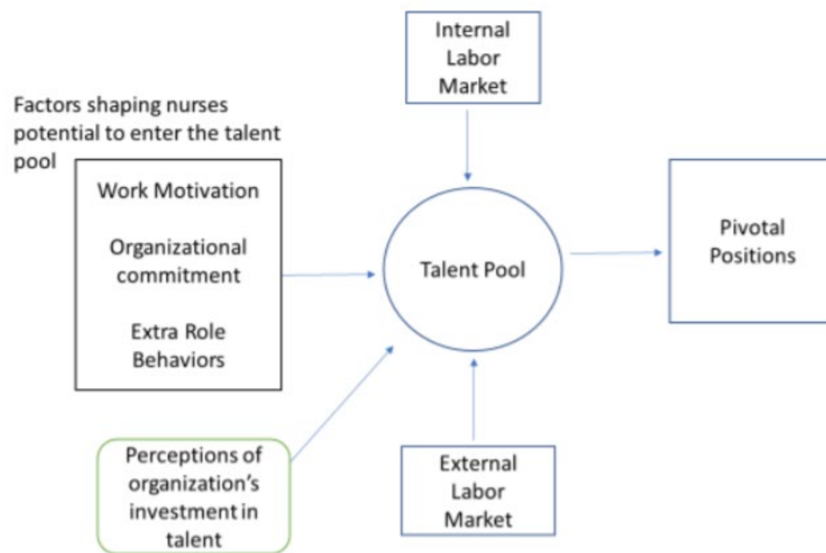


Reference:

Witges, K. (2015). *Becoming a nurse manager: From the perspective of nurse managers using a modified strategic talent management framework.* [unpublished Master's thesis]. University of Manitoba.

Appendix C

Rural Managers' Perceptions of Factors Shaping their Transition from Cinician to Manager: A Modified Talent Management Framework



Reference:

Meub, C. (2018). *Rural nurse managers' perspectives of factors shaping the decision to enter management* [unpublished Master's thesis]. University of Manitoba.

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Appendix D

Description of the Study Email to Chief Nursing Officer, Northern Health Region

Dear Ms. Shannon Guerreiro,

I am a Master of Nursing student at the College of Nursing, University of Manitoba. My advisor is Dr. Judith Scanlan, Associate Professor, College of Nursing, University of Manitoba.

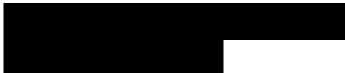
In partial fulfillment of the requirements for the MN, I will be conducting a research study entitled *Factors shaping emerging nurse leaders: A proposed interpretive description study*, which aims to explore the factors that shape emerging nurse leaders' interest to step into a formal nurse leadership role in northern Manitoba. Although there are a few studies looking at northern nursing in Canada, leadership was not explicitly studied. In particular, there has been no research on nursing leadership in northern Manitoba.

I am seeking your permission to ask nurses who have been in formal leadership roles for 5 years or less, as well as those whom senior leadership would "tap" for a leadership role, to participate in this research study. Each participant will be asked to participate in a one-on-one virtual recorded interview that is expected to take approximately one hour to complete. Two to three participants will be invited to participate in an additional review of an executive summary of the findings, by email.

Information collected during the interview will be used only for the purposes of research at the University of Manitoba, College of Nursing. All information collected in this study will be kept confidential and anonymous. Only the researcher will know participants' identity. This study poses minimal risk to participants and is completely voluntary. The results of the study will be disseminated through presentations, peer reviewed journal articles, and conferences.

Thank you for considering this research request. I hope to be able to proceed with this research in the Northern Health Region.

Heather Nowak RN BN



Appendix E

Email invitation to be distributed through the office of the CNO

I would like to invite you to participate in this study titled *Factors shaping emerging nurse leaders: A proposed interpretive description study*, which aims to explore the factors that shape emerging nurse leaders' interest to step into a formal nurse leadership role in northern Manitoba. If you decide to participate in the study, your participation will include an audio recorded interview that will take no longer than 60 minutes, at a time and place that is convenient and private for the both of us.

During the interview, I will ask you to complete a form that asks a few questions that describe yourself. As part of the interview, I will ask participants about their interest in leadership and about their decision to move into a leadership position or consider moving into a leadership position. Your anonymity and confidentiality will be maintained. A coding system will be used to maintain confidentiality and your name will not appear in any potential publication of the findings. The findings of this study will be used to meet thesis requirements to complete my Masters of Nursing degree and will be submitted for publication in an appropriate journal. Your name will not be used in any documents or presentations that may occur as a result of this study. You personally may not benefit from this study at this time; however, findings of this study may lead to further research that may enhance and contribute to the role of nursing leader.

There are no monetary costs attributed to you for participating in this study, and you will not receive any payment for participating in this study. You will receive a $50 Amazon.ca gift card as a token of appreciation. Remember that you are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without any prejudice or consequence. This study has received approval from the Research Ethics Board 1, University of Manitoba.

Thank you for consideration of participation in this study. If you are interested in participating in this study please contact me at the number and emails identified below.

Heather Nowak, RN, BN Graduate Nursing Student,
Master of Nursing Program Faculty of Nursing University of Manitoba
Winnipeg, Manitoba

Appendix F

Participant Consent Form

Helen Glass Centre for Nursing
89 Curry Place
Telephone (204) 474-7452
Fax (204) 474-7682
nursing_info@umanitoba.ca
umanitoba.ca/nursing
Canada, R3T 2N2
Winnipeg, Manitoba

RESEARCH PARTICIPANT INFORMATION AND CONSENT FORM
Individual Interview

Title of Study: **"**Factors shaping emerging nurse leaders: A proposed interpretive description study"

Principal Investigator: Heather Nowak, RN BN University of Manitoba
Master of Nursing thesis student

Co-Investigator and Student Advisor: Dr. Judith Scanlan, RN, PhD
Sponsor: MCNHR Graduate Student research Grant

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.

You are being asked to participate in a research study involving an individual interview. Please take your time to review this consent form and discuss any questions you may have with the researcher, your friends, family before you make your decision. This consent form may contain words that you do not understand. Please ask the researcher to explain any words or information that you do not clearly understand.

Purpose of this Study

This research study is being conducted to describe the factors that shape emerging nurse leaders'

interest to step into a formal nurse leadership role. Given the pivotal role that nurse leaders have in health care, the relatively low proportion of nurses who plan to pursue nursing leadership roles, and the anticipated high number of nursing leaders expecting to leave the profession reported in the literature, knowledge of these factors can be used to develop targeted development and recruitment strategies.

Participants Selection

An email invitation will be sent to you through the office of the CNO, Northern Health Region. You are being asked to participate in this study because you are a nurse who has been in a formal leadership role for up to the last 5 years or as a nurse who has been identified by a leader to be an emerging leader.

A total of 5-10 participants will be asked to participate.

Study procedures

- You will be asked to complete a demographic questionnaire which will be used to describe the study population.
- The method of data collection for this study will be individual interviews.
- Participation in the study will be one interview session that will take up to 60 minutes.
- The principal investigator will be conducting the interview
- You will be asked some questions relating to your experiences about deciding to move into a
  leadership role, as well as any particular moment or experience that was significant in your
  decision to move into a nursing leadership role. You will also be asked about your perspective on formal or informal processes used within an organization or by existing leadership that prompted you to think about a career path in nursing leadership. These questions will help us to better understand what factors influence an emerging nurse leader to 'step off the ledge' and enter into a nurse leadership role.
- The sessions will be conducted over the Microsoft Teams virtual meeting software and be audio-recorded and later transcribed by a transcriptionist employed by TranscriptHeroes.ca to ensure accurate reporting of the information that you provide.
- Transcribers will sign a confidentiality form stating that they will not discuss any item on the recording with anyone other than the researchers and will not keep any study data after they complete their work.
- Your name will not be asked or revealed during the individual interviews. However, should the principal investigator call you by name, the transcriber will be instructed to remove all names from the transcription.
- Upon completion of the interview, the audio-recordings will be immediately downloaded from MS Teams into a computer file that is encrypted. Your digital recording and transcript will be identified with a code number and your name will not appear on any of the study interview data documents (transcript, field notes, memos). This code and your actual name will be recorded on a separate electronic file by the principal investigator to be used in the case you wish to correspond about your data and/or withdraw from the study. This separate master list will be stored separately from the interview data.
- All audio recordings and electronic transcripts will be securely stored in an encrypted

computer file on the University of Manitoba network drive accessible only by the principal investigator and her advisor. Paper transcripts as well as any additional notes taken at the time of the interview will be securely stored in a separate locked filing cabinet in the researcher's home office. The notes would contain information to provide context to the interview, such as environmental factors, that may have an impact on the interview. Audio recordings will be destroyed within 7 years of completing the transcriptions and the transcriptions will be destroyed 7 years after the completion of this evaluation in approximately December, 2028.

- You may be asked to participate in a 30 minute follow up discussions with the researcher after data analysis has been completed. During this discussion, the researcher will share with you a summary of the themes that have emerged from the research. The researcher will check with you to ensure the research themes accurately reflect your perspective. If you are selected to review the summary of themes, the researcher will contact you through email to make scheduling arrangements. Two to three participants will be asked to review the summary of themes and ensure the research themes accurately reflect the participant's perspective.

Risks and Discomforts

There are no anticipated physical risks to participants. The risks to you are minimal and no greater than the normal risks encountered in every day work and life. Your participation in this study is strictly voluntary. Your participation in the study will not affect your employment and the information received from you will not be shared with your employer. Your employer will not know whether you chose to participate.

Benefits

Being a participant in this study may not help you directly, but information gained may help other nurses who are considering a leadership career to help them understand what professional development opportunities can help them to find employment in a nursing leadership role. In turn, the results may lead to greater numbers of nurses being employed in leadership positions.

Costs

There is no cost to you to attend the individual interview.

Payment for participation

You will receive no payment or reimbursement for any expenses related to taking part in this study. You will receive a $50 Amazon electronic gift card as a token of appreciation.

Confidentiality

We will do everything possible to keep your personal information confidential. Your name will not appear on the recordings or transcripts of the interview that is conducted with you. Your interview data will only be labelled with an assigned numeric code. A separate file will be maintained that contains the participant numeric codes and their names (master list). This file will be kept in a separate location from the study data on a secure University of Manitoba network drive. This master list will be destroyed approximately 3 months after data collection has been conducted. If the results of this study are presented in a meeting, or published, nobody

will be able to tell that you were in the study. For example, you would be referred to as a nurse leader in northern Manitoba.

We may wish to quote your words directly in reports and publications resulting from this

Dissemination of Study Results

The result of this study will be reported in public presentations at a research conference, at other public forums. Written dissemination of the results will occur in the principal investigator's thesis, and in a peer-reviewed publication. Participant demographic data will be reported in aggregate and interview data will be thematically analyzed with the emerging themes reported. Individual interview quotations may be reported but only in a way in which you have consented to above. A summary report of study findings will be emailed to you in approximately January, 2022.

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 by informing the Principal Investigator, Heather Nowak, in-person or at [redacted]. If you withdraw within 2 weeks after completing your participation in the interview, the data you have provided through the interview with you will be destroyed. After 2 weeks, your data will have been integrated into the study results with the data collected from other participant and your data can no longer be removed from the study. Your participation in the study will not affect your employment and the information received from you will not be shared with your employer. You can withdraw from the study, leave the discussion, and/or refuse to answer any question without penalty and your data will be destroyed.

Questions

If any questions come up before, during or after your participation in the study, contact the principal investigator: Heather Nowak at [redacted].

Consent

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 Research Ethics Board at the University of Manitoba, Fort Garry campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Officer at 204-474-7122 or HumanEthics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

If you consent to participate in this study as indicated in this consent form, please sign below and email an image of the signed form back to the principal investigator at [redacted]. You may create and image by scanning the document with a

document scanner or taking a picture of it with a digital camera or your phone. The principal investigator will contact you in the near future to arrange a time to conduct the interview.

Participant signature_________________________ **Date __________________**
(day/month/year)

Participant printed name: ____________________________

If you wish to receive a summary of the study results, please provide your email address below and an electronic copy of the report will be emailed to you in approximately January, 2022.

Email: _____________________

I, the undersigned, have fully explained the relevant details of this research study to the participant named above and believe that the participant has understood and has knowingly given their consent

Printed Name: ____Date ___________________
(day/month/year)

Signature: ____________________________

Role in the study: Principal Investigator

Appendix G

Demographic Questionnaire

Age: < 29 years ____ 30-39 years ____ 40-49 years____ 50-59 years ___ > 60 years ___

Are you: female ____ male ____ other ____

Highest level of education you have completed? Diploma____ Bachelor____
Master's____ PhD____

In what field? ____________________

How long have you been a nurse? 0-5 years____ 6-10 years ____ 11-15 years____
16-20 years ____ 21 years or more ____

Are you currently in a nursing leadership role? Yes ____ No ____

If yes, please indicate how many years you have been in a nursing leadership role:
< 1 year ____ 1-2 years ____ 2-3 years ____ 3-4 years ____ 5 years ____

If yes, are you employed in: acute care ____ long term care ____
community care ____ public health ____

What type of leadership role? _______________________________________

Prior to holding a formal nursing leadership role, how many years did you work as a nurse?
< 1 year ____ 2-5 years ____ 6-10 years ____ 10-15 years ____ > 15 years ____

Appendix H

Semi-Structured Interview Guide

Introduce self

Introduction to the interview:
This research project aims to learn more about what factors influence an emerging nurse leader to ‘step off ledge’ and enter into a nurse leadership role. I would like you to share your story and experiences about deciding to move into a leadership role, as well as any particular moment or experience that was significant in your decision to move into a nursing leadership role. I would also like your perspective on formal or informal processes used within an organization or by existing leadership that prompted you to think about a career path in nursing leadership. If at any time you want to stop the interview and withdraw completely from the discussion you may choose to do so. (Probes will be asked to encourage further discussion.)

1. First of all, please tell me about a typical workday for you in northern Manitoba.
2. Describe a good leader.
3. When did you decide that you would like to be a leader? Tell me more about that.
4. Please tell me about your decision to move into a nursing leadership position? If you are not currently in a formal leadership position, what is motivating you to think about a leadership role. [**Work Motivation]**

   - In thinking about becoming a leader, what did you think about or consider?
   - What motivated or influenced you to move into/or consider moving into a nursing leadership position?
   - Can you recall a particular experience that helped you decide to become a nursing leader?
   - Can you describe your willingness to enter and/or consider entering into a leadership position?
   - Can you describe any hesitation or apprehension in thinking about entering into a leadership position?
     - Can you explain that hesitation/apprehension?
     - How did this hesitation/apprehension resolve?
     - How would you describe any reservations or angst you had about leaving the union? How did this this impact your sense of connection or identity?
   - What would have had to happen for you not to be in this job/role?

5. Prior to succeeding in your leadership position, or if you are considering a leadership position, what organizational experiences (formal or informal) impacted your decision to pursue/consider a nursing leadership position? [**Organizational Commitment]**

   - What workshops/courses/committees were you offered/did you volunteer for to participate in the organization?

- How did you engage in opportunities to develop your leadership abilities? For example, were you approached for these experiences or did you seek these opportunities out yourself?

6. What makes you feel optimistic about the future? **[Extra Roles Behaviors]**
   - What previous successes have you had in your current role or in your new role?
   - How have you worked with colleagues toward an improvement or a goal?
   - What courses / workshops have you taken outside of your organization?
   - Can you describe your interest in leadership?
   - Where do you see yourself going from here in your leadership career?

7. When you decided on a career path to take a formal nursing leadership role, did you feel supported by the organization and/or existing leadership? **[Perceptions of organizations investment in talent]**
   - Can you describe specifically what the organization and/or existing leaders did that you perceived as supportive?
   - Of the support offered by the organization and/or existing leadership, what was most helpful and why?
   - Describe how this support influenced your perception of the organization?
   - If you did not feel supported by the organization or existing leadership, can you describe what actions the organization and/or existing leaders could have done that you would have perceived as supportive?
   - When you were thinking about a leadership role; can you talk about any organizational experiences related to career planning?
     - For example, was career planning ever discussed or initiated during a performance conversation?

8. Prior to nursing, what sorts of leadership roles have you held? **[Experiential knowledge]**
   - What volunteer work have you previously (or currently) been involved with?
     - Activities such as coaching; swimming instructor/life guard; scouts/girl guide leader/ school committees. Committees at work/extra projects.
   - In reflecting back on your career, can you talk about your role models or mentors?

	Conceptual Framework					
		Work Motivation	Organizational Commitment	Extra Roles Behaviour	Organizational Investment	Experiential Knowledge
Research Questions	Question 1					
	Question 2					
	Question 3	x				
	Question 4	x	x			x
	Question 5		x	x		x
	Question 6	x		x		
	Question 7				x	
	Question 8					x

Appendix I

Researcher Assumptions

In order to minimize bias, it is important for the researcher to be aware of personal assumptions (Polit & Beck, 2017). The following list is comprised of the researcher's personal assumptions:

1. Many nurses are reluctant to step into formal leadership roles.
2. Many nurse leaders do not want to leave the bedside.
3. Many nurse leaders did not intend to move into a formal leadership role.
4. Some nurse leaders are fearful to leave the perceived security of a unionized position.
5. Some nurse leaders are in formal leadership roles because there was a need and no one else to fill that need.
6. Some nurse leaders only became aware of their leadership abilities after they were 'tapped on the shoulder' or made self-aware by another nurse leader.
7. A good nurse does not necessarily make a good nurse leader.

LAST PAGE