

Becoming a Nurse Manager: From the Perspective of Nurse Managers using a Modified  
Strategic Talent Management Framework

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## Abstract

As a result of the chronic nursing shortage, the ongoing retirements of an aging generation, and a general lack of interest from nurses to become nurse managers, there is valid concern around the development and sustainability of future nurse managers. The purpose of this qualitative study was to explore nurse managers' perceptions and experiences of assuming a nurse manager position. In addition, the study highlights the organizational leadership practices that influenced nurses to become nurse managers.

Using a modified version of Collings and Mellahi's (2009) strategic talent management framework, two major themes emerged from the data giving insight into nurses becoming nurse managers. *Broadening a nurse's professional lens* was considered by nurse managers to be an important theme relevant to understanding factors that motivated participant's to become nurse managers. *Shaping a nurse's career path* was the second theme that captured the leadership practices of existing leaders that influenced nurse's becoming a nurse manager.

The findings of this research were consistent with the literature related to understanding work motivations, as well as effective leadership practices believed to support career aspirations in nursing leadership. Implications for nursing leadership and practice were shared; recommendations for further research were discussed.

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## Chapter I

### STATEMENT OF THE PROBLEM

#### Background

The role of the nurse manager is pivotal among administrative leadership groups. Nurse managers often assume the seemingly impossible role of ensuring patient care and nursing practice align with the mission-driven values of a health care organization (Laschinger Spence, Almost, Purdy, & Kim, 2004). Health care organizations rely on the leadership talents of nurse managers as a mechanism to create and sustain a healthy work environment for staff nurses and optimize outcomes of patient care (Kramer, Schmalenberg, & Maguire, 2010). However, nursing leadership capital is diminishing and without a plan to effectively develop the next generation of nurse managers, the future of nursing leadership is vulnerable (Griffith, 2012).

Nurses, in particular, have a vested interest in exploring innovative strategies to cultivate leadership (Blouin, McDonagh, Neistadt, & Helfand, 2006). With the anticipated retirement of an aging workforce (Blouin et al., 2006) coupled with the global labor shortages of nurses (Griffith, 2012), there is a sense of urgency to ensure the recruitment and development of nursing leaders. The nursing literature suggests succession planning as a viable option to counter the lack of available nurse leaders (Bolton & Roy, 2004; Carriere, Muise, Cummings, & Newburn-Cook, 2009; Griffith, 2012). However, traditional practices of succession planning are no longer relevant in today's workforce or economic environment (Cappelli, 2008a). Rather at the forefront of the recruitment, development and sustainment of future leaders is the concept of talent management (Boudreau & Ramstad, 2005; Cappelli, 2008a).

Talent management interlaces elements of succession planning, leadership development, and human resource practices that are practical for the present day workforce and takes into consideration today's workforce norms (Cappelli, 2008b). Strategic talent management distinguishes pivotal leadership positions from non-pivotal leadership positions based on the potential for return on investment (Collings & Mellahi, 2009). Due to the high diversification of the role, the performance of nurse managers have the potential to demonstrate a high return on investment producing, for many organizations, a competitive advantage (McGuire & Kennerly, 2006). Organizations acquire a competitive advantage by investing in a purposeful process that will select, recruit, and develop talented human capital with the skill set to excel in pivot positions, in this case the nurse manager position (Huselid, Beatty, & Becker, 2005). Effective talent management processes will mitigate the effects of a diminishing labor market and in fact, have the potential to brand organizations as exceptional employers attracting an upper echelon of motivated and skilled workers (Cappelli, 2008b).

The nurse manager position, for example, has expanded exponentially with years of health care restructuring and economic downsizing (Duffield, Roche, Blay, & Stasa, 2011). The nurse manager's role is grounded in leadership that fosters a work culture intended to support and provide direction enhancing staff nurse's performance of safe, effective, and evidence-based patient care optimizing positive patient outcomes. The business of health care is driven by the mission of providing quality care reflected in positive patient outcomes. With highly regarded key pieces of nursing research to support nursing care contributions to patient outcomes (Aiken, Smith, & Lake, 1994;

Tourangeau et al., 2007), the leadership skills and abilities of the nurse manager cannot be overlooked or minimized.

Most nurse managers are acutely aware that the staff's performance is increasingly dependent on the conditions of the work environment. Leadership enacted by nurse managers is often reflective of the work environment (McGuire & Kennerly, 2006). Nurse managers who are highly effective leaders can develop, as well as sustain, a work environment with high levels of job satisfaction among nurses, capitalize on workforce retention (Force, 2005; Kleinman, 2004), and strengthen nurses' organizational commitment (McGuire & Kennerly, 2006). Nurse managers with this aptitude for leadership and ability to perform are not readily available to health care organizations. Organizations are tasked with the goal of developing a process to secure and sustain this level of leadership talent.

In addition to successfully performing these critical roles, the nurse manager can further distinguish the position of nurse manager by stretching the scope and skill of their administrative functions. Nurse managers often engage in initiatives that involve the allocation of resources, input on major issues, and advocate on behalf of patients and staff (Shirey, Ebright, & McDaniel, 2008). Subsequently, the nurse manager's ability to demonstrate administrative influence over policies and operations can enhance the staff nurses' sense of empowerment (Spence-Laschinger & Shamian, 1994). Effective nurse managers have opportunities to foster greater insight of senior health administrators into the scope of nursing practice. These opportunities lend themselves to minimizing the knowledge gap between health care decision-makers and the significance of nursing practice (American Nurses Association, 2009).

Organizations that invest in the notion that the nurse manager position is a pivotal position in health care also invest in long-term human resource planning. Nurse managers with strong foundational leadership skills and abilities will be viable candidates for executive leadership positions in the future. Cultivating a cadre of highly capable nurse managers nurtures a healthy pool of administrative applicants who are positioned to influence policies and processes through a nursing lens.

The expectations and responsibilities set forth on the nurse manager are lofty, complex, dynamic, and diverse. A nursing shortage in turn suggests a leadership shortage of qualified nurse managers able to excel in this role (Griffith, 2012). In fact, studies suggest the nurse manager position may not be an appealing or desirable career option for nurses (Laschinger Spence et al., 2004; Shirey et al., 2008). However, the importance of the nurse manager is undeniable to health care organizations.

What influences or motivates nurses to become nurse managers has not been fully investigated. The degree of influence organizational processes and/or organizational leadership have on nurses on their decision to become a nurse manager requires further exploration. In addition, how nurses who have succeeded to nurse manager positions demonstrated their intent or readiness to perform the role requires further investigation. The perspective of nurse managers on their career path to securing a nurse manager position is invaluable.

Purposeful strategies that support nurses to become nurse managers play a critical role in sustaining nursing leadership. Nurse managers can provide insight into what influenced their decision to become a nurse manager. What experiences contributed to their decision to move from nursing practice to an administrative position? How did they

demonstrate their intent to become a nurse manager? In retrospect, what experiences supported their decision to become a nurse manager and what experiences did not?

The information gained from this study can be used to craft effective talent management practices that contribute to fostering nursing leadership within organizations. From a qualitative perspective there is significant knowledge to be gained dialoguing with nurse managers on their career path to becoming a nurse manager. Furthermore, this group could provide tremendous insight and direction into organizational processes that lend themselves to effectively influencing and motivating nurses to pursue leadership positions such as a nurse manager.

### **Purpose of the Study**

The purpose of this exploratory descriptive study is to bring a greater understanding of the factors that influenced and motivated nurses to become nurse managers and identify potential leadership practices organizations might consider in an effort to support and encourage staff nurses to advance to nurse manager positions. A modified version of Collings and Mellahi's (2009) framework of strategic talent management was used to guide this study. However, rather than focusing on organizational outcomes as the framework intended, this study explores with participants retrospectively their perceptions and experiences of their career mobility from staff nurse to nurse manager using the frameworks mediating variables: work motivation, organizational commitment, and extra-role behavior. The intent of the study was to identify factors and/or influences that could impact a nurse's work motivation, organizational commitment, and extra-role behaviors that subsequently could influence a nurse's decision to become a nurse manager.

## Research Question

This study explored the following research questions:

1. Prior to succeeding to a nurse manager position, what factors influenced or motivated the decision to pursue a nurse manager position?
2. Prior to succeeding to a nurse manager position, what organizational experiences (formal or informal) impacted the willingness to pursue a nurse manager position?
3. How did nurses who succeeded to a nurse manager position demonstrate their desire or intent to become a nurse manager to the leadership of the organization?

## Definitions of Terms

The major constructs of this study include: administrative nurse, nurse manager, talent management, strategic talent management, sustainability, competitive advantage, and talent pool defined as follows:

*Administrative nurse:* a registered nurse who orchestrates and influences the work of others most often in a health care environment, enhancing the shared vision of the organization while, in addition, understands and balances business operations with an ongoing commitment to nursing (American Nurses Association, 2009).

*Nurse Manager:* the individual with 24-hour responsibility for the operation of a patient care unit (Zori, Nosek, & Musil, 2010).

*Talent Management:* anticipation of the need(s) for human capital and setting out a plan to meet those need(s) (Cappelli, 2008b).

*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 development of a differentiated human resource architecture to facilitate filling these positions with competent incumbents and ensure their continued commitment to the organizations”(Collings & Mellahi, 2009, p. 304).

*Sustainability:* within the context of talent management is “achieving success today without compromising the needs of the future” (Boudreau & Ramstad, 2005, p. 129).

*Competitive advantage:* the notion that firms (organizations) are fundamentally heterogeneous, in terms of their resources and internal capabilities, therefore those which are distinctive or superior relative to those of rivals, may become the basis for competitive advantage (Peteraf, 1993).

*Sustainable competitive advantage:* systematic identification of key positions, with a greater focus on distinguishing positions that promise only marginal impact vis- a vis those which can provide above-average impact(Collings & Mellahi, 2009).

*Talent pool:* a group of high potential and high performing incumbents upon whom the organization can draw to fill pivotal talent positions (Collings & Mellahi, 2009)

*Motivation:* “a set of energetic forces that originates both within as well as beyond an individual’s being, to initiate work-related behavior and to determine its form, direction, intensity, and duration” (Pender, 1998).

## **Conceptual Framework**

This study recognizes Collings and Mellahi's (2009) conceptual framework of strategic talent management (Appendix A) as a blueprint for leadership development and sustainment. Talent management, which centers on the effective management of employee talent, is a relatively contemporary concept that draws on the literature and practices of strategic human resource management and business planning (Lewis & Heckman, 2006). As a result of recent acknowledgement, the concept and the conceptual framework of talent management for research purposes is new and requires further development. There are discrepancies among the emergence of talent management and which authors are credited with coining the language (Mellahi & Collings, 2010). Arguably more important are the discrepancies of a concise and consistent definition (Ashton & Morton, 2005). This study will adopt the definition and conceptual framework for strategic talent management as proposed by Collings and Mellahi (2009). Collings and Mellahi (2009) acknowledged the development of strategic talent management is influenced by and built upon ideas put forth by Boudreau and Ramstad (2005).

### **Defining talent management.**

Strategic talent management is:

...the activities and processes that involve the systematic identification of key positions (referred to as 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 filling these positions with competent incumbents and ensure their continued commitment to the organizations (Collings & Mellahi, 2009, p. 304).

### **Pivotal Position**

A key component of the definition highlights the initial importance of identifying "pivotal positions" within the organization's structure and the ability to differentiate the

strategic importance of pivotal from non-pivotal positions. This degree of differentiation between pivotal and non-pivotal positions is thought of as the organization's competitive advantage (Collings & Mellahi, 2009).

Collings and Mellahi (2009) and Bourdreau and Ramstad (2005) emphasize that pivotal positions are not restricted to top management jobs, but are rather positions that can provide "above-average impact". To determine the organization's pivotal positions requires clearly defined organization's goals and strategic intent (Huselid et al., 2005). Furthermore, when there is "large variability in the quality of the work displayed among the employees" in pivotal positions the impact is astonishing (Huselid et al., 2005). The effect of an underperforming employee cannot solely be isolated to measuring a diminished return of organizational outcomes or performance indicators – but can "destroy value" within the organization (Huselid et al., 2005). Commonly what are perceived as sub-par positions in organizations actually have a much higher disproportionate effect on a organization's outcomes and performance indicators (Huselid et al., 2005).

Nevertheless, organizations typically operate with the perception that the most important positions within an organization rest with the highest paid employees or are determined by the level of skill, effort, working conditions, and/or the responsibility inherent with the position (Huselid et al., 2005). Collings and Mellahi (2009) propose re-evaluating the strategic importance of each organizational position in the context of the purpose and mission of the organization. Purpose or mission in private industry often centers on financial gain (Cappelli, 2008b); however, there are societal and cultural

indicators to suggest organizations need to shift from strictly financial motivation to one of sustainability (Boudreau & Ramstad, 2005).

Sustainability as defined within the context of talent management refers to “achieving success today without compromising the needs of the future”(Boudreau & Ramstad, 2005). This approach is more relevant to mission-driven organizations such as health care as performance is evaluated beyond the “bottom line”(Boudreau & Ramstad, 2005). Moreover, a sustainable competitive advantage challenges organizations to strategically carve out a competitive advantage that elevates the status of the organization from others that are similar (Collings & Mellahi, 2009). However, the competitive advantage cannot be at the expense of dismissing societal and cultural responsibilities. The integration of sustainability within the context of an organization’s operations includes “values, governance, transparency and ethics as well as goals such as diversity, social responsibility, supporting human and employee rights, protecting the environment and contributing to the community” (Boudreau & Ramstad, 2005, p. 130). From this lens, strategic talent management highlights the many variables to consider when evaluating and determining pivotal positions within an organization’s structure - financial rewards are only one.

### **Talent Pool**

The next element of talent management emphasizes the development of a talent pool; within the talent pool are the high potential / high performing future incumbents with the skill set required to occupy the pivotal positions (Collings & Mellahi, 2009). The design and systematic processes reflective of talent management system are unique to each organization and align with the skill set required for the pivotal positions. Collings and

Mellahi (2009) recommend the talent pool include internal and external potential incumbents.

Collings and Mellahi (2009) and Huselid et al. (2005) assert it is unlikely to fill all positions in an organization with top performers which has the potential to result in costly over-investment of human capital (Cappelli, 2008a). As well, creating an organization that is saturated with 'A' players or top performers can fosters a highly competitive environment that can undermine team work and create destructive internal competition (Mellahi & Collings, 2010). High achievers become disillusioned if occupying roles with limited scope therefore restricting their capabilities (Mellahi & Collings, 2010). Employees leave positions prematurely and the organization experiences a loss on previous investments in employees' talent (Mellahi & Collings, 2010). The talent pool contains incumbents who have been selected based on their potential related to skill, competencies, or attributes that have been identified as relevant to the pivotal position(Collings & Mellahi, 2009).There should be no intent to fill all organizational positions with top performers, rather only positions that have been assessed and classified as strategic (Collings & Mellahi, 2009).

Organizations willing to invest in the recruitment and development of talent pool incumbents reveal an evolved approach to succession planning. Rather than a vacancy-driven response, a talent pool signifies a proactive process that embraces the principles of talent scouting most notably utilized in sports (Collings & Mellahi, 2009). This process grants opportunities to discuss, envision, and predict future needs in terms of knowledge, skills, and capabilities that may not be present but will guide recruitment efforts (Collings & Mellahi, 2009). The external recruitment of potential talent is equally important to

consider in response to societal norms supporting a ‘boundaryless career’ (Cappelli, 2008a). With an unpredictable economic climate, the expectation that an employee’s career will unfold in a single employment setting no longer exists (Cappelli, 2008a). The implications of boundaryless careers have left employers vulnerable to unforeseen labor shortages (Currie, Tempest, & Starkey, 2006).

### **Human Resource Architecture**

Finally, there is a distinct role for the architecture and deployment of human resources in supporting talent management and a talent management system that differs from general human resource practices (Collings & Mellahi, 2009). The intent of organizations to support multiple human resource systems is rationalized in the aim to yield different outcomes. Collings and Mellahi (2009) recognize pivotal positions require a human resource infrastructure that is uniquely designed to meet the needs of the pivotal position in an effort to capitalize on performance results. A prescribed approach that is general to all employees has the potential to diminish the performance outcomes as this approach fails to recognize that value of pivotal positions and the unique needs of the talented individuals that hold those positions.

### **Conceptual Framework**

Collings and Mellahi (2009) propose a conceptual framework (Appendix A) that suggests the identification of pivotal positions, complimented with the selection of high potential individuals that are supported by the unique architect of a human resource system, will improve the organization’s overall performance. However, this study embraces a modified version of Collings and Mellahi (2009) strategic talent management framework (Appendix A1 ). The framework for strategic talent management

as modified for this study explores retrospectively career advancement from staff nurse to nurse manager using the framework's mediating variables: work motivation, organizational commitment, and extra-role behaviors. The study assumes these three mediating variables have the potential to influence the career mobility of a staff nurse to a nurse manager position. Therefore, identifying factors that help or hinder a nurse's career mobility to nurse manager could be useful for organizational leadership in establishing a strategic approach to the recruitment and development of future nurse manager. The exact degree of impact or influence the three variables have on the career mobility of an employee is not well established.

### **Chapter Summary**

The leadership skill of the nurse manager is invaluable to healthcare organizations. Incumbents who occupy this pivotal position within a hospital or community setting are required to support and elevate nursing care which is believed to contribute to positive patient outcomes (Aiken et al., 1994; Tourangeau et al., 2007). In addition, nurse managers are uniquely positioned to influence administrative decision-making with their knowledge and insight of front-line work. However, the anticipated retirement of an aging workforce coupled with a global nursing shortage has current nursing leaders concerned about the future of nursing leadership. More concerning is the absence of a clear plan to mitigate this issue.

One organizational approach to developing depth in nurse leadership is utilizing talent management practices. The framework of strategic talent management has been purposefully selected based on its relevance for today's economic and cultural climate workforce. Collings and Mellahi (2009) put forth a clear plan specific to cultivating and

sustaining organizational leadership in pivotal positions. However, research pertaining to talent management is scarce and no research studies exist using this framework.

Therefore a qualitative study that looks retrospectively at the career mobility of staff nurse to nurse manager as influenced by the mediating variables: work motivation, organizational commitment, and extra-role behavior will uncover information relevant and applicable to talent management practices, in areas such as employee recruitment and development within health care organizations.

This chapter includes the background, statement of the purpose, research questions, definitions of the terms, and the conceptual framework. This study will explore the perceptions of nurse managers in their journey to becoming a nurse manager.

## **Chapter II**

### **Literature Review**

#### **Introduction**

The absence of nursing leaders in key administrative positions, such as the nurse manager position is a concern for health care organizations, senior nurse executives, and front-line nurses (Carriere et al., 2009; Thompson, 2008). The nursing literature continues to highlight succession planning as the ideal strategy to counter the absence of nurse leaders in administrative roles (Blouin et al., 2006; Bolton & Roy, 2004; Collins & Collins, 2007; Griffith, 2012). The majority of research related to succession planning is derived from the private sector which has evolved into specific practices often referred to as strategic human resource management and talent management practices (Cappelli, 2008b). Since health care organizations are public domains, the approach to fostering nursing leadership will likely be different from industry practices to reflect the goals and vision of mission-driven organizations. Nevertheless, human capital is a commodity and health care organizations with a system in place to “manage talent” can be advantageous to the development and sustainment of leadership in nursing.

This literature review will examine the leadership role of the nurse manager, and specifically the importance of this role within the structure of health care organizations. Further research will suggest how nurse managers are typically recruited and developed for this role and the attributes of effective nurse managers. Underpinning this work is a modified version of Collings and Mellhai’s (2009) framework for strategic talent

management (Appendix A1). Understanding talent management practices to apply to recruitment, development and sustainability of talent within an organization is critical to the development of leaders.

The research presented is a result of the literature searches from the database: CINAHL, MEDLINE and Scopus. In addition a manual search of journal articles was performed. There were no date parameters set for the literature searches as historical works assist to bring context to this literature review.

### **The Nurse Manager as a “Pivotal Position”**

Talent management takes a strategic approach at aligning an organization’s personnel needs with the organization’s mission and goals (Husting & Alderman, 2001). This approach often involves distinguishing between pivotal leadership positions and non-pivotal leadership positions (Huselid et al., 2005). The nurse manager is a pivotal leadership position within hospital settings with strategic positioning that impacts front-line nurses’ performance of patient care (Kramer, Schmalenberg, & Maguire, 2004b; McGuire & Kennerly, 2006). Aiken, Smith, and Lake (1994) demonstrated the quality of nursing care provided by front-line staff can decrease patient mortality and improve patient outcomes when nurses are afforded the autonomy and control over patients care. Similar to that of Aiken et al (1994), Tourangeau (2007) demonstrated when front-line nurses perceive access to resources and staffing levels that make sense, hospital mortality rates decrease. The nurse manager has the responsibility to support and develop the clinical practices of front-line nurses, as well as make operational decisions conducive to the work environment and staffing levels to optimize patient care (Kramer et al., 2004b; McGuire & Kennerly, 2006).

From a talent management lens, recruitment and development efforts need to be purposeful and targeted to individuals with the attributes and skill composition to be successful in a highly demanding role. However, historically Duffield (2001) and McCallin et al. (2009) explain the nurse manager role evolved from the head nurses' roles and therefore commonly defaulted to the head nurse as a result of their clinical experience or years of employment. Organizations relied on the head nurse's tacit knowledge of how units and staff functioned as well as the head nurse's familiarity with the processes and operations of the organization (Duffield et al., 2001). The nurse manager role was often imposed on head nurses rather than received as an opportunity for career development and advancement (Bondas, 2006). However, organizations failed to consider the expanding and complex nature of the nurse manager role outside of clinical responsibilities often left incumbents overwhelmed and unprepared to be successful. Although, literature suggests that nurses considering becoming nurses managers believe relevant clinical experience an important factor, when applying for a front-line manager position (Cziraki, McKey, Peachey, Baxter, & Flaherty, 2014), nurses also believed having skills in leadership, management, human resources, and finance were also necessary (Wong et al., 2013).

Bondas (2006) put forth an important study that highlighted paths of nursing leadership. Bondas (2006) explored the experiences of nurses who assumed leadership positions and outlined four different leadership paths: the Path of Chance, the Path of Ideals, the Career Path, and the Temporary Path. The Path of Chance is described as leadership that just happened to the nurse, often as a result of the choices made by others; the nurse commonly had no plan or intent to become a leader; however there was no one

else that could perform the role so often the burden fell to them. The study suggests the Path of Chance was the most common leadership path for participants, suggesting nurses rarely made an intentional and purposeful choice to pursue leadership positions. This perspective is congruent with nursing literature (Bondas, 2006; Duffield et al., 2001; McCallin et al., 2009)

According to Bondas (2006), a significantly less common path to leadership was the Path of Ideals, an active conscious choice, made by the nurse that is rooted in the altruistic nature of patient care. The Path of Ideals is characterized by a nurse's personal drive to inspire and role model ideal nursing care and "save the world from the effects of bad nursing leadership" (Bondas, 2006). Study participants were equally influenced to pursue leadership by their experience with both good and bad nurse leaders (Bondas, 2006). Within the Path of Ideals, the nurses' commitment and application of their formal education to improve nursing care is a key (Bondas, 2006).

The role education plays in aspiring and supporting nurses into leadership roles is paramount (Kleinman, 2003; McCallin et al., 2009). For example, Bulmer (2009) correlational study among nurses in nonsupervisory roles identified education as a predictor for career advancement in leadership. In fact, Bulmer (2009) showed leadership aspirations scores increased with higher levels of educational preparedness and illustrated how leadership aspirations change with advancing education. There were significant differences in aspirations that existed between nurses with associated degrees in nursing and baccalaureate degrees (Bulmer, 2013). The research of Kleinman (2003) and Everson-Bates (1994) revealed nurse executives believe a Master's degree is warranted to ensure successful job performance of a nurse manager; however nurse managers do not

believe a graduate degree is necessary (Kleinman, 2003). In Duffield et al. (2001) study, nurses acknowledge higher education such as graduate degrees to perform the nurse manager role is occurring, however identify at minimum an undergraduate degree is required. Typically health care organizations grossly underestimate the leadership ability required for the nurse manager role (McCallin et al., 2009).

Although Bondas (2006) suggests the Path of Ideals is less common than the Path of Chance, Cziraki's (2014) qualitative study with nurse managers suggested becoming a nurse manager centered around the desire to create change that effects patient outcomes. Cziraki (2014) implies that for participants of this study, career advancement was purposeful and nurses were driven to advance. However, Cziraki (2014) also revealed that over half of the study participants had been "tapped on the shoulder" by their manager or leader to pursue a management position and perceived this as recognition for performance.

In addition, Cziraki (2014) demonstrated participants had a strong desire to gain new knowledge and skill; participants were receptive to seeking out opportunity for self-improvement and career advancement. Similar to what Bondas (2006) describes as the Career Path to leadership, the nurse demonstrates natural tendency of leadership, has self-interest, and ambition to become a leader; staff nursing is no longer fulfilling.

Lastly, Bondas (2006) describes the Temporary Path to leadership as nurses who enter leadership positions in another person's place. This path allows the possibility of returning to providing nursing care rather than continuing in a formal leadership position. This path was prevalent in Duffield's (2001) comparative study that revealed the nurse managers' mode of experience as 1 year (n=133) suggesting that entry into a nurse

manager position was to cover a maternity leave or a secondment in response to a promotion to a directorship.

Nursing literature suggests mentorship is an integral part of the leadership development of nurses and subsequently influences a nurse's career mobility (Cziraki et al., 2014; Duffield et al., 2001). In the Path of Ideals, Bondas (2006) highlights the effects of nurse managers who nurture relationships with nurses founded on the shared interest of patient care which can awaken and inspire future leaders. Building on the relationship aspect of nurses and nurse managers, Bulmer's (2013) study suggested supervisors providing appraisals was an effective form of mentorship that allowed opportunities to encourage and guide nurses into leadership. Bulmer (2013) suggests the recognition of a nurse's leadership potential supports career advancement. Cziraki et al. (2014) suggests without a mentor or a "go to" person in place, novice nurses no longer consider career advancement. Unfortunately, Duffield et al. (2001) suggest the availability of mentoring support since her previous study has decreased.

When experiencing a nursing shortage, front-line staff become the most important human capital to sustain within a healthcare organization (Sellgren, Ekvall, & Tomson, 2008). Ribelin (2003) articulates "nurses don't leave hospitals; they leave managers" (p.18). The leadership used by nurse managers can directly impact nurses' job satisfaction (Sellgren et al., 2008; Upenieks, 2003), organizational commitment (McGuire & Kennerly, 2006), and as a result, workforce retention of nurse (Kramer et al., 2010; Zori et al., 2010). Understanding the attributes and style of leadership, as well as the process of leadership development has become increasingly important.

Personal attributes such as leadership and the ability to nurture relationships have been factors that attract nurses to nurse manager positions (Cziraki et al., 2014). The leader's charisma, most often demonstrates the strongest correlation between the personality of the leader and behaviors associated with achieving transformational outcomes (Bono & Judge, 2004). Bono and Judge (2004) were able to demonstrate a correlation between transformational leadership and personality traits such as extraversion, openness to experience, agreeableness, and conscientiousness, identifying extroversion has the strongest meaningful correlation when predicting transformational leadership. Similarly, Hansen et al. (1995) acknowledge front-line nurses responded favorably to nurse managers who were extroverted and perceived to embrace openness (defined as curiosity, creativity, and imagination), rather than relying on positional power to gain followership. Extroversion is a trait that shapes both leadership outcomes and perceived leadership behaviors; and is therefore, an important attribute to consider during the recruitment process (Judge & Piccolo, 2004).

A leader perceived as charismatic suggests the leader has a presence and is visible to their followers; the presence and visibility of the nurse manager contribute to nurse's job satisfaction and retention rates (Duffield et al., 2011; Sellgren et al., 2008). The presence of the nurse manager allows opportunity to facilitate critical thinking with front-line nurses positively influencing their perception of a supportive practice environment (Zori et al., 2010). In addition, one study suggested staff nurses reveal the most influential behaviors linked to job satisfaction were praise and recognition from the nurse manager for a 'job well done' (Duffield et al., 2011). The visibility and responsiveness of

nurse managers create opportunities for nurse's clinical care to be acknowledged, and in turn, positively affecting the retention of nurses (Upenieks, 2003).

Interestingly, Wade et al. (2008) agreed that the nurse manager's leadership and support of front-line nurses was a statistically significant predictor of job enjoyment for nurses; but concedes that attributes related to personal caring such as developing relationships, listening, instilling hope, and trust and providing affective appraisal for feelings about the job were not statistically significant predictors of nurse's job enjoyment. Nevertheless, Schmalenberg and Kramer (2009) contend the nurse manager's ability to support front-line nurses is one of the most influential factors in determining job satisfaction and workforce retention.

## **Summary**

Although often considered an entry-level position by organizations, the literature showcases the nurse manager position as a pivotal position with a broad span of control (McCallin et. al., 2009; Spence Laschinger et. al., 2012). Due to the strategic positioning, the leadership abilities of the nurse manager are critical to how front-line nurses perceive their work environment and perform nursing care (Andrews, Richard, Robinson, Celano, & Hallaron, 2012; McGuire & Kennerly, 2006). Historically, head nurses defaulted to the nurse manager position and purposeful recruitment and development efforts that targeted staff nurse to become nurse managers did not exist. Absent from the literature is a concrete and strategic blueprint for organizations to consider during the recruitment and development of nurse managers who possess the attributes and leadership skills necessary to maximize the diverse nature of the position.

## **Succession Planning**

The broader concept and application of talent management within the healthcare and nursing literature is sparse; however, talent management practices are inclusive of recruitment and retention strategies, leadership development, leadership succession, and succession planning in nursing literature (Axelrod, Handfield-Jones, & Michaels, 2002). Succession planning, in particular, has resonated with nursing associations as well secured a place on the forefront of organizational agendas and generated great interest among nursing scholars (Blouin et al., 2006; Griffith, 2012; McCallin et al., 2009). The foundational relationship between succession planning and leadership development specific to the nurse manager position will set the contextual background for this section of the literature review.

Originating with family-owned businesses, succession planning or “passing the baton” among high-level leadership involves a purposeful effort to ensure continuity of leadership that maintains the organization’s stability and minimizes the risk of diminished outcomes or performance (Kesner & Sebor, 1994). Business sectors such as manufacturing, banking, insurance, and oil industry have a history of relying on succession planning practices to replace key executive positions with internal candidates in the event of vacancies (Husting & Alderman, 2001). Succession planning became a widely accepted practice among industries in an effort to develop depth among high-level leadership despite research suggesting outcomes related to succession planning were inconclusive (Kesner & Sebor, 1994). Nevertheless, succession planning was believed by industry to demonstrate advantageous results contributing to organizational performance (Mahler, 1980).

Although industry embraced succession practices, non-industry or publically funded organizations, such as healthcare, struggled to incorporate similar practices into the fabric of their organizational culture (Bolton & Roy, 2004; Laframboise, 2011). Bradshaw Lynn (2001) demonstrated that among non-industry organizations, succession planning was considered low priority in light of other issues such as insufficient resources, inadequate rewards for the initiative/risk assumed, limited mobility, and a lack of role models. In addition, the restructuring of healthcare organizations in the 1980's and early 1990's triggered layoffs that flooded the market with qualified personnel and dissolved cultural practices, one of which was organizational loyalty (Husting & Alderman, 2001). At this time the message to health care organizations was to cut costs leaving the impression that succession planning practices were not relevant or needed in public sector operations.

Thirty years later, health care organizations are challenged with declining revenues, a shrinking workforce, as well as an aging population requiring the care provided by healthcare workers and the looming reality that the demand for skilled managers is exceeding higher than what will be available in the future (Fibuch, 2012; Groves, 2007). Tae Hyun's (2012) secondary analysis of quantitative data from the 2008 AHA Annual Survey suggests 72.6% of American hospitals have some version of succession planning in place for high level executive positions; demonstrating that having high-level leadership available to respond to vacancies mitigated operational challenges, contributed to the bottom line, and provided a competitive edge in similar markets.

For health care organizations integrating succession planning into a strategic plan in the absence of best practices guidelines is a major concern (Carriere et al., 2009).

Administrative decision-makers are in a precarious position to invest in succession planning without a comprehensive and effective blueprint and risk the loss of economic dollars (Collins & Collins, 2007). However, dismissing the importance of succession planning can have a detrimental effect on organizations as well. For example, Tae Hyun (2012) demonstrated the public's perception of community hospitals with no succession plan had limited capacity and limited resources to provide quality care. Collins and Collins (2007) contend health care organizations cannot flourish or deliver safe, effective, quality patient care without the investment in a strong leadership team. Organizations willing to invest in the systematic development of new and emerging leaders also benefit through decrease recruitment and orientation costs, minimize time-to-fill vacant positions, lay the groundwork for a seamless transition in leadership, and most importantly, maintain performance and productivity levels (Force, 2005).

### **Summary**

There is a common belief that succession planning is advantageous to organizations. Organizations that develop future incumbents capable of transitioning into executive roles minimize the potential for disruption to organizational goals and outcomes. Regardless of this belief, an organization's decision to proceed with succession planning requires an investment of time and resources that publically funding organizations often struggle to commit. As a result, succession planning within healthcare organizations is frequently non-existent or lags behind practices used in private industry. Nevertheless, the lack of available and skilled managerial leadership for future leadership positions may be the catalyst needed for healthcare organizations to consider succession planning as a priority.

## **Succession Planning and Nursing**

Succession planning also is used as a mechanism to foster the growth and development of nursing leaders to ensure the profession of nursing is sustained beside, rather than below medicine (McCallin et al., 2009). The administrative credibility nursing has achieved is, in large part, the result of important contributions from executive nurse leaders to the overall strategic plan, rather than solely the nursing department (Crosby & Shields, 2010). Nurses are vertically positioned in management and leadership roles throughout a health care organization essentially influence every part of health care delivery to patients (O'Neil, Morjikian, Cherner, Hirschhorn, & West, 2008). In many respects, the nursing discipline has relied on nurses with exceptional leadership skills to carve out the path towards professional credibility.

Regardless of these accomplishments, when Mass and Parslow (2006) conducted interviews with future incumbents of executive nursing positions, they discovered future incumbents considered executive nurse leaders non-essential by anyone outside of nursing; and thought of as 'the flavor of the day' with no true commitment to sustainability of the administrative role (p.85). Thompson (2008) interviewed nurse executives who collectively agreed that the greatest concern for the future of nursing was the absence of nurse leaders. Laframboise (2011) claims that depth in nursing leadership will secure participation within larger prominent leadership circles minimizing the "risk of being shut out of the leadership game" (p.71). A talent pool of exceptional nurse leaders is integral to nursing as an essential partner within leadership circles. Executive leadership inclusive of nurse leaders is essential when tackling serious issues relevant to

patient care and outcomes, as well as the work environment and working conditions for front-line staff.

However, without formal guidelines for succession planning the nursing literature demonstrates wide variations among succession planning strategies relevant to developing nursing leaders. Brunero et al. (2009) described a case study in an Australian hospital of a succession planning program that targeted different levels of nursing leadership. Among multiple succession planning strategies was a key information session to staff that shared an overview of the goals and objectives of the acute care program, and how they aligned with the professional/practice strategic plan for nursing in acute care (Brunero et al., 2009). The results of this case study suggested staff participants were favorable to a formalized approach to succession planning, acknowledged an increase in opportunities to identify potential nurses leaders, as well as served as a catalyst to motivate staff in future career planning (Brunero et al., 2009).

Griffith (2012) presents a slightly different succession planning model highlighting a partnership between academia and practice claiming that effective succession planning involves the collaborative effort – to identify, recruit, develop, mentor, and coach – at opportune moments such as academic preparation, academia, and practice. Griffith (2012) suggests the most important step in the process may be identifying and recruiting nursing students with the aptitude and abilities for leadership roles. However, without this collaborative effort, succession planning will be fragmented, uncoordinated, and inconsistently implemented (Griffith, 2012).

According to Cadmus (2006), a case study approach to succession planning targets nurses broadly using career development opportunities as enticement. In this

study, the hospital and medical center implemented specific strategies such as leadership assessment, staff assessment, and a staff mentorship program at various levels of the organization. Barginero et al. (2013) present a case study of succession planning guided by Rothwell's Career Planning Approach that adopts the initial step as building a workforce of engaged and effective people who can be aligned with the strategic goals of the organization. The implication of Rothwell's approach suggests workforce development may default to a replacement type approach reflective of skills and competencies of already present leaders, rather than demonstrating foresight into what future leadership skills and positions will be required.

Strategic alignment is often the distinguishing feature that separates succession planning from career planning (Carriere et al., 2009). Career planning can be an equally advantageous impetus to the succession planning process as a gateway for individuals who are motivated to seek opportunities for career advancements. Wolf et al. (2006) contend organizations with a proactive and transparent approach to succession planning can be magnetic for talented or 'high potential' people searching out opportunities and experiences. According to Redman (2006), targeting high performing individuals early in their career is beneficial as development takes time and requires the coordination of purposeful experiences. Organizations willing to engage and invest in succession planning send a message to employees and future employees that leadership growth and development are important aspects of the organization. These examples demonstrate variations and unique features among individual case studies suggesting that operationalizing succession planning with a high degree of certainty remains unclear.

## **Summary**

The development of nurse leaders is vital for the profession of nursing to remain in leadership circles and be embraced as a critical contributor to decision-making and strategic planning. Nurse leaders often have the insight and working knowledge to offer sustainable solutions to issues affecting patient outcomes and staff nurses' job satisfaction. Many authors agree that succession planning involves action, activities, and interventions intended to ensure that capable, motivated and talented individuals are ready to assume leadership roles (Bolton & Roy, 2004; Crosby & Shields, 2010; Griffith, 2012). However, without an operational definition and a consistently applied framework, there is minimal empirical data within the nursing literature to suggest succession planning is beneficial to reach organizational outcomes and goals.

### **Talent Management**

Despite the keen interest in succession planning, Cappelli (2008a) insists that succession planning in the traditional sense is a mistake as the cultural and economic landscape no longer exists to foster this approach. Rather, succession planning has undergone significant reform to reflect talent management practices relevant to the effective management of human capital within an organization. The reduction in labor pools, as evident in nursing, causes great concern in regards to talent shortages and abilities to retain the best talent (Ashton & Morton, 2005). Good talent management practices are considered imperative; or the right people in the right roles at the right time can generate effective outcomes relevant to revenues, innovation, and organizational effectiveness (Ashton & Morton, 2005). As well, faulty leadership development processes carry a tangible cost to organizations (Ready & Conger, 2007). Nevertheless,

articulating talent management processes continues to be a challenge and debatable among authors and research.

According to Ashton and Morton (2005), there is no single or concise definition of “talent”. Rather, how an organization defines talent is fluid and expected to change to reflect changes occurring in the organization’s strategic plan. Ashton and Morton (2005) suggest talent management is holistic, as well as strategic - designed to improve the performance and capitalize on the potential of people who can essentially make measurable differences to the organization now and in the future. However, the context of a holistic approach to compliment strategic talent management requires further explanation from the authors.

Ready and Conger (2007) highlight talent management as more than managing talent, rather an organizational infrastructure is required to support “talent factories – that marry functionality, rigorous talent processes that support strategic and cultural objectives, and vitality, emotional commitment by management that is reflected in daily actions” (p.70). Cappelli (2008b) models talent management practices from the principles of supply chain management as “simply a matter of anticipating the need for human capital and then setting out a plan to meet it” (p. 303).

Talent management practices gained considerable traction when a group of McKinsley consultants coined the term “War for Talent” declaring that high performing organizations foster the growth of managerial talent pools that develop high or “A” performers, raise the game of “B” performers, but most importantly terminate underperformers (Axelrod et al., 2002). High performing organizations demonstrated that success and vitality rests on the deliberate action to dismiss underperformers

(Axelrod et al., 2002). In steep contrast to identifying “A” performers, Huselid et al. (2005) suggest the grading and evaluation of organization’s positions rather than personnel. Huselid et al. (2005) contend that identifying “A” positions, rather than “A” performers, is far more strategic, cost effective, and attainable for organizations than working to secure employment of high performers in all positions.

Bourdeau and Ramstad (2005) agree with the concept of “talent segmentation” – defined as identifying pivotal positions where human capital has the potential to generate the largest organizational gains without making decisions that compromise the sustainability of the organization in the future. Bourdeau and Ramstad (2005) argue talent segmentation is part of a larger vision described as ‘talentship’, a scientific and purposeful organizational approach to decision making involving human capital and organizational sustainability. Much of the talent management literature is anecdotal and reflective of the unique, individual perspectives of authors and organizations applying practices that are not supported by empirical data (Lewis & Heckman, 2006). However, in keeping with Bourdeau and Ramstad’s (2005) belief in talentship, Collings and Mellahi (2009) developed a strategic talent management framework rooted with a clear definition of talent management that is inclusive of human resources management practices. Currently Collings and Mellahi’s (2009) talent management framework has not been used in nursing research, though there are elements within the framework that suggest it would be an appropriate blueprint for fostering leadership and strengthening the recruitment and development processes for future incumbents.

Talent management practices often reflect “a big picture” approach inclusive of recruitment, retention, selection, development, and succession efforts that build a

systematic approach to managing human talent that aligns with the goals of the organization. This perspective differs from the customary human resource approach in that talent management strategies are meant to align with organizational goals to create a talent mindset that permeates all areas of an organization rather than the sole responsibility of the human resource department (Ashton & Morton, 2005).

The practice of talent management suggests organizations recognize the importance human resource management plays in conjunction with senior leadership to effectively manage an organization's human capital (Collings & Mellahi, 2009). The framework of strategic talent management does not prescribe the human resource architecture required, but rather acknowledges deployment of differentiated human resource practices that reflect the pursuit of organizational goals. Human resources have an important role to play in sustainability (Boudreau & Ramstad, 2005).

### **Summary**

The shift from succession planning to talent management practices embraces the management of human capital in what is presently thought of as a dynamic, economic, and cultural landscape. Effective talent management practices align with the strategic organizational plan by applying a focused approach to the development of a pool of potential leaders who become a source of a competitive advantage for organization (Cappelli, 2008b; Collings & Mellahi, 2009; Huselid et al., 2005). Recognizing there are slight variations among the perspectives of talent management, Collings and Mellahi (2009) present a clear definition of strategic talent management in conjunction with a conceptual framework for research purposes. Distinguishing pivotal positions from non-pivotal positions, informed by the overall strategic plan, and investing in pivotal positions

will often produce the greatest return of investment (Huselid et al., 2005). The selection and development of future incumbents to the talent pool are a combination of both internal and external applicants (Collings & Mellahi, 2009). In addition, organizations which recognize and support incumbents within the talent pool with a human resource structure designed specifically to effectively meet their needs in exchange for their abilities maximizes the organization's strategic objectives (Collings & Mellahi, 2009).

### **Chapter Summary**

The chapter focused on examining the role of the nurse manager in an effort to demonstrate the pivotal nature of the position and explore leadership from the perspective of the full range leadership theory. Legitimate concerns exist for health care organizations as the pool of nursing leaders is diminishing with no viable plan to replenish the pool of nurse managers. Succession planning is often endorsed as a solution; however many private organizations are referring to talent management strategies as an alternative. The management literature supports the use of talent management systems to address leadership recruitment, development and sustainment (Cappelli, 2008b; Collings & Mellahi, 2009; Huselid et al., 2005; Ready & Conger, 2007). Nursing in particular would benefit from applying a talent management lens to a strategic response related to leadership concerns. Talent management may result in benefits to health organizations as well as the nursing profession.

### III

#### **Methodology**

This chapter discusses the research design and methodology applied to this study. A detailed analysis of the research design, methods of data analysis, the research sample, and setting of the study will be provided. The chapter will conclude with ethical considerations.

#### **Research Design**

The research design selected for this study is an exploratory descriptive qualitative design. A qualitative framework often is used when researcher know little about a particular phenomenon (Polit & Beck, 2012). The probing nature of qualitative inquiry is well suited for exploring nurse managers' perspectives on factors that influenced their decision to become a nurse manager, consistent with the purpose of this study. In addition, a qualitative inquiry from the perspective of nurse managers has yet to be studied in nursing.

#### **Philosophical Underpinnings of Qualitative Research**

Qualitative research is a form of exploring and understanding the meaning individuals or groups ascribe to a human experience as it is experienced (Creswell, 2009; Polit & Beck, 2012). However, the roots of nursing research originated from a positivist paradigm grounded in empirical science and absolute truth. With a positivism perspective there is an assumption that only one reality exists that can be studied and known; and in fact, what is seen in nature has an objective reality that is ordered and regularly independent of human observation (Polit & Beck, 2012). The French philosopher,

Descartes' positivism view of science, was long held as the only approach to new knowledge, the idea that cause and effect could explain all things (Streubert & Carpenter, 2011).

However, German philosophers Weber and Kant challenged the positivist worldview and offered what is referred to as the constructivist paradigm (Polit & Beck, 2012). Kant is thought to have questioned the fundamental nature of reality, proposing that perception is more than the act of observation and not all reality is explained by cause and effect (Streubert & Carpenter, 2011). For the qualitative inquirer, reality is not fixed but constructed by individuals experiencing a phenomenon within a specific context to their experience (Polit & Beck, 2012). Therefore, multiple constructs and interpretations of reality can exist and knowledge is thought to be maximized when the distance between the researcher and study participants is minimized (Polit & Beck, 2012). Researchers often use a qualitative paradigm to explore and describe groups, process, activities, or situations when there is minimal or no scientific knowledge collected but have reason to believe there are elements worth discovering (Stebbins, 2001).

### **Essentials of Qualitative Research**

The integrity of a qualitative research study rests on the researcher's understanding and integration of essential characteristics common to the discovery process. Foremost, qualitative researchers subscribe to the idea that multiple realities exist and create meaning for individuals; individuals come to know and understand phenomena in different ways (Streubert & Carpenter, 2011). Therefore, researchers seek to collect multiple perspectives in an effort to fully understand a particular situation or

event. Qualitative researchers practice with the belief there are multiple ways of knowing, and the questions about a particular phenomenon will guide and shape the method of inquiry. In addition, qualitative researchers invoke a commitment to the participants' viewpoints by conducting extensive interviews and using skills of observation, searching documents, and/or exploring artifacts that bring context and authenticity to the participants' description and understanding of the experience (Streubert & Carpenter, 2011). For this study, personal interviews will capture the perspectives of nurse managers on influences that led them to become a nurse manager. To bring structure and form to the interview, a semi-structured interview guide with open-ended questions complimented with probes was used to facilitate discussion and recall experiences.

Understanding the context of the participant's experience is critical to a qualitative researcher. Moreover, researchers make every effort to protect the natural context of the phenomenon studied and are obligated to conduct a study in a manner that least disturbs the natural setting (Streubert & Carpenter, 2011). Qualitative researchers acknowledge the presence a researcher plays a role within the study; researchers are considered an instrument within the study design and accept that research within the qualitative paradigm is conducted with a subjective bias (Streubert & Carpenter, 2011). Nevertheless, rather than being detrimental to the research study, the presence of the researcher is thought to have the potential to add richness to the data collection and analysis (Streubert & Carpenter, 2011). In this study, the principal investigator was acknowledged as an instrument and interviewed participants.

In conclusion, qualitative researchers attempt to report study findings that are true to the perspectives of the participants. Therefore, researchers commonly include

participants' quotations, commentaries, and narratives as part of the discussion and findings with the intent of bringing depth and richness to the readers' understanding of the phenomenon of intent (Streubert & Carpenter, 2011).

### **Exploratory Descriptive Research Method**

A qualitative descriptive study is the method of design choice when straight descriptions of the phenomena are desired (Sandelowski, 2000). Parse (2001) believes that the qualitative descriptive design is a formal methodological approach often used to intensively investigate a phenomenon and discover patterns and themes relevant to the research questions posed by the researcher. This descriptive study provides the opportunity to explore the phenomena of becoming a nurse manager from the perspective of nurses who have succeeded in securing a nurse manager position. Descriptive research often takes an exploratory approach investigating the meaning of a life event for a group of people, in this case, a nurse's decision to pursue and succeed in becoming nurse managers (Parse, 2001). Exploration within social sciences is considered as a "... broad-ranging, purposive, systematic, prearranged undertaking designed to maximize the discovery of generalizations leading to description and understanding of an area of social or psychological life" (Stebbins, 2001, p. 3).

Exploratory inquiry works best using a simple design such as a descriptive study, as a reminder that the complexity of the research lies in the matter being studied (Chenail, 2011). Moreover, using an exploratory descriptive design will increase the likelihood rich data will be evident at the conclusion of the study and not lost in the complexity of the design (Chenail, 2011). The goal of exploratory research is to investigate the full nature of the phenomenon, often revealing the various ways in which a phenomenon manifests

with participants (Polit & Beck, 2012). Researchers have the freedom to choose what to describe when conveyed accurately and in the proper sequencing (Sandelowski, 2000).

### **Conceptual Framework**

Commonly, with a qualitative descriptive research method, a conceptual framework is used to guide the research study (Parse, 2001). A framework often provides a blueprint for exploring a particular phenomenon, as well as offers the opportunity to gain new insight into the phenomena under study.

This study will be guided by a modified version of Collings and Mellahi (2009) strategic talent management framework (Appendix A1 ). Talent management practices are frequently applied to leadership recruitment and development (Lewis & Heckman, 2006). Although unfamiliar to nursing research, the belief underlying strategic talent management suggests possible utility when supporting the career mobility of staff nurses into leadership positions.

The framework for strategic talent management as modified for this study explores retrospectively career advancement from staff nurse to nurse manager using the framework's mediating variables: work motivation, organizational commitment, and extra-role behavior. The study assumes these mediating variables have the potential to influence or impact the career mobility of a staff nurse to nurse manager position. Therefore, identifying factors that help or hinder a nurse's career mobility to nurse manager could be useful for organizational leadership committed to establishing a strategic approach to the recruitment and development of future nurse manager. Leadership practices as experienced and perceived by nurse managers prior to becoming a nurse manager are therefore relevant to this study. Knowledge gained from this study

can inform the talent management practices of organizations wanting to support and assist nurses to become nurse managers.

This section of the chapter details the study sample, setting, data collection methods and data analysis. In conclusion, ethical considerations and issues of methodological rigor are discussed.

### **Sample**

For this study, a purposive sampling strategy was used to recruit nurses who are currently working as nurse managers. The goal was to deliberately seek participants with a homogeneous background, that is, nurses who decided to pursue a career as a nurse manager and succeeded to a nurse manager position, and were willing to contribute information-rich data relevant to the context of this particular experience (Polit & Beck, 2012). This study sought out the participation of nurse managers working in acute care facilities, as well as community programs located in a western Canadian city with an active registered nurse designation in good standing with the professional licensing organization. Participants voluntarily contributed to the study by agreeing to be interviewed about the factors that motivated and influenced their willingness to become a nurse manager.

### **Sample size**

A sample size of 8-10 participants was planned, as Holloway and Wheeler (1996, 2002) acknowledge most research texts recommend this number of units when using a homogeneous sample. Depending on the type of qualitative study, too large of a sample size can undermine the objective of collecting rich, in depth data relevant to the

participant's experience (Holloway & Wheeler, 2002). Nevertheless, the final sample size of this study was determined based on the saturation of data. Data saturation was achieved by sampling to the point where no new information was obtained and the data collected were redundant (Polit & Beck, 2012). The goal was to collect enough rich and in-depth data that patterns, themes, categories, and dimensions of the phenomenon emerged from the study (Polit & Beck, 2012).

### **Participant Access**

Upon approval from the University of Manitoba's Education Nursing Research Ethics Board (ENREB), participant access was granted by the Research Impact Committee of Health Science Center, and the Winnipeg Regional Health Authority Research Review Committee in Winnipeg, Manitoba.

### **Sample Recruitment**

The recruitment of nurse managers targeted nurse managers from a tertiary care hospital in a Western Canadian city in conjunction with community health sites governed under the umbrella of the Regional Health Authority. This approach included the electronic distribution of the study invitation and poster to nurse managers via the Chief Nursing Officer of the tertiary hospital and the directors of community programs (i.e., public health, mental health, home care, primary care) who support the twelve community areas of the city.

### **Data Collection**

The primary data collection for this exploratory descriptive study was interviews. Although interviewing is common within qualitative research studies, Holloway and

Wheeler (2002) highlight the importance of the novice researcher in not underestimating the complexity of face-to-face interviewing and the skill required. Demographic information and the collection of notes after each interview completed the collection of data for the study.

Participants were asked to complete a demographic form (Appendix B) upon arrival for their interview. The form gathered data related to participant variables including age, gender, marital status, education, years as a nurse manager, and years as a registered nurse. The demographic form will take approximately 5 minutes to complete prior to the start of the interview.

The face-to-face interview has significant value among qualitative research. The method of interviewing provides invaluable insight into understanding society and human beings (Holloway & Wheeler, 2002). The purposeful preparation and approach to interviewing allowed the researcher to facilitate the participant's exploration into a particular experience eliciting "feelings, perceptions, and thoughts" (Holloway & Wheeler, 2002, p. 80). This study used a semi-structured interview guide (Appendix C) to assist the researcher in conducting the interview.

The principal investigator developed the semi-structured interview guide (see Appendix C) as a tentative road map to provide direction during the interview (Whiting, 2008). A semi-structured approach used open-ended questions to stimulate discussion, and was flexible to generate further conversation using complimentary probes (Curtis & Redmond, 2009). The interview guide brought structure and format around an organized set of questions to ensure the researcher collected relevant study data from all the participants (Holloway & Wheeler, 2002; Whiting, 2008). Prior to the interview, the

principal investigator explained to participants there were no right or wrong answers, participants had the right to refuse to answer a particular question or withdraw from participation at any time. Participants were informed the discussion was recorded digitally and subsequently transcribed verbatim for further analysis.

The principal investigator collected notes to develop an understanding of the research context. Field notes are notations that document what the researcher observed before, during, or after the discussion and their interpretation of those observations (Polit & Beck, 2012). However, the collection of notes during the interview process is not ideal for the participant and can disrupt the interview (Holloway & Wheeler, 2002). Therefore, the researcher was sensitive in minimizing any disruptions during the interview and recorded important observations immediately after the interview. Observational notes can be important during data analysis as a mechanism of providing validation of particular ideas and emerging themes (Speziale & Carpenter, 2007).

### **Research Setting**

The researcher conducted the interviews in a comfortable setting at a time and place mutually convenient to the participant and the researcher (Whiting, 2008). However, more importantly, Clarke (2006) points out is providing the flexibility to allow the participant to choose the venue of the interview in an effort to enhance the ease and willingness to participate in the research study. The interviews were approximately 60 minutes in length and the researcher was available to meet with study participants during regular work hours or outside of work hours.

### **Data Analysis**

Polit and Beck (2012) posit the purpose of data analysis is to organize, provide structure to, and elicit meaning from the collected data. The process of qualitative data analysis commonly begins from the moment the researcher initiates data collection. The analysis of qualitative data is labor intensive, there is no universal or standard procedure to follow and requires the researcher to read, re-read, analyze, organize, and interpret large amounts of narrative information that can then be delivered in an effort that balances concise points of information with layers of detail (Polit & Beck, 2012). Researchers often are immersed in the data while attempting to re-structure and re-align data making the “invisible obvious” to the reader (Morse & Field, 1995).

Repeated listening of the digital recordings of the interviews occurred after the transcription process was completed in which the researcher searched for errors, gaps and emotions, for example laughter. Using the transcripts and notes collected from the interviews, a constant comparison data analysis was used to interpret the data. A constant comparison analysis originated from grounded theory research but has since been used to analyze interview data (Holloway & Wheeler, 2002). There are three distinct stages when using constant comparison to analyze data that include: open coding, where data are grouped into small units and the researcher attaches a descriptor/code to each unit; axial coding; the codes are grouped into categories; selective coding, themes are developed that articulate the content of each of the groups (Strauss & Corbin, 1994). As individual interview data were collected and analyzed, the researcher used subsequent interviews to assess whether the themes that emerged from one individual also emerged from other individuals, thereby assisting the researcher to achieve data saturation (Holloway & Wheeler, 2002).

## **Ethical Considerations**

The consideration of ethical aspects of nursing research is an expectation of all research designs. Permission to conduct this study was obtained from the University of Manitoba's Nursing Education Research Ethics Board (ENREB), the Research Impact Committee of Health Science Center, and the Winnipeg Regional Health Authority Research Review Committee.

Informed consent is one aspect of this study that required ethical consideration. Informed consent (Appendix D) is a safeguard required of individuals who chose to participate in this study and was collected prior to beginning the interview. "Informed consent means that participants have adequate information about the research, comprehend that information, and have the ability to consent to or decline participation voluntarily" (Polit & Beck, 2012, p. 157). The process of informed consent is rooted in the principle of autonomy (Holloway & Wheeler, 1996). Obtaining informed consent for inductive science can be more difficult to secure with respect to allowing degrees of uncertainty and flexibility during the interviewing process (Holloway & Wheeler, 1996). However, the professional etiquette of research suggests that no participant should be harmed or embarrassed by insensitive research practices, which includes disclosing private knowledge participants may construe as damaging (Denzin, 2005). Therefore, personal demographic data provided must be secured and concealed (Denzin, 2005).

In an effort to secure personal demographic data, qualitative studies with small sample sizes change minor details so participants cannot be recognized and remain anonymous. Only the researcher was able to cross-reference real names and identities with the audio, notes, and transcripts. Each participant was given a number to protect

anonymity (Holloway & Wheeler, 1996), for this study a code number was assigned. In addition, the researcher and the thesis chair were the only individuals with access to the transcripts of the interviews to ensure privacy and confidentiality of the research participants were maintained. All data collected were stored in a locked office cabinet and password protected on a computer program.

### **Trustworthiness.**

The constructivist paradigm used in qualitative research assumes that multiple realities exist, therefore evaluating qualitative research with traditional markers of positivism such as validity and reliability are not relevant or appropriate (Denzin, 2005; Polit & Beck, 2012). In fact, qualitative research prefers the interwoven relationship of objective and subjective realities which represent the research data (Holloway & Wheeler, 1996). Polit and Beck (2012) describe the importance of nurturing creativity and insightfulness but not at the expense of scientific excellence. Often considered the gold standard, Lincoln and Guba (1985) put forth the goal of demonstrating trustworthiness using four criteria: credibility, transferability, dependability, and confirmability.

### **Credibility.**

Credibility refers to “the confidence in the truth of the data and interpretations of them” (Polit & Beck, 2012, p. 585). Credibility is “the element that allows others to recognize the experiences contained within the study through the interpretation of participants’ experiences” (Thomas & Magilvy, 2011, p. 152). Credibility relies heavily on ensuring the study presents an accurate description or interpretation of the experience that resonates with others who have shared this experience (Thomas & Magilvy, 2011).

In this study, accuracy was enhanced through re-readings of the transcript data while listening to the digital recordings. To further enhance credibility, triangulating data collected through observational notes with the audio transcripts broadened the context to ensure the non-verbal aspects of the interview coincided with the verbal account displayed in the transcripts (Holloway & Wheeler, 1996).

### **Dependability.**

Dependability “occurs when another researcher can follow the decision tree used by the researcher” (Thomas & Magilvy, 2011, p. 153). Dependability is highly depended on credibility (Holloway & Wheeler, 1996). Lincoln and Guba (1985) recommend the use of an audit process. Digital recording of the interviews is ideal and increases the reliability of the research findings. External checks during the process are essential (Holloway & Wheeler, 1996). Therefore, the researcher’s committee chair reviewed one transcript and emerging themes developed from the researcher’s analysis. This level of auditing during the process is required to ensure that research standards are met.

### **Transferability.**

The intent of qualitative research is not to generalize or extrapolate findings to other settings or populations, but rather understand the phenomena in a rich and intimate way (Holloway & Wheeler, 1996; Polit & Beck, 2012). The consumer of the research is responsible for determining the degree of transferability these study findings may have in subsequent contexts. To assist the reader in determining the transferability of the findings, this study provides a through description of the research methodology, the context of the research, and detailed demographic information of the participants who chose to participate in the study (Holloway & Wheeler, 1996; Thomas & Magilvy, 2011)

**Confirmability.**

Confirmability “occurs when credibility, transferability and dependability have been established” (Thomas & Magilvy, 2011, p. 154); and ensures that the data are linked to the sources within the sample and the researcher is able to demonstrate that the interpretation and findings come directly from the perspective of the participants (Holloway & Wheeler, 1996). Findings must reflect the participant’s voice and the conditions of the inquiry and not the researcher’s biases, motivations, or perspectives (Polit & Beck, 2012). The researcher of this study was reflective of her own preconceptions of the research and open to staying true to the participants’ experiences.

**Limitations of the Study**

The interview process was an effective method to explore the perspective of nurse managers on their experience in becoming a nurse manager. However, limitations of the study need to be considered. Data were collected from a purposive sample of 9 nurse managers from one mid-western Canadian city who were currently employed as nurse managers in an acute care hospital or community-based programs. Although the data collected were rich and meaningful, 8 out of 9 participants were employed within the acute care setting suggesting the results primarily reflect the experience of tertiary care nurse managers. In addition, as a result of the majority of participants working in a hospital environment, it is possible that nurse managers from another setting in another place may have different perspectives of becoming a nurse manager. For example, nurse managers who manage in a community setting are often afforded more autonomy for decision making than within acute care and this may present a different perspective from nurse managers.

All participants who volunteered to be interviewed were female; therefore the perspectives of male nurse managers were not elicited. The transferability of the finding may be limited as a result of a small sample of participants. Another limitation of this study may be the truthfulness as a result of the memory of the participants. For some participants their experience as a nurse manager exceeded 30 years, therefore their reflection on the factors that influenced and motivated them to become a nurse manager was reliant on what they could recall during that period of time. Further, participants could not recall every experience or influential factor therefore limiting the credibility of the findings

Finally, the use of strategic talent management as a framework to guide the study and develop research questions could be considered a limitation as this particular framework has not been used before for research purposes. The framework was modified for the purpose of this study without evidence from the literature to validate the effectiveness of variables such as motivation, organizational commitment and extra-role behavior on influencing career mobility of staff nurses.

### **Chapter Summary**

This chapter described the methods and research design used to conduct this exploratory descriptive qualitative study. The strategies of conducting semi-structure interviewing and a constant comparison analysis were well suited for an inquiry of this nature and used in this study.

## **Chapter IV**

### **Findings**

The purpose of this study was to explore what motivated or influenced nurses to become nurse managers and identify potential leadership practices that organizations might consider in an effort to encourage nurses to consider a nurse manager position. Interviews were conducted with individual nurse managers to gain a greater understanding of the factors that influenced their decision to pursue and ultimately succeed to a nurse manager position. Nine nurse managers participated in the interviews; eight of the study participants managed nurses within an acute care hospital and one nurse manager was responsible for managing community nurses.

Data for this study were collected over a 1 month period of time. All interviews were digitally recorded. The digital recordings were listened to and transcribed by the researcher to a Word document. Data gathered from the interview questions were subjected to qualitative analysis which used a constant comparison technique; themes emerged from the analysis that reflected the participants' experiences and perceptions.

Nine participants volunteered to participate in this study. The age of the participants ranged from >31 years to <60 years of age. All participants interviewed were

registered nurses, female, and worked full time with varying amounts of management experience, ranging from 6 months to more than 30 years' experience. Educational background varied for each participant. Of the nine participants, six had a baccalaureate degree in nursing, while three had master of nursing.

All participants were interviewed once. No follow up interviews were required as the clarity and truthfulness of the interviews were audio recorded and reviewed by the writer; one interview was reviewed by the chair of the thesis committee. Data saturation was achieved with the nine participants when their statements became repetitive and the emerging themes were consistent.

In analyzing the experiences of the participants who became nurse managers, two major themes emerged from data i) broadening a nurse's career lens and ii) shaping a nurse's career path. Both themes to emerge were equally developed and rich with information that captured the process nurses used when considering a nurse manager position as a possible career opportunity. The second theme provided insight into what organizational elements or processes helped or hindered nurses in actually pursuing and succeeding to a nurse manager position.

The following research questions were addressed:

1. Prior to succeeding to a nurse manager position, what factors influenced or motivated the decision to pursue a nurse manager position?
2. Prior to succeeding to a nurse manager position, what organizational experiences (formal or informal) impacted the willingness to pursue a nurse manager position?
3. How did nurses who succeeded to a nurse manager position demonstrate their desire or intent to become a nurse manager to the leadership of the organization?

### **Theme 1- Broadening a Nurse's Career Lens**

Broadening a nurse's career lens was a highly developed theme which emerged from the data. The theme is reflective of the personal motivation and external influences impacting participants' decisions to become nurse managers. No participants identified becoming a nurse manager as an intentional career goal; rather all study participants described a process of broadening their career lens to consider the nurse manager position as a result of their professional experiences. In fact, for some study participants becoming a nurse manager was initially not even a career consideration.

*I didn't want to be a nurse manager. (NM3)*

*Okay... so initially this was never my goal...I just wanted to be a nurse and I just wanted to take care of patients...and that suited me fine. (NM8)*

The lack of intention to become nurse managers was not surprising as the data revealed purposeful career planning was not common practice among these participants. Most participants denied any career planning strategies. Rather, participants explained becoming a nurse manager was often the result of circumstances and experiences they encountered.

*I don't think I ever did any great career planning and I remember meeting someone who did and said, "I'm right on schedule for this and that" ... and I thought – "Oh God, I don't think I've ever done any career planning"...(NM3)*

Two participants did acknowledge their efforts related to career planning; however chose not to share their career plan with existing leaders of their organization.

*I can't say that I actually sought out leadership to share my existing plan or what I had seen for my career... (NM7)*

Rather, throughout the course of the interviews, participants recalled and described positive and negative experiences that broadened their career lens to consider becoming a nurse manager. There were nine categories, some with subcategories that emerged from the data in this first theme that demonstrated what influences and motivates nurses to broaden their career lens to become nurse managers. The categories were: a) building on past roles, b) equipped with the clinical knowledge and expertise, c) determined to make change, d) road blocks to patient care, e) I could do better, f) the leadership effect, g) taking the initiative to learn, h) someone who believed in them, and i) life circumstances.

#### **Building on past roles.**

For all participants, broadening their career lens to become a nurse manager was founded on the experiences and successes they gained in previous professional nursing roles. Participants shared that prior to becoming a nurse manager they were functioning in a specific role that they believed was relevant to becoming a nurse manager. Their perceived performance in these interim roles strengthened their professional confidence allowing them to broaden their career lens to consider other roles. Past success in nursing roles was a key indicator to the likelihood of them being successful as a nurse manager. According to participants, two key interim roles were identified as influencing their decision to become a nurse manager: i) the supervisor role and ii) the role of the clinical resource nurse. Participants described experiences gained in either of these interim roles as highly influential in their decision to become a nurse manager.

#### ***The supervisor role.***

Participants described the value of the supervisor role as an opportunity to gain management and operational experience; for some participants this role served as a stepping-stone towards becoming a nurse manager. The nursing supervisor is the authority or the on-site manager of the hospital during evenings and weekends. In this role the nursing supervisor makes decisions related to the staffing of units and the patient flow of the hospital, including admissions and discharges. The nursing supervisor works with staff to problem solve and trouble shoot as issues arise. The participants believed the nursing supervisor was an entry-level leadership role and provided the opportunity to develop the managerial skills required to become a nurse manager. One participant perceived the supervisory role as an incremental step towards becoming a nurse manager.

*So when I started my master's degree I went from bedside nursing to nurse supervising so to kind of give me that opportunity to cut my teeth. (NM1)*

Participants felt the supervisory role provided them with a level of autonomy for decision-making and problem solving; in return the autonomy participants exercised strengthened their professional knowledge and essentially provided them with the confidence required to make decisions within the nurse manager role. These participants discussed the skill set of the supervisor's role is transferable to the nurse manager's position:

*I was a nursing supervisor as I said for about 15 or 20 years and I always enjoy that problem-solving, um...crisis management sort of on the spot thing...(NM3)  
...and because supervisors work off hours when there's no other administration around - you are the person that makes the tough call, the tough decision, tell people things they don't want to hear and you have to learn that skill. (NMI)*

***The role of the clinical resource nurse.***

Participants identified the role of the clinical resource nurse (CRN), previously considered the assistant head nurse role also as a stepping-stone to becoming a nurse manager. The role of the CRN is rooted in clinical nursing knowledge and expertise specific to a nursing unit or sub-specialty practice. The CRN on the unit is in a position of decision-making relevant to patient care. In addition, the role of the CRN is rooted in the coaching and mentoring of unit staff to strengthen individual's clinical nursing skills. Participants explained their success as a CRN, specifically having the clinical expertise to support the unit staff and the patient population, as a critical factor when deciding to become a nurse manager.

*I had been an assistant head nurse as well which ... I would liken it to the clinical resource nurse role that we have today. It is a very clinical position so I would see that as influencing the decision. (NM7)*

**Equipped with the clinical knowledge and expertise.**

Prior to becoming nurse managers, participants shared a common belief that the difficulty and workload of the nurse manager role should not be underestimated. Participants were in agreement that often organizations and leaders placed high expectations on nurse managers to be responsible for various operations in the unit as well as organizational responsibilities within the larger system. This participant was acutely aware of the expectations of the role and described these expectations as having the potential to become a legitimate barrier for nurses who may consider the nurse manager role.

*There was a lot of hesitation because nurse managers have to do everything. They are the key point person for everything and uh...to be very honest and frank about it, nurse managers and their scope is way too... too overwhelming. (NM6)*

This participant became a nurse manager despite her hesitation, only on the condition that she would be a manager on a unit where she perceived she had the clinical knowledge and expertise to support staff to provide safe, quality patient care.

*I would not have attempted a clinical manager position in a unit other than [unit] because that was important. I understood [unit nursing] and I had been a [unit] nurse for 20 years so that is a huge factor. (NM6)*

The ability for participants to broaden their career lens to become nurse managers seemed more likely when participants believed they had the clinical knowledge and expertise relevant to the nurse manager position. Participants believed that having clinical knowledge would have operational value and therefore serve to buffer fear stemming from what they perceived as having little knowledge and experience related to management. Participants described the transition from nurse to nurse manager often indicating their hesitation was rooted in feeling unprepared or unqualified to perform management functions.

*I had a lot of hesitation. I had a lot of second thoughts simply because I had no formal management training. (NM2)*

*Well I worried about whether I had enough training...could I do it? (NM9)*

Participants often commented feeling confident with the clinical knowledge and skill was a personal requirement for themselves before pursuing a nurse manager position.

*I do think you should manage an area that you have good clinical skills so that you really know what's going on. To understand what your staff are really doing you need to clinically know how to do that job or I feel that way anyways. (NM3)*

*... and I think that you know it's a benefit to a manager if they are clinically competent in the area, or knowledgeable about the clinical component um...because you can give some insight to your staff. (NM5)*

In contrast, one participant felt strongly that too much clinical knowledge is detrimental to the overall performance of the nurse manager. The participant believed the effectiveness of a nurse manager is in their potential to manage, and rather having clinical knowledge is a deficit when performing the nurse manager role.

*Well as I said...I think clearly – no - you don't need to be an expert at that, you have to have the potential for management - I think it's a danger actually- I am the opposite... When you have too much clinical expertise, I see a lot of managers who say, "I don't have time, I don't have time to do performance appraisals, I don't have time for my budget" because they're on the floor doing clinical stuff because that's their comfort level, because their such experts that's where they go to. (NM4)*

Interestingly this participant also recalled her first experience as a nurse manager felt overwhelming and took an emotional toll. Not having the clinical knowledge appeared to increase the stress experienced by this participant.

*Only that first year every single day when I went home and cried every day... every single day, it was the hardest thing I have ever done in my life that first*

*job... I didn't know anything, so I had all that learning... people expecting me to have answers...(NM4)*

### **Determined to make change.**

Broadening a nurse's career lens also occurred when nurses were determined to make change. The possibility of a system or unit change was a strong motivator for many of the participants. A common belief among participants was the nurse manager position had the power to create change that would contribute to the staff's well-being and patient care processes. This participant demonstrated her belief that nurse managers are granted the positional power and credibility to influence program decisions.

*I also knew there were some big changes coming for um...the whole [hospital] program in terms of how critical care services will be delivered to [particular patient population]. I really thought as the manager I would have some influence there so that's kind of what prompted me to apply for that position and I got it...I really felt that the way the [unit] was run, the way it was organized really left some of the newer staff at the mercy of the senior staff, just the way the rotations were done and expectations of them, I just thought if I were manager I think I would do this differently. (NM2)*

*I... did note wanting to make a difference with patient care experiences be it community, palliative care, um...even patient care experiences through teaching nursing, impacting students; all influenced my decision to go into the nurse manager role. (NM7)*

### **Road blocks to patient care.**

Participants were forthright in describing the mounting frustration they experienced with leadership practices from current management when they encountered road-blocks to patient care. Often the element of frustration regarding barriers to patient care, for example, were key motivators for participants to consider a nurse manager position in an effort to correct perceived road-blocks impacting patient care. This participant linked road-blocks to patient care with poor decision-making from current management:

*I think it was the fact that I was becoming increasingly frustrated doing bedside nursing. Um... not that I didn't have any satisfaction at...at providing that care at the bedside but I think I became more and more frustrated as what I saw as road blocks um...to providing that care made by managers or management of an organization. (NMI)*

As well, another participant shared similar feelings of frustration over the lack of control she had ensuring that patients received the quality care designed for them. However, this participant also disclosed her belief that management, such as the nurse manager, had the authority to change this.

*As the bedside nurse you have this much control over making a difference in people's lives and I would work hard to make a beautiful care plan. When I did that casually in long-term care and came back the next weekend and nobody followed it or it was totally erased. It was like that patient wasn't getting that fantastic care I designed. So at some level by being a manager I think I recognize that you have a bigger impact on and you can make things happen\_...(NM4)*

**I could do better.**

Participants were often committed to seeing positive change, fuelled with the belief they could do better. In many examples, participants pointed out being poorly managed by their nurse manager prompted them to re-evaluate their abilities and fortitude and acknowledged they could do better.

*So I'd seen all the mistakes [nurse managers] were making and I thought I could do a better job of this. (NM1)*

*...sometimes I would think the managers were kind of removed and sometimes they...they weren't as involved... like when I would walk around they weren't really involved on the units... And I always thought, "Geez if I was ever a manager I'd...I'd hope I would be more out there, more visible...". (NM9)*

### **The Leadership Effect.**

In contrast to experiencing motivation related to frustration, participants acknowledged feeling inspired and motivated by highly effective leaders. Effective nurse managers inspired participants to broaden their career lens and reflect on their own personal leadership contributions. Participants recalled experiences of how their personal or professional lives were enhanced as a result of working with an exceptional leader. This participant recalled her nurse manager supported the work of staff, but also took an interest in knowing and responding to personal issues that impacted her work. She shared how the nurse manager organized the break schedule in such a way as to ensure individual nurses were paired together as a means of support.

*And so I saw so much that could be used to benefit people. So that was just the beginning of me seeing that a manager was somebody important. Until that time I*

*never saw them as somebody that was important to the group. They were just somebody that managed your time. (NM8)*

Experiencing exceptional leadership resonated with participants and the importance of, in turn, becoming a leader was a priority. Participants described an effort to mimic such leadership for the sake of colleagues and optimizing the patient care experience.

*... and so she again modeled for me what a strong leader could do for nursing and ultimately patients... So I saw the connection in a stronger way between patients and nurses. (NM8)*

### **Taking the initiative to learn.**

Some participants broadened their career lens by capitalizing on their initiative to learn. Participants suggested one of the benefits from formal learning was personal motivation.

*...it just made me realize that you know I did a lot of the courses on my own time and um... made me realize that I certainly was very capable of being a manager (NM3)*

Whether a singular management course or the completion of a Masters degree, participants demonstrated a commitment to learning that enhanced their skills and capabilities and subsequently broadened their career lens. For the most part the initiative to learn was self-driven and self-executed by the participants. Organizations and the existing leadership within offered minimal support to participants to pursue learning opportunities outside of the traditional one or two day professional development

conferences. However, participants commonly identified taking the initiative to learn and furthering one's education which served their professional career well.

*See... back then in the old days just by getting a degree, a bachelor's... I was a thousand steps ahead... there were very few bachelor prepared nurses... (NM4)*

### **Someone who believed in them.**

In the interviews, study participants identify how their career lens was broadened with moments involving “someone who believed in them” - those who could see their potential to perform roles other than the one they were in. These moments demonstrated the power to influence individuals exceeded their self-limitations. Participants seemed to remember these moments as significant catalysts when beginning to contemplate and consider next steps for a career change.

### ***Moments that matter.***

In some instances, the power to influence could be consider an organic and spontaneous moment. For example, a participant shared a story about a simple remark made in a meeting that acknowledged her potential and got her thinking about what her true capabilities were:

*... there were some gaps, there were some managerial gaps in some of the areas we were trying to put them [students] in and I made some kind of comment and I remember her saying, “Maybe you should step into those shoes?” And I was like “Really?” .... You know, but...but that was kind of like just...like it wasn't a focused conversation but she said, "Yeah, you can do that... blindfolded" or something like that. (NM2)*

This same participant recalled how that moment generated her thinking and eventually led her to establishing the next step in her career.

*I mean the ball was already rolling, I was probably toying with the idea but it certainly was my first kind of... someone besides you thinks you can do this...and you know that opens up my ability to talk to a few other people about that, you know some colleagues, my husband and a few other people... (NM2)*

***Peers matter.***

Recognition and support from peers as someone who believed in you were highly effective strategies in broadening a nurse's career lens. Participants highlighted many examples from their peers that had a profound impact and influence on their career choices. Peer support was a powerful motivator and peer recognition enhanced their perception of their leadership ability and belief in themselves. This participant spoke about how she did not see leadership qualities within herself or even consider herself capable of a leadership position until she began to see herself through the eyes of her peers.

*....so when the position was posted they [her peers] all looked at me and said, "You need to apply for that because I look up to you more than I look up to anybody in this center, and you've given me so much power through how you support me as a person and as a nurse" (NM8)*

***Position matters.***

Participants were also motivated and influenced by someone who had established positional importance in relation to their work or profession. Comments or direction provided to participants by someone held in high regard were influential. For example,

this participant spent most of her nursing career as a registered nurse providing care at the bedside; however credited the interaction with her professor as influencing her to pursue graduate education and eventually becoming a nurse manager.

*So when I finished the BPRN program I had a very insightful professor who came up to me at the end of my very last course of the BPRN program. She looked at me and she said, "You know, I don't think you're done. I think you still have a lot of questions. You should try to get into the master's program". (NM1)*

### **Life Circumstances.**

Some participants acknowledged that broadening their career lens to become a nurse manager was largely influenced by the circumstances of their life. Any internal personal motivation was secondary to external factors such as personal issues or challenges that prevailed. For example, one participant shared she was professionally fulfilled within her current position; however due to unforeseen circumstances the need to secure a fulltime position became necessary.

*...a year ago my husband lost his job...So working part time I was still able to do it but it's been getting harder. So I've been starting to think, "Okay this is another reason why I need to do full time". (NM9)*

In fact, there were some participants who were challenged to consider the nurse manager role in order to respond to unique circumstances. When a position in quality assurance was not available, this participant settled for becoming a nurse manager in a clinical area that was familiar to her.

*So... that is what I was doing, and then due to family situations that were going on here at home, I actually ended up needing to come home [family birth place].*

*And when I looked for positions back home I was looking for something in quality because that was sort of where I had been for 7 years, um... there was nothing available. (NM7)*

### **Summary of the Theme**

Although many participants initially did not consider the nurse manager role as a career aspiration, participants did acknowledge a process of broadening their career lens to include the nurse manager position. Broadening a nurse's career lens reflects the personal motivation and external influences impacting participants decisions to become nurse managers.

### **Theme 2 - Shaping a Nurse's Career Path**

Equally developed as the first theme, shaping a nurse's career was the second theme to emerge from the data that captured how important and influential informal and formal organizational processes, in concert with the leadership skills of existing leaders, influenced nurses to become nurse managers. The execution of leadership within existing operational leaders was highly influential in shaping a nurse's career path. The impact of existing organizational leaders on a nurse's career development was captured by this participant:

*I think nursing leadership and mentorship is huge to successful career planning and development. (NM7)*

There were seven categories, some with subcategories that emerged from the data that demonstrated how the actions of existing leaders can shape a nurse's career and facilitate nurses becoming nurse managers. The categories were: a) making time to

connect, b) don't forget to ask, c) active recruitment, d) getting the vote of confidence, e) mentors matter, f) measuring performance, and g) knowing I can go back.

**Making time to connect.**

Participants described various leadership practices employed by existing leaders that were significant in shaping their career path. For example, leaders who made time to connect and dialogue with participants regarding career development nurtured the process of contemplating change, as well as provided insight and often reassurance that they were capable of other roles in management/leadership. One participant shared her experience of interviewing for a nurse manager position and the disappointment of not succeeding in getting the position. Although not successful, the leader who interviewed her made time to connect with her about the interview and provide feedback related to her performance in the interview. With the feedback, the participant gained reassurance from the leader and continued to pursue other management opportunities.

*I just started the Master's program and one of the directors offered to bring me back to give me a little bit of interview prep like a post interview playback. I said, "Yes". So, I mean that was helpful, to really, to be able to connect with the director and talk. (NMI)*

Another participant explained at the time she was contemplating a career change she was reporting to two different leaders within the organization. This participant was a highly motivated individual, who sought out opportunities to learn and move forward in her nursing career. The participant was quick to endorse the value of her leaders making time to connect with her in an effort to prepare her for administration.

*The most helpful was the time the two of them [the leaders] took um...to meet with me privately. It wasn't a performance appraisal but it was really about...” so I understand this is what you're thinking of doing” and both of them... because they were two very different individuals, their perspectives were very different, their approaches were very different, uh... So it was really valuable information because at the end of the day their goals were similar to run their unit successfully, you know with staff retention, good patient outcomes. So I think that was the most useful piece were those meetings (NM2)*

**Don't forget to ask.**

Many participants in this study denied engaging in formal career planning efforts and those who did engage in career planning chose not to share their plan with the existing leaders of the organization in which they worked. In addition, participants often denied having existing organizational leaders take an initiative to ask them about their future plans or career goals.

*I didn't have any formal people coming up saying... like my director didn't come up and say, “I think you should pursue that”. But as soon as I told her that I was interested...(NM9)*

However, this participant described how her director found out mistakenly that she was interested in a management position that had come available and was pleasantly surprised.

*She was just really excited and said, “I had no idea that you were even thinking about anything like this?”. (NM9)*

*I thought wow that is the unit that I think I really fit in there and I think I would like the opportunity to do that! (NM9)*

Another participant highlighted the importance of existing leaders asking the question to nurses about future career goals and taking a vested interest in nurturing nurses to achieve their goals.

*I think even just asking the question, "what do you need?" goes a long way...did anybody ever ask that for me? No, not really. (NM1)*

This participant felt little commitment towards the organization for which she was currently working and perceived that her career development and accomplishments were self-driven.

### **Active Recruitment.**

Active recruitment was an effective leadership practice that contributed to shaping a nurse's career. Organizational leaders who took the initiative and actively recruited or sought out staff nurses for nursing positions such as the nursing supervisor role, the clinical resource nurse, or the nurse manager were often successful with their recruitment efforts. Participants implied that active recruitment from an organization's leaders was reassuring on a professional level and effective in increasing their confidence and acknowledging own capabilities.

*...she felt because she knew me as a student and knew what my capabilities were and she offered me this job and I didn't apply for it or anything. (NM3)*

In contrast, one participant discussed how she instinctively knew she was not ready for a nurse manager position despite being actively recruited. This participant acknowledged feeling conflicted with encouragement for advancement from leaders, but

was steady in her belief that acquiring practical nursing experience was a priority over becoming a leader at that time.

*I had been asked by nurses in leadership positions early in my career to ah... take on the head nursing role. But I felt quite strongly that I didn't have the experience.*  
(NM7)

### **Getting a vote of confidence.**

Participants also highlighted the effects of leaders who gave a vote of confidence including encouraging the pursuit of new opportunities. This participant described a situation where receiving a vote of confidence from her team manager strengthened her motivation and determination to proceed with a vying for a new manager position.

*...and my team manager at that time and also my colleague sitting down with me to say, "I really think this is a good opportunity for you and I think you can do this".* (NM2)

*Well I think the fact that she [the director] encouraged me and she thought I could do a good job because you know - you sometimes think, "I want to try that, but I don't know if everyone else thinks I'll do a good job at it?"* (NM9)

### **Mentors matter.**

For some participants having mentorship or coaching from leaders within the organization played a key role in shaping their career. Participants who identified having a mentor were eager to endorse the value of mentorship to their career planning efforts. Participants often relied on the discussion and feedback with mentors regarding potential career moves. Throughout this interview, the participant repeatedly drew reference to the

mentorship she received from her director and the positive impact this direct mentorship had on her developing her career.

*I was very fortunate and I was coached by [a nursing leader] who was a huge leader in the community in the nursing world. She was very encouraging and supporting me and felt that I had leadership potential through the various roles that I held. (NM7)*

The participant explained that discussion and dialogue, as well as praise were instrumental elements of mentorship that assisted her in pursuing a leadership role and eventually becoming a nurse manager.

*Yes, yes...it would always be verbal, always encouraging you to apply for this position... or you handled that situation really well. (NM7)*

Equally effective was this participant's experience with the informal mentorship that occurred between the head nurse and herself. Although in this relationship the label of mentorship was not as obvious to the participant, in the interview the participant gained perspective on the relationship and identified the element of mentorship within it.

*The head nurse that I worked under you know what um...I left an in-service education position, um...to come back as the assistant head nurse. She encouraged me and was supportive of me. We got along well and I guess she would say that she was a mentor to a certain respect, you know... certainly brought you along and said "yah you can do the job". (NM5)*

In fact, some participants were willing to consider leadership roles only if the existing leaders were prepared to commit a mentor or coach to assist with transitioning into the role. This participant explained she posed questions pertaining to mentorship.

Once she was reassured mentorship was provided for the new role, she continued with the process to apply for a nurse manager position.

*But when I went to the first screening interview I was reassured that there would be some strong mentorship and leadership and that's kind of what helped me.*

*(NM2)*

### **Measuring Performance.**

According to participants, performance appraisals were not routinely done. However, the participants who had performance appraisals as staff nurses believed the experience was helpful as well as an appropriate platform to approach career planning. This participant recalled during her performance appraisal her nurse manager asked her to consider applying for a vacant manager position.

*...in the performance appraisal process it [the position] was suggested as an opportunity for me. (NM7)*

The participant confirmed she did succeed in securing the position; this opportunity was her entry point into nursing leadership.

Interestingly, most of the study participants denied having performance appraisals when they worked as staff nurses. In fact, this participant admits to spending the bulk of her career as a bedside nurse. There was little interest by her nurse manager in completing performance appraisal with staff nurses.

*I've only had two performance appraisals in my career – other than being a manager. Now I seem to get a performance appraisal every year. I had more since being a manager than I have ever had being a bedside nurse. (NM1)*

In hindsight, this participant also highlighted the potential value in nurse managers conducting performance appraisals. Performance appraisals were an opportunity for nurses to reflect on their practice and an opportunity for nurse managers to provide valuable feedback and direction in an effort to foster professional growth and prepare for leadership opportunities in the future.

*It [the performance appraisal] could have been - because it's the fact that you sit down and reflect in a performance appraisal could have helped. It's again it's the question of what are your goals... um... so I think just...it would help to self-reflect and maybe have a person in a position listen to that. (NM1)*

### **Knowing I can go back.**

The secondment or appointment of a nurse to a nurse manager position was often an effective organizational strategy in shaping a nurse's career path. Secondments offered the nurse a trial period as a nurse manager with the option to return to their original nursing position if the management role did not meet their expectation. Participants described feelings of fear and uncertainty when contemplating becoming a nurse manager that stemmed from believing the scope of the role was too large and acknowledging they were not skilled for all aspects of the role.

*I thought about it lots of times - manager positions would come up and we would talk about it and people would say, "Oh you should try it. You should apply for that" and I would be like, "no... there's way too much" (NM9)*

*I had a lot of second thoughts simply because I had no formal management training. (NM2)*

However, participants in this study shared the practice of secondment to the role was accepted knowing they “could go back”. Study participants disclosed when existing leaders seconded to fill a vacant nurse manager role, participants agreed feeling excited and nervous about the opportunity, but reassured they could return to their previous role. This participant described her unit manager offering a secondment as an opportunity to try out the nurse manager role. The job satisfaction and fulfillment as a nurse manager influenced the participant to return to university to complete her nursing degree and contributed to her securing a permanent nurse manager position.

*“I [the director] need to let so-and-so off for a sick leave. It is indefinite I don't know how long it'll be but probably longer than shorter. I would like to ask you to... if you're willing to be seconded to cover that off while she is off”. It was kind of shocking to me because I didn't have a degree, I hadn't even enrolled yet (NM8)*

*I was seconded into the position and it was posted a year and a half later, I applied for and I was awarded the permanent position (NM8)*

Similar to a secondment, one of the participants revealed the decision made by an existing director to post a nurse manager position as a term position (1 year) in an effort to entice her to apply. The participant described struggling with the decision to become a nurse manager and the fear of the unknown. In addition, she also had high job satisfaction in her current role and felt the risk was high to leave.

*My director knew my hesitation and I told her I was really nervous about not being able to go back to my job if I didn't like this position. So they made it as a term... for me... So that I'm in a term for a year and I can decide in a year*

*whether I want to go back to [previous position] or stay here. So that was the reason I took this job. (NM9)*

Although the practice of transitioning a nurse into a nurse manager position while minimizing the risk incurred by the nurse was an effective strategy, participants maintained their concerns related to workload prior to becoming a nurse manager as well as during their experience as a nurse manager.

*They need to have the workload of the manager manageable. You know what the staff see managers working late, um and not paid for it per se um... you know, the young staff coming up they want to go home right on time. They do not want to be working overtime, they don't want the responsibilities...and there's all this extra stuff. (NM5)*

Now operating as nurse manager, participants shared that the workload exceeds the customary work week and more often than not required them to commit additional unpaid hours to complete the work. There was an underlying sense from participants that additional hours were in essence volunteer and participants took issue with this expectation.

*You put in 60 hour 80 hours a week...and you're only pay for 40, so you're not paid well enough, you know... I guess maybe the amount of paperwork that has to be done, those kind of things... I think you know that [prior to becoming a nurse manager] but I don't think you ever really realize how much there is until you actually take it on. (NM3)*

### **Summary of the Theme**

The impact of the leadership practices of existing nurse leaders on a nurse's career path was evident in this theme. Shaping a nurse's career was the second theme to emerge from the data and captured how leadership practices of existing leaders could impact a nurse's motivation to become nurse managers.

### **Chapter Summary**

This chapter described two themes related to the influential factors nurses experience when deciding to become nurse managers i) broadening a nurse's professional lens and ii) shaping a nurse's career path. The first theme (broadening a nurse's professional lens) was well developed with several categories and a few subcategories. Participants were clear that becoming a nurse manager was an ongoing process influenced by professional experiences and personal circumstances. The second theme (shaping a nurse's career path) was equally rich with data and as full as the first theme with emerging categories. Participants shared their perception of informal and formal organizational processes they encountered, as well as the influencing behaviors of existing leaders on their decision to become nurse managers. Although the two themes were described separately, the factors that broaden a nurse's professional lens are significantly influenced by the operational elements that shape a nurse's career path. The interpretation of factors that influence nurses to become nurse managers and the role organizational processes or leadership plays is informed by the theory of strategic talent management and will be discussed in Chapter Five.

## Chapter V

### Discussion of the Findings

Health care organizations rely heavily on the talents and abilities of nursing leaders. The nurse manager position is a pivotal leadership position with impact on patient care outcomes as well as the work environment for nurses. However, due to the cumulated effect of the nursing shortage, the retirement of an aging generation, and the general lack of interest from nurses to become nurse managers, there is concern around the recruitment, development and sustainability of future nurse managers.

The findings of this study contribute to the understanding of what factors motivated or influenced staff nurses to pursue and subsequently succeed to nurse manager positions. In addition, the study highlighted situational factors such as organizational leadership practices that impacted the willingness of the study participants to aspire and become nurse managers. The results are the perceptions of nurse managers who reflected back on their career mobility experience from staff nurse to a nurse manager position.

A modified version of Collings and Mellahi's (2009) strategic talent management framework was used to guide this study (Appendix A1 ). This study explores with participants retrospectively their perceptions and experiences related to their career mobility from staff nurse to nurse manager using the mediating variables: work motivation, organizational commitment, and extra-role behavior. The intent of the study was to identify factors and/or influences that could impact a nurse's work motivation, organizational commitment, and identify extra-role behaviors prior to becoming a nurse manager.

This study explored the element of motivation as it applies to a staff nurse's career advancements to glean a broader understanding of personal and situational factors influencing a nurse's decision to become a nurse manager. Therefore, results of this study can assist in shaping a systemic approach in the recruitment of nurses to become nurse manager, as well as align leadership development with factors that motivate nurses and address their learning needs. In addition, human resource practices or leadership practices exercised by existing leaders of an organization are relevant to understanding factors that impact a staff nurses decision in becoming a nurse manager.

This final chapter begins with a discussion of the interpretation of the findings specific to an individual's work motivation, their organizational commitment and extra-role behaviors when reflecting on their journey from staff nurse to nurse manager.

### **Work Motivation**

Collings and Mellahi adopt work motivation as “a set of energetic forces that originates, both within as well as beyond an individual's being, to initiate work-related behavior and to determine its form, direction, intensity and duration” (Pender, 1998, p. 11). An individual's work motivation can be enhanced with human resource practices that attend to employee's interests, such as their skill requirements, motivation, and the quality of their job (Boselie, Dietz, & Boon, 2005). Health care settings often rely on the leadership practices of existing leaders to enhance employees' motivation by considering their interests. In this study, participants confirmed elements of motivation such as skill requirement, motivation, and quality of their work impacted their decision to assume a nurse manger position.

Enhancing an individual's work motivation by utilizing skill requirements was a theme that emerged from the data of the study. Results revealed becoming a nurse manager for participants often involved experiencing success in a series of interim roles. Participants gained experience and confidence with each role they assumed prior to becoming a nurse manager. For example, participants identified the progressive nature from staff nurse to charge nurse (also referred to historically as head nurse) as an initial step, participants were then a nursing supervisor or a clinical resource nurse, eventually succeeding to a nurse manager position. Similarly studies suggested nurses who identify interest in the nurse manager role also are keen to perform interim roles (Sherman, Schwarzkopf, & Kiger, 2011; H. Spence Laschinger et al., 2013).

Study participants noted performing interim roles such as the nurse supervisor role and the clinical resource nurse served to establish confidence with their clinical skills. As staff nurses, participants revealed having confidence in their clinical skills was a significant motivator when considering becoming a nurse manager. Based on the participant's perception of the nurse manager role, there was a strong consensus that having the clinical skills relevant to the unit was a critical requirement to support staff performance and patient care. This result is not surprising as there is an expectation that nurse managers work directly with staff nurses to support nursing practice and in turn, enhance the quality of patient care. Similar to other studies, the participants highlighted having clinical skills that "fit" for the unit was an important factor when considering career advancement (Bondas, 2006; Cziraki et al., 2014). Nursing scholars agree that, due to the strategic positioning of the nurse manager, patient care is impacted by the nurse

manager's ability to support the clinical practice of front-line nurses (Kramer, Schmalenberg, & Maguire, 2004a; McGuire & Kennerly, 2006).

In this study, participants shared their hesitation to become a nurse manager stemmed from the broad span of control inherent in the role. In their capacity as staff nurses, several of the participants articulated their insight into the depth and breadth of the nurse manager role and perceived the sheer scope of the role could easily be overwhelming. These findings are consistent with previous research that indicates nurses perceive the span of control for a nurse manager is overwhelming and in many areas, staff nurses feel unprepared to assume the role and be successful (Laschinger Spence et al., 2004; Sherman, 2005; Shirey et al., 2008).

This perspective illustrates that, although the nurse manager's ability to provide clinical support to staff is important, additional skills including leadership, operations, finance and managerial skills are perceived as important to be effective in the manager role. Participants in this study commented their motivation to become a nurse manager lessened because they believed they did not have the complete skill set required to be successful in the role. Wong et al.'s (2013) study also suggested nurses perceive the responsibility of managing budgets and being accountable to resolve conflict and discipline staff intimidating and outside of their skill set.

Interestingly, many study participants highlighted receiving education as a motivating factor for career advancement. Participants commented taking the initiative to learn as staff nurses served to broaden their professional lens and increased their confidence. Study participants also shared there was minimal to no support provided by their organization to assist and support their commitment to further education. Although

there were large variations, among participants related to their pursuit of formal education most participants credited gaining knowledge in a formal setting stimulated their thinking of career advancements. Wong et al.'s (2013) study bring to light the conundrum of younger nurses feeling pressure to gain clinical experience in exchange for postponing further education; alternatively, Bulmer (2013) demonstrates leadership aspirations among nurses continually decrease after only 2 years of practice and are highest within the first 2 years.

Study data emerged suggesting mentorship was an effective strategy for career mobility among staff nurses. Although participant's described different approaches to mentorship, the outcomes for participants who identified having mentors were similar in that participants felt supported and coached around the prospects of pursuing a new role. Participants of this study credited mentorship as essential in their belief they could be effective nurse managers. This finding is consistent with Sherman's (2005) study that identified young staff nurses perception that mentoring was the most important type of support that could be offered to staff nurses considering leadership roles. Studies suggested mentors and role models inspire staff nurses' interest in leadership roles (Bondas, 2006; Wong et al., 2013).

As staff nurses, participants reflected on feeling motivated and inspired after experiencing a good nurse manager. The exposure to an effective manager triggered them to contemplate their own leadership abilities and aspirations. Participants recognized the value of having an effective nurse manager positively impact their work environment. These results are consistent with the literature that suggests existing nurse managers who are effective and competent role models inspire nurses to consider a management role

(Bondas, 2006; Wong et al., 2013). Alternatively, the results of this study also suggest staff nurses are motivated to become nurse managers after experiencing a poor manager; this is consistent with the Path of Ideals (Bondas, 2006).

Exploring work motivation within nursing requires taking into account motivation derived from the nature of the work (Park, Mitsuhashi, Fey, & Björkman, 2003). Newton et al.'s (2009) research with nurse managers highlights that motivation is derived from the notion to care and the desire to help. The altruistic nature of working in health care is evident with this study as well. For example, as a staff nurse, one participant described her motivation to become a nurse manager was fueled by the desire to eliminate road-blocks or barriers to patient care. Commonly, participants perceived in becoming a nurse manager they would have more power and influence over nursing practice and, in turn, have the ability to improve patient care and outcomes. These findings are consistent with research indicating that staff nurses are motivated by their perception that nurse managers have the authority to make decisions that impact patient care (Bondas, 2006; Cziraki et al., 2014; Spence-Laschinger & Shamian, 1994). In contrast, Sherman's (2005) study of young staff nurses who perceived the lack of power that is afforded to nursing leaders as a concern when considering leadership positions.

Capitalizing on an individual's motivation of their need to care or help others is not limited to administering patient care (Newton et al., 2009). Similar results were evident in this study as well. Study data suggested participants were highly motivated to make a system or unit change in an effort to improve the environment and working conditions for other nurses. In this study when participants perceived they or their colleagues were poorly managed, the motivation to become a nurse manager came from

their belief they could do better. Sherman's (2005) study highlights one of the top incentives for younger nurses considering a leadership role is to make a difference for staff and patient care outcomes.

Optimizing an individual's motivation is likely with feedback mechanisms pertaining to the quality of their job. These study results highlighted participants were more inclined to consider becoming a nurse manager when the quality of their work was recognized. Participants received acknowledgement related to the value of their work and abilities from peers and individuals with positional power, such as a director or a professor. Newton's (2009) study identifies the need for nurses to be thanked and recognized for providing care. Research supports validation of nurses work provides a sense of achievement contributing to their motivation and will (Malette, 2011; Newton et al., 2009).

### **Organizational Commitment**

Talent management adopts the practice that retaining high performing employees is in the best interest of the organization (Collings & Mellahi, 2009). Enhancing the "employee-organization fit" can strengthen organizational commitment and minimize employee turnover (Collings & Mellahi, 2009). Understanding from the participants' perspective leadership practices that strengthened their commitment to the organization, and in turn, influenced their career mobility provides insight into strategies that best support and nurtures staff nurses' interest in management positions. Existing leaders can strengthen a staff nurse's job satisfaction, organizational commitment, as well as stimulate individual achievements (Kennedy & McGuire, 2006). Studies from Spence Laschinger (2013) and Wong et al. (2013) suggest a strong predictor of career aspirations

among staff nurses hinges on the abilities of existing leaders to enhance a nurse's work engagement. The data in this study revealed that the leadership practices of existing leaders had tremendous impact on participant's career trajectory of becoming a nurse manager.

Upon reflection, participants responded favorably to charismatic leadership practices of their existing leaders that included being present on the unit, making time to connect with staff, and purposely asking them about future career plans. Findings suggested the outgoing and energetic nature of a nurse manager created opportunities to engage with these participants and provide positive feedback, acknowledgement of their work, and dialogue around career planning activities. The findings suggest as staff nurses, the participants respond favorably to the nurse manager being visible and present to facilitate this interaction. Studies support having the nurse manager within close proximity, visible on the unit, and available to interact with staff is perceived as organizational support (H. Spence Laschinger, Wong, Grau, Read, & Pineau Stam, 2012; Wong et al., 2013).

Leadership practices with staff nurses that result in praise and recognition of nurses' work have been identified as a significant factor that influence a nurse's job satisfaction and thereby organizational commitment (Duffield, Roche, O'Brien-Pallas, Catling-Paull, & King, 2009). The powerful effects of recognition and praise emerged from these data as well (Cziraki et al., 2014). As the analysis here illustrated, informal leadership practices, such as existing leaders who signal a vote of confidence to participants were strong motivators to consider a management role. Similarly, Cziraki (2014) highlights when participants were "tapped on the shoulder" by their manager or

director for a leadership role this was perceived as a reward for good performance. These study results also suggested formal leadership practices including conducting performance appraisals were well-received opportunities for nurse recognition and career discussions; appraisal support by a supervisor was noted as well by Bulmer (2013) as a predictor of leadership aspirations. These findings suggest that when the participants were provided with positive performance feedback, their commitment to the organization strengthened and opportunities to facilitate dialogue pertaining to next steps for career mobility are orchestrated.

Study participants who were actively recruited to become nurse managers or consider interim roles often accepted the opportunity. Although participants commented on their initial hesitation, many participants were motivated to succeed to a position they perceived could make a difference for their colleagues and patients. Overt and purposeful leadership practices exercised to recruit and challenge nurses to make a difference assisted with the career mobility of nurses (Bulmer, 2013; Cziraki et al., 2014). Staff nurses believe it is the responsibility of the nurse manager to identify nurses with leadership potential and initiate career planning with nurses (Wong et al., 2013). Highly satisfied nurses who work for organizations with career mobility opportunities experience increased organizational commitment (Ingersoll, Olsan, Drew-Cates, DeVinney, & Davies, 2002).

Leadership that takes into consideration individual employee's needs are often difficult to respond to within the rigid nature of health care system. However, this study demonstrated a positive response to existing leaders who are willing to work outside of the box in an effort to support the career advancement of staff nurses. For example, one

participant struggled with the decision to leave her unionized role and relinquish her seniority to become a nurse manager. Taking into consideration the participant's concern, the program director offered the nurse manager position to the participant as a 1 year term with the option to return to her staff nurse position at the end of the year. After the completion of the 1 year nurse manager term, this participant subsequently moved permanently to the nurse manager position. Providing opportunities for staff nurses to experience management roles in a low-risk situation is an effective way to prepare future nurse leaders (Titzer, Shirey, & Hauck, 2014). Opportunities for staff nurses to gain experience in temporary or acting management roles as well as receive adequate support and direction from role models was a valid suggestion from staff nurses (Wong et al., 2013).

### **Extra-role performance**

The final mediating variable in this study was extra-role performance. The study explored if or how staff nurses demonstrated their desire to aspire to a leadership role by performing extra role behaviors (roles outside of paid roles and responsibilities) such as volunteering for committee work or organizational events. Participants of the study could not articulate any professional roles they engaged in as staff nurses, to go above and beyond in an effort to demonstrate their motivation for career advancement. This differed from Duffield et al. (2001) study which demonstrated advanced education was a precursor to career advancement as well as increased membership of professional organizations.

### **Implications for Nursing Leadership**

This study is the first within nursing literature to approach the recruitment and development of nurse managers using the strategic talent management framework (Collings & Mellahi, 2009). Although applying the framework for this study has been modified, the information gathered from this study can assist organizations and organizational leaders to support and facilitate the career mobility of staff nurses in becoming nurse managers. A talent management framework provides a new lens for cultivating nurse leaders. In accordance with the framework, the study results support recruiting and developing motivated and committed staff nurses into the nurse manager role. This study contributes insight into factors that influenced a staff nurses work motivation and organizational commitment when becoming a nurse manager.

The results of this study highlighted two prominent themes: *broadening a nurse's professional lens* and *shaping a nurse professional career*. Broadening a nurse's professional lens to become a nurse manager involves understanding participant's work motivations, as well as ensuring human resource practices exist within organizations that augment these motivations; shaping a nurse's professional career highlights the impact of existing leadership practices on career mobility. The following suggestions address how organizations and leaders within organizations can enhance career mobility among nurses; in turn, allowing nurses to see themselves as future nurse managers.

Understanding what motivates nurses to become nurse managers is essential when crafting a purposeful approach to facilitating and supporting career mobility among staff nurses. Organizational leaders need to acknowledge the perspective of staff nurses that having relevant clinical experience and expertise to support staff and patient care is an important factor in determining whether or not staff nurses might apply for a nurse

manager position (Cziraki et al., 2014). Career motivation can be enhanced when nurses have the opportunity to be supported by managers who are also nurses (H. Spence Laschinger et al., 2013). The path from nurse to nurse manager often involves staff nurses who develop their clinical and administrative expertise through interim positions. Using interim positions as potential recruitment pools for nurse manager positions acknowledges the importance of having nurse managers who have relevant clinical expertise and provides an opportunity to become more informed about the nurse manager role (Cziraki et al., 2014; H. Spence Laschinger et al., 2013).

Within the context of the organizations overall strategic plan related to leadership development, it is imperative that organizations recognize the utility of interim roles to facilitate nurses in becoming nurse managers. Ensuring funding is allocated to support and sustain interim position, in turn, ensures opportunities for staff nurses exist for career mobility outside of bedside nursing. In addition to these interim roles, organizations may benefit from creating stretch projects for nurses designed to expand the administrative and interpersonal skill set required for the nurse manager position. Wong et al. (2013) state nurses want guided opportunities to develop leadership skills “under the tutelage of someone who can provide direction, coaching and constructive feedback” (p. 236).

Organizations may benefit from exploring ways to collaborate and partner with academic institutions in an effort to facilitate and support nurses to achieve higher education in preparation for the nurse manager role (H. Spence Laschinger et al., 2013). Creating opportunities for staff nurses to further education often results in career advancements (Bulmer, 2013; Duffield et al., 2001). In addition, organizations need to support administrative skill development in staff nurses who show interested in the nurse

manager position (Cziraki et al., 2014). Concurrently, academic institutions need to ensure undergraduate and graduate curricula are comprehensive and address administrative areas of concern identified by nurses as underdeveloped in practice settings.

Organizations would benefit from coordinating and facilitating the linkage of staff nurses to an internal mentorship program. Nurses should feel confident and reassured that mobility into the nurse manager position will include support from an assigned mentor and/or coach (Cziraki et al., 2014). Nurses who are transitioning to the role of a nurse manager will benefit with mentoring and coaching to learn all aspects of the nurse manager role (Bulmer, 2013; Sherman, 2005) and be supported by someone who can provide direction while learning the role (Wong et al., 2013).

Based on the knowledge gained from this study, existing nurse managers play a critical role in inspiring the career mobility of staff nurses. Organizations may benefit from reviewing and realigning nurse manager priorities to support managers to have close proximity and presence on the unit and minimize the demands on the nurse managers time away from the unit (H. Spence Laschinger et al., 2013; Wong et al., 2013). Existing leaders who are present on the unit can authentically acknowledge and recognize the quality of work occurring, and in turn, contribute to building the professional confidence of nurses (Duffield et al., 2011; Sellgren et al., 2008). Existing leaders are well positioned to initiate informal or formal dialogue (Bulmer, 2013) and tap high potentials on the shoulder for leadership opportunities (Cziraki et al., 2014). Further, the literature supports the practice of existing leaders building relationships with staff that allows for appraisal, support and formal career planning opportunities; in turn, these behaviors may contribute

to leadership aspirations (Bulmer, 2013; Mallette, 2011; H. Spence Laschinger et al., 2013).

### **Recommendations for Further Research**

Staff nurses should consider the nurse manager role as a desirable and meaningful career option within the trajectory of their professional career. Although modified from its intended use, Collings and Mellahi's (2009) strategic talent management framework was a relevant framework for this research exploring the perceptions and experiences of staff nurses who became nurse managers. The study was guided by the mediating variables: work motivation, organizational commitment and extra-role behaviors. Nurse managers were deliberate and insightful in their thoughts and perceptions related to what strategies could assist nurses to become nurse managers. Through the voices of nurse managers, important data regarding factors that influenced a nurse's career mobility were explored.

The study, "Becoming a nurse manager: From the perspective of nurse managers" revealed that becoming a nurse manager is a process influenced by both personal and situational factors that, if effectively nurtured with high level leadership practices, can influence a nurse's career mobility into management roles. Further research should be done to reinforce these findings using a different sample of nurse managers from different community or acute care settings in which different leadership practices may produce different findings or confirm the findings from this study; thereby providing a more comprehensive understanding of what factors motivate and influence nurses to become nurse managers. Through the findings of this study and further research, a strong

case can be built for health care organizations to consider cultivating nursing leaders through the lens of talent management.

### **Chapter Summary**

This chapter discussed how the findings of this study contribute to the literature to strengthen the understanding of what motivates nurses to become nurse managers. Findings were interpreted through a modified version of a strategic talent management framework that focused specifically on an individual's motivation, organizational commitment, and their extra-role performance prior to becoming a nurse manager. Talent management offers existing nursing leaders a new perspective on leadership recruitment and development within health care organizations. Within the modified framework of talent management recruitment and development strategies targeting staff nurses in becoming nurse managers were discussed and contrasted to nursing literature. Following this discussion of findings the implications of this study to nursing leadership were discussed. Lastly, recommendations for further research were suggested.

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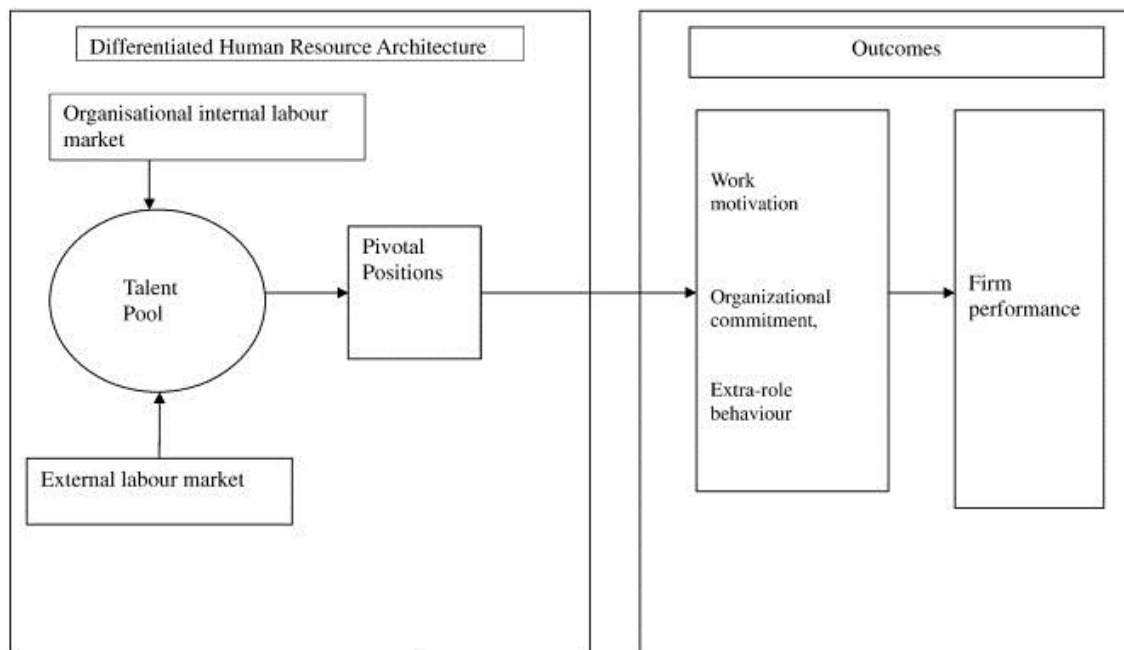
*Scholarship*, 42(3), 305-313. doi: 10.1111/j.1547-5069.2010.01354.x

## Appendices

### Appendix A:

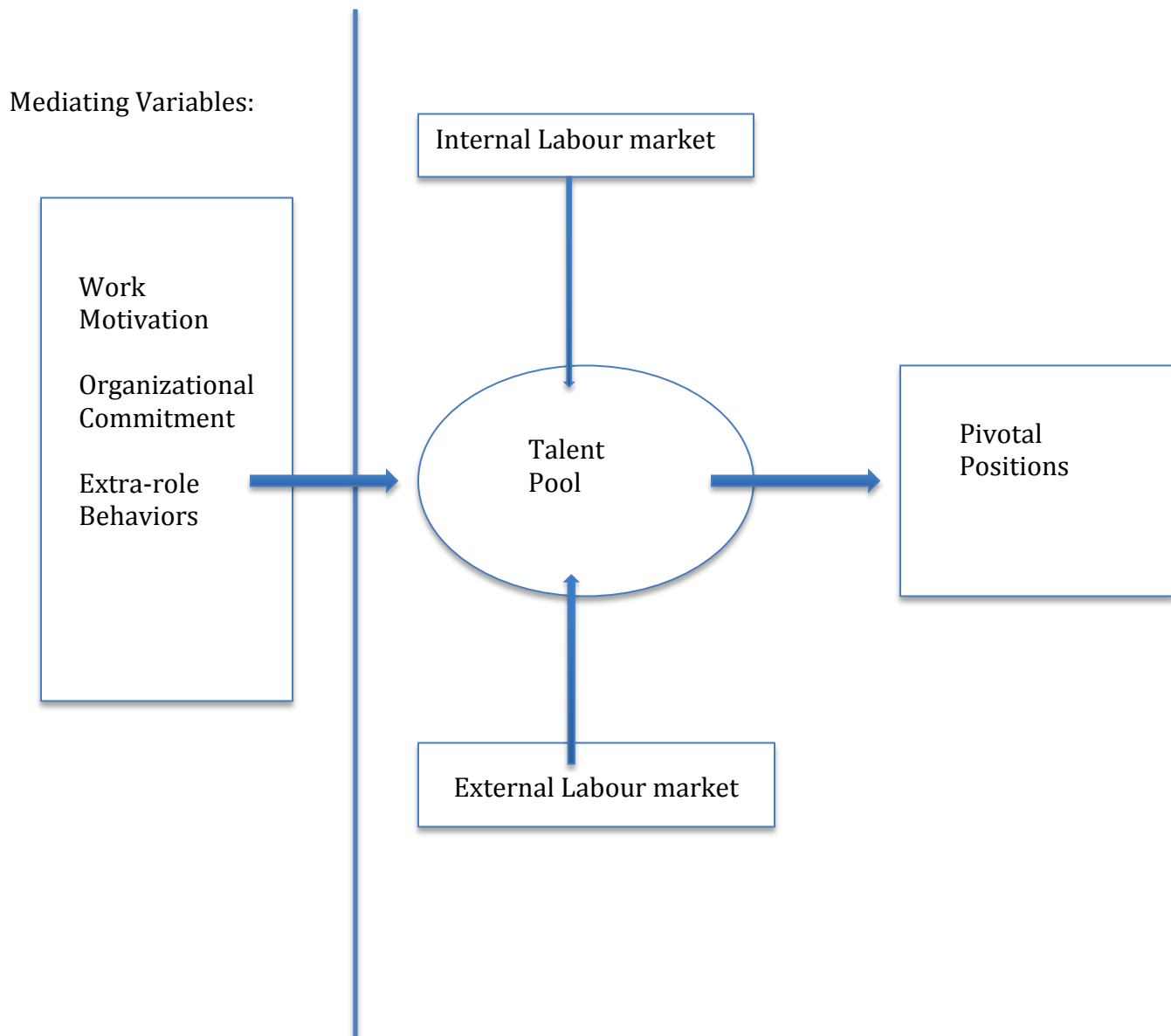
#### Collings and Mellahi 's Theoretical Framework

Relationship of Concepts in David G. Collings and Kamel Mellahi (2009) Strategic Talent Management Theory



Reference:

Collings, D. G., & Mellahi, K. (2009). Strategic talent management: A review and research agenda. *Human Resource Management Review*, 19(4), 304-313. doi: <http://dx.doi.org/10.1016/j.hrmr.2009.04.001>

**Appendix A1:****Modified version of Collings and Mellahi 's Theoretical Framework for this study**

**Appendix B:****Demographic Form**

1. Please indicate your age category:
    - 18 – 25 years old
    - 26-30 years old
    - 31-40 years old
    - 41-50 years old
    - 51-60 years old
    - ≥ 61 years old
  
  2. Are you:
    - male
    - female
    - transgender
  
  3. As a nurse manager, are you employed:
    - In the hospital
    - In the community
  
  4. As a nurse manager, are you employed:
    - Full-time
    - Part-time, if part-time, what is your EFT (ie: 0.5) \_\_\_\_\_
  
  5. Prior to working as a nurse manager, how many years did you work as a nurse? \_\_\_\_\_
  
  6. How many years have you worked as a nurse manager? \_\_\_\_\_
- What is your highest educational degree obtained?
- Registered Nurse, RN
  - Baccalaureate of Nursing, BN
  - Master's of Nursing
  - PhD of Nursing
  - Other: please specify \_\_\_\_\_

7. Have you taken any additional management workshops/courses to compliment your nursing degree? If yes, which workshops or courses?

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## Appendix C

### Interview Guide

Introduction to the interview: This research project aims to learn more about what factors influence a nurse's decision to become a nurse manager. We would like you to share your story and experiences about deciding to become a nurse manager, as well as any particular moment or experience that was significant in your decision to become a nurse manager. We would also like your perspective on formal or informal processes often used within an organization or by existing leadership that prompted you to think about a career path as a nurse manager. If at any time you feel uncomfortable answering a question please feel free to decline to answer. 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 only if necessary)

1. Could you please tell me about your decision to become a nurse manager?
  - What motivated or influenced you to become a nurse manager?
  - Do you recall a particular experience that helped you decide to become a nurse manager?
  - Can you describe your willingness to become a nurse manager?
  - Did you experience any hesitation or apprehension to become a nurse manager?
    - Can you explain that hesitation?
    - How did this hesitation resolve?
  
2. Prior to succeeding to a nurse manager position, what organizational experiences (formal or informal) impacted your decision to pursue a nurse manager position?
  - When you were thinking about becoming a nurse manager; how did you share your career plan with existing leaders of the organization?
    - Can you describe their response?
    - Discuss how their response was helpful or not helpful towards pursuing a management position?
    - Can you explain how existing leadership influenced your decision?
  - If you did not share your career plan to existing leadership, can you explain why?
  - When you decided on a career path to become a nurse manager, did you feel supported by the organization and/or existing leadership?
    - 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 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 or existing leaders could have done that you would have perceived as supportive?
  - Describe how this influenced your perception of the organization?
- When you were thinking about becoming a nurse manger; can you talk about any organizational experiences related to career planning?
- For example, was career planning ever discussed or initiated during a performance appraisal?
3. In preparation for becoming a nurse manager, how did you demonstrate that you had the desire and ability to be a nurse manager?
- Describe any extra roles / tasks/ initiatives you performed that demonstrated your intent to become a nurse manager?
    - For example, talk about any committee work, higher education, workshops, or conferences you attended?
  - Of these extra roles, tell me what do you perceive was the most useful in demonstrating your intent?
4. When deciding to actively pursue a nurse manager position, how did you approach securing a nurse manager position?
- Did you apply for nurse manager positions within your present program and/or facility; outside of your present program and/or facility; or both?
  - When you succeeded to a nurse manager position, was the position within your present program or facility or outside your present program or facility?
  - At that time, what was your preference of where you wanted to work as a nurse manager?
5. From your vantage point now as a nurse manager, what advice would you give to nurses seeking to advance to nurse manager positions?
- What advice to you give to nurses that you think have the potential to become a nurse manager?
  - What do you wish you would have known before you decided to become a nurse manager?
  - What were the biggest surprises/unexpected aspects about becoming a nurse manager?

## Appendix D

### Participant Consent Form

Helen Glass Centre for Nursing  
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UNIVERSITY  
 OF MANITOBA

Faculty of Nursing

Research Project Title: Deciding to become a nurse manager: The perspectives of nurse managers  
 Principle Researcher: Kim Witges, RN, BN, University of Manitoba, Master of Nursing thesis student  
[umwitges@cc.umanitoba.ca](mailto:umwitges@cc.umanitoba.ca)  
 xxx-xxx-xxx

Research Supervisor: Dr. Judith Scanlan, RN, PhD  
 Committee members: Dr. Caroline Park, BN, PhD  
 Dr. Krista Uggerslev, PhD

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.

#### Introduction and Purpose of Study

The nurse manager role is essential to health care operations. There are fewer nurses who aspire to become a nurse manager; therefore, it is essential to understand what factors influence nurses in their decision to take on this role and what organizational processes and leadership can do to inspire nurses to consider a career as a nurse manager. This study aim is to learn more about what factors influence a registered nurse in the decision to become a nurse manager.

Research that explores the motivation and experiences that influence nurses to become nurse managers from the perspectives of nurse managers themselves would contribute to how nursing cultivates nurse leaders. You are being asked to

participate in a research study designed to explore nurse manager's perspectives or insights involving your personal motivation and willingness as well as any organizational experiences (formal or informal) that may have impacted your decision to pursue and succeed to a nurse manager position.

### **Researcher and Research Committee**

The principal investigator of this study is Kim Witges, a registered nurse and a graduate student in the Master of Nursing program at the University of Manitoba. Kim is supervised by Dr. Judith Scanlan of the Faculty of Nursing at the University of Manitoba, and her thesis committee includes Dr. Caroline Park of the Faculty of Nursing, University of Manitoba, and Dr. Krista Uggerslev of the JR Shaw School of Business at the Northern Alberta Institute of Technology.

This research has been approved by the University of Manitoba Education / Nursing Research Ethics Board, the Winnipeg Regional Health Authority Research Review Committee, and the Research Impact Committee of Health Science Center.

### **Study Procedures**

This study aims to recruit nurse managers from Health Science Center, Women's Hospital, Children's Hospital, and the Winnipeg Regional Health Authority's community sites. On behalf of the researcher, a cover letter and poster were electronically distributed to nurse managers at each site via the Chief Nursing Officer, or the Program Director. The researcher is not informed of the identities of individuals receiving the cover letter and poster.

Data gathering will begin in February 2014. If you decide to participate in the research, you will be asked to perform the following activities:

1. Sign a consent form for the researcher and receive a copy of the consent form for your records.
2. Complete a demographic questionnaire that collects information such as your age, gender, where you are employed, your EFT, your education, years worked as a nurse, and years worked as a nurse manager, and any additional management courses you have completed.
3. Participate in an interview in which you will be asked to share what influenced your decision to become a nurse manager. The interview will be recorded and the recording will be transcribed. The interview will be approximately 60 minutes in duration. The principal researcher will be conducting the interview and will use an interview guide that will help structure and format the interview.
4. You may be asked to participate in a 30 minutes follow up discussion 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 or three participants

will be used to review the summary of themes and ensure the research themes accurately reflect the participant's perspective.

**Information and Dissemination**

The results of this study will be used for the completion of Kim Witges's thesis and these results may be presented at a conference or published in a peer-reviewed journal. You understand that in any report or dissemination of results related to this study, the researcher will not include any information that will identify participants of the study. With your request, a summary of the report will also be sent to your private email.

**Risks and Discomforts**

It has been determined that your participation in the study presents no risk to you. 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. You can withdraw from the study, leave the discussion, and/or refuse to answer any question without penalty and your data will be destroyed. Participants who withdraw will still receive a gift card as a token of appreciation.

**Confidentiality**

You will be providing information during an interview. Your answers will be kept completely confidential. Personal information such as your name will be replaced with a code to protect your identity; your name will not appear on any of this information. Only Kim Witges and the Thesis Chair, Dr. Judith Scanlan will have access to the data collected.

**Consent Form and Demographic Questionnaire:**

During the study, your consent form and demographic questionnaire will be securely stored in a separate locked filing cabinet within the researcher's work office until the completion of the study (12-2014). After the study (12-2014), your consent form and demographic questionnaire will be destroyed using confidential shredding.

**Interview and Interview Notes:**

Your recorded interview will be immediately uploaded into a computer file that is password protected. After confirming a successful upload of the interview, the original audio recording on the recorder will be deleted. Using the uploaded version of the interview, the researcher will transcribe the interview into a word document to serve as a transcript. Your digital recording and transcript will be identified with a code number and your name will not appear on any of this information. During the study, your audio recording and electronic transcript will be securely stored in a computer file that is password protected. After the study, the computer file containing your electronic transcript and audio recording will remain password protected and kept for 4 years (02-2018) and after this time deleted from the computer. In addition, the researcher will use a printed copy of your transcript for

data analysis. During the study, your paper transcript as well as any additional notes taken at the time of the interview will be securely stored in a separate locked filing cabinet in my home office. Please note the consent forms and demographic questionnaire will not be stored with the paper transcript or interview notes as each are stored at different locations. After the study, your printed transcript and interview notes will remain in the locked filing cabinet in the researcher's home office for 4 years (02-2018). At this time (02-2018), your paper transcript and interview notes will be destroyed using confidential shredding.

No governing bodies will receive any raw data from this research, and only aggregate findings from this study will be presented or published in public forums.

Your personal information may also be disclosed if required by law. The University of Manitoba Education and Nursing Research Ethics Board may review records related to the study for quality assurance purposes.

### **Payment for Participation**

You will not receive payment for your participation. You will receive a Starbucks gift card for \$10 as a token of appreciation.

### **Voluntary Participation/Withdrawal from the Study**

Your decision to take part in this study is voluntary. You may decline to answer a question(s) or you may withdraw from the study at any time and you will not be penalized if you decide to do so. To withdraw, simply tell the researcher that you no longer wish to participate in the study. If you choose to withdraw from the study, any study information that has been previously collected will be destroyed immediately with confidential shredding or the deletion of data. You will still receive a Starbucks gift card for \$10 as a token of appreciation.

### **Questions**

If you have any questions during or after your participation, please contact the researcher, Kim Witges at [umwitges@cc.umanitoba.ca](mailto:umwitges@cc.umanitoba.ca) or (xxx-xxx-xxxx) or you may contact Dr. Scanlan at [Judith.Scanlan@umanitoba.ca](mailto:Judith.Scanlan@umanitoba.ca) or (xxx-xxx-xxxx).

If you have any questions about your rights as a research participant, please contact Human Ethics Coordinator at the University of Manitoba, Education /Nursing Research Ethics Board at xxx-xxx-xxxx.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial

consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

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

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

I would like a summary of the report findings \_\_\_\_\_

Please email the report to:

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