Rural Nurse Managers’ Perspectives of Factors Shaping the Decision to Enter Management

By

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A Thesis submitted to the Faculty of Graduate Studies of The University of Manitoba
In partial fulfillment of the requirements of the degree of

MASTER OF NURSING

College of Nursing
University of Manitoba
Winnipeg

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Abstract

Ensuring high performing individuals are employed in the pivotal role of nurse manager is key to meeting healthcare organizational goals. Retirements and a global shortage of nurses emphasize the urgent need to cultivate effective nurse manager recruitment strategies. Recruitment in rural areas is especially challenging. Despite the need for effective recruitment, little research has been done to provide guidance. The purpose of this exploratory descriptive study is to provide a greater understanding of factors that inspire nurses to pursue nurse manager positions in rural settings. The study retrospectively explored with nurse managers, what factors encouraged them to become managers. The overall research question is: “What factors within their experience impacted participants work motivation, organizational commitment, and extra-role behaviors leading them toward acquiring a rural nurse management position? Findings provide valuable information to guide rural health care organizations in developing effective nurse manager recruitment strategies.
Acknowledgements

I would like to acknowledge those who have supported and encouraged me throughout this personal and professional journey. Thank you to the members of my thesis committee who each contributed to my learning in their own way.

Dr. Judith Scanlan, my committee chair, thank you for patiently guiding me through this often overwhelming process. Your unwavering support through my ups and downs made this accomplishment possible.

Dr. Donna Martin and Dr. Nicolas Roulin, your feedback and suggestions helped me to see thing from a different perspective and allowed for a higher quality finished product.

I am thankful for the financial support received from the Manitoba Centre Nursing and Health Research, the Irene E. Nordwich Foundation Award, the Dr. S.J. Winkler Memorial Award, and the Johnson, Rose Mary and Frederick Allan Scholarship, 2013.

A big thank-you to the seven participants who volunteered their time to meet with me and share their stories and experiences. These personal stories gave this research meaning.

To my family, Ron, Alyssa, Evan and Kendra, thank you for being patient with me while I was busy and tired and sometimes grumpy. And thank you to Ron for being my tech support, keeping my computer working through the years, and being my encouragement when I wanted to give up. To my friends Lisette and Carrie, thank you for taking time out of your own busy schedules to be a sounding board for me.
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Chapter 1 – Statement of the Problem

In this chapter, I describe the research problem and introduce the research purpose and research questions.

Background

The role of the nurse manager is pivotal within healthcare (McSherry, Pearce, Grimwood, & McSherry, 2012). Nurse managers play an important role in creating and enabling excellence in nursing care, by facilitating and supporting frontline staff to provide quality care and consider innovative ways to meet their clients’ needs. Nurse managers accomplish this by providing resources to enable care, compassion, and excellence in nursing care (McSherry et al., 2012).

The pivotal position of nurse manager encompasses a broad array of responsibilities including financial management, human resources and staffing, performance improvement, technology, and strategy (Wendler, Olson-Sitki, & Prater, 2009). Nurse Managers play a significant role in achieving optimal patient outcomes (Wendler et al., 2009). The contribution of the nurse manager in enabling employees in the provision of excellent nursing care is crucial (McSherry et al., 2012; Townsend, Wilkinson, & Kellner, 2015). Employee satisfaction and intention to stay in their roles hinges on the effectiveness of the nurse manager (Duffield, Roche, Blay, & Stasa, 2010). As the primary goal of health care organizations is to provide excellent care, and an effective employee base is needed to provide this care, the nurse manager role is one of utmost importance and as such must garner the attention of succession planning (SP) and talent management (TM) efforts.

Effective nurse manager performance is essential to the empowerment of staff (Kramer, Schmalenberg, & Maguire, 2010). Nurse empowerment inspires autonomous decision making and promotes effective nurse-physician collaboration leading to quality patient outcomes. Better
patient outcomes have been linked to increased nurse satisfaction and retention (Kramer et al., 2010). Duffield, Roche, O’Brien-Pallas, Catling-Paull, and King (2009) found that nursing leadership was a statistically significant predictor of nurses’ job satisfaction and intention to stay in one’s position.

The nursing shortage around the world highlights the importance of the nurse manager role (CNA, 2009; Gillen, 2014; Zinn, Guglielmi, Davis, & Moss, 2012; Oulton, 2006). The World Health Organization (WHO, 2016) identified effective leadership and management at all levels as vital to the future of nursing, enabling nurses to play a key role in ensuring people can access the care they need in the current setting of health care shortages. Nurse Managers influence the level of nurse commitment, retention, and discretionary effort, or that effort which is over and above the basic requirements of the job, making the nurse manager pivotal in the human resource management process (Townsend et al., 2015). Nurse Managers play a critical role in providing a positive work environment which increases levels of job satisfaction and staff retention (Duffield et al., 2010; Zori, Nosek, & Musil, 2010). Because they comprise a large portion of the healthcare work force, any loss of nurses has a significant impact on healthcare costs and efficiencies (Duffield, Roche, Homer, Buchan, & Dimitrelis, 2014). Due to differences in methodology of cost assessment, turnover cost estimations vary (Li, & Jones, 2013). Per nurse turnover costs were estimated at $48,000 in Australia, $20,000 in the US, $23,000 in New Zealand, and $26,652 in Canada (Duffield et al., 2014). Rondeau and Wagar (2016), estimated the annual turnover rate for registered nurses in Canada is 20%, at a cost of $27,000 each. A report by Nursing Solutions, Inc. (NSI) (2016) indicated the average cost of bedside nurse turnover in the US ranges from $37,700 to $58,400. Jones (2008) estimated per registered nurse turnover cost to be as high as $67,000. Although there is significant variation in nurse turnover
cost estimations, the costs challenging the fiscal operations of health care are impactful (Duffield et al., 2014). These costs reinforce the importance of the nurse manager role in achieving retention. Improved retention leads to significant savings for the organization which provides increased funds for other important initiatives (Duffield et al., 2010). Lower nurse turnover leads to decreased nurse-to-patient ratios resulting in improved quality of care (Jones, 2008). Nurse experience, enhanced by decreased turnover, as well as low nurse-to-patient ratios are important factors impacting patient safety (Gray & Kerfoot, 2016). Tourangeau, Thomson, Cummings, and Cranley (2013) assert manageable nurse-to-patient ratios as one of the most important factors leading to nurse retention.

In addition to patient safety, the safety of nurses and other health care staff members is also impacted by nurse managers. Transformational leadership skills of nurse managers can enhance nurse’s compliance with and participation in safety on the job (Lievens & Vlerick, 2014). Safety is vital within the context of the current nursing shortage because unsafe work practices could lead to injuries requiring nurses to take time off work or reduce the scope of their practice (Mullin, Gillen, Kools, & Blanc, 2015).

Hiring non-nurses as managers in an increasingly complex health care environment is a concerning trend (Haas & Hack Barth, 1997). The Saskatchewan Registered Nurses Association published an article to assist nurses to identify ways to improve patient safety if the non-nurse manager does not effectively manage safety concerns (Blais & Cooke, 2015) which highlights the value of having nurses in these important leadership roles.

As discussed above, the importance of the role of the nurse manager is clearly identified in the literature. Anticipated turnover of nurse managers due to retirements (Warshawsky & Havens, 2014) together with the global shortage of nurses (CNA, 2009; Gillen, 2014; Zinn et al.,
2012) emphasize the acute need to cultivate effective strategies to recruit and develop transformational nurse managers.

**Succession Planning**

Succession planning (SP) is a strategy that has long been accepted in the business community, and more recently recommended for use in healthcare (Blouin, McDonagh, Neistadt, & Helfand, 2006). This strategy is defined as purposeful, long-term strategic planning for future leadership needs (Laframboise, 2011). SP is more than just recruitment and retention; it focuses on hiring, developing, and coaching employees preparing them to meet the demands of future leadership roles (Cadmus, 2006). Implementation of a successful SP strategy ensures the organization continues to achieve its goals by promoting leadership stability (Capuano, 2013).

Although the nurse manager role has been identified as a pivotal position, it is common practice for organizations to focus most of their SP resources on more senior level positions (Brunero, Kerr, & Jastrzab, 2009). By utilizing SP focused on the nurse manager role, organizations can avoid prolonged lags in productivity caused by lengthy recruitment processes followed by orientation periods, when key nurse manager positions become vacant (Brunero et al., 2009).

The Canadian Nurses Association (CNA) identified SP as particularly important during an era of nursing shortages (CNA, 2003). Despite this acknowledgement, the healthcare sector has been slower to adopt SP practices than the private sector (Laframboise, 2011). Several factors explain the slow acceptance of SP by health care organizations. Current leaders are called upon to be talent scouts; however, some leaders see the hiring of talented individuals as a personal threat (Laframboise, 2011). A second barrier to embracing SP in health care is associated with the notion that leaders frequently undervalue the importance of SP in ensuring
organizational goals are met (Blouin et al., 2006). Due to its low perceived value, SP is often not considered a high priority and other projects are attended to first. Thirdly, leaders are frequently reluctant to invest in a strategy that may fail. Time and energy spent developing a certain staff member may go unrewarded. Their professional growth makes them a valuable commodity; therefore, recruitment by outside organizations becomes a realistic threat. Unfortunately, if a promising staff member is not provided with growth opportunities, they are more likely to look elsewhere to further their career (Laframboise, 2011). SP career development programs, can keep nurse leaders committed to their organization, thus contributing to retention of these valuable employees (Warshawsky & Havens, 2014). Cost is a fourth deterrent to SP within health care organizations. While senior leaders acknowledge the cost associated with the development of potential management successors, many fail to recognize the costs associated with being unprepared when management positions become vacant. Recruitment and orientation costs, as well as loss of productivity are often more expensive in the long term than proactively engaging in SP (Laframboise, 2011).

While the direct cost of filling a nurse manager vacancy is significant, there are substantial indirect costs as well. Because the nurse manager has a direct impact on the climate of the organization and thus job satisfaction and engagement among subordinates, any disruption in nurse management can lead to decreased job satisfaction and increased attrition (Laschinger, Wong, Grau, Read, & Stam, 2011; Sellgren, Ekvall, & Tomson, 2008; Warshawsky & Havens, 2014). Additionally, since nurse managers play a critical role in maintaining and improving employee performance, any disruption in nurse management may lead to costly performance problems (Townsend et al., 2015).
Talent Management

Traditional SP strategies continue to be employed, however the stable business environment and talent pools that such practices were designed for no longer exist (Cappelli, 2008). Employees seldom work for one organization their entire career. Aggressive recruitment is the norm, leading employees to shorter tenure with organizations. Traditionally, organizations were hesitant to allocate resources to develop specific individuals for specific roles using the same historical approach (Cappelli, 2008).

In recent years, there has been a transition away from SP toward a more systemic approach to building workforce capacity, referred to as talent management (TM) (Ibarra, 2012). SP has not been abandoned, but rather encompassed under the broader umbrella of TM. Other aspects of TM include recruitment, selection, training, career planning, performance management, retention, and qualified work supply/demand match (Ibarra, 2012). Strategic TM is defined as:

…activities and processes that involve the systematic identification of key positions which differentially contribute to the organization’s sustainable competitive advantage, the development of a talent pool of high potential and high performing incumbents to fill these roles, and the development of a differentiated human resource architecture to facilitate filling these positions with competent incumbents and to ensure their continued commitment to the organization (Collings & Mellahi, 2009, p. 311).

An important feature that differentiates TM from other human resource management practices is that TM focuses on identifying key positions that contribute meaningfully to the organization’s competitive advantage (Collings & Mellahi, 2009). Organizations need to establish which positions, if filled with the right talented individuals, will drive direct strategic
results (Joyce & Slocum, 2012). Identification of key positions allows organizations to focus resources on those positions that will make the most difference to the success of the organization, rather than using costly resources equally across all positions. Disproportionately investing in certain types of employees based on their pivotal strategic contributions will lead to the development of a robust talent pool (Joyce & Slocum, 2012). Failure to invest resources into TM often results in a high degree of attrition of talented individuals and the retention of those who do not meet the needs of the organization (Satiani, Sena, Rugerg, & Ellison, 2014).

While both SP and TM are concerned with ensuring future leadership positions are filled with effective employees, SP has historically focused on preparing individuals for executive level positions, whereas TM identifies high potential employees and helps them develop the skills needed to take on roles considered key to organizational success (Ontario Developmental Services, 2014). In health care these key roles include not only executive level positions but also front-line nurse manager positions (Ontario Developmental Services, 2014; Wendler et al., 2009).

Although SP emerged as early as the 1960’s with a focus on planning for the replacement of the owner or president of a small company due to retirement or death, SP was focused on one individual, often the son of the company owner or president (Trow, 1961). In contrast, TM represents an evolution of human resource management practises and was first found in the literature in the 1990’s focusing on a pool of talent rather than just one incumbent (Gallardo-Gallardo, Nijs, Dries, & Gallo, 2015).

**Nurse Manager Shortage**

CNA (2009) predicts a shortage of nursing leadership within this decade, citing retirement as a causative factor. In 2014, 61% of Canadian nurses were over 39 years of age
Nurse managers are increasingly retiring (Dunham-Taylor, 2013). In addition, a Workopolis survey reported nurses and health services managers are in the top ten most difficult jobs to fill, citing talent shortages, retirements and above average growth in demand (Bromstein, 2016).

Younger nurses are less inclined to take on the nurse manager responsibility (Dunham-Taylor, 2013). The nurse manager role has been reported as having many undesirable features including significant work-life imbalance, little support in the workplace, and emotional and physical exhaustion (Shirey, Ebright, & McDaniel, 2008). These factors coupled with an aging workforce (Mackoff & Triolo, 2008) means there are likely to be significant vacancies for nurse managers now and in the future; thus, TM efforts directed at the nurse manager role are imperative.

Rural health care organizations face even more significant challenges in recruitment and retention of nurses (Aylward, Gaudine, & Bennett, 2011; deValpine, 2014; Stretton, & Bolon, 2008). Although 18% of Canadians live in rural locations, there are proportionately fewer health care providers as compared with urban locations (Kulig, Kilpatrick, Moffitt, & Zimmer, 2015). Nurse managers in rural settings have broader responsibilities than their urban counterparts (Brewer, Zayas, Kahn, & Sienkiewicz, 2006; Paliadelis, 2005). Professional isolation may also make the rural nurse manager role less desirable (Adams, 2016). The widespread nursing shortage means that there are an abundance of competing employment opportunities and nurses have learned to market their skills to enable them to choose the opportunity that best meets their needs (Brewer et al., 2006). The literature acknowledges the difficulty in recruiting nurses into rural health care settings and the difficulty recruiting into the demanding role of nurse manager (Aylward et al., 2011; deValpine, 2014; Stretton & Bolon, 2008). Nurse manager shortages are
expected in rural Canada and there is no research contributing to understanding factors that foster rural nurse manager recruitment.

To make informed decisions regarding how to proceed with TM efforts directed at the rural nurse manager role, it is important to understand the factors that influence a nurse’s decision to pursue a management career in a rural setting. Further inquiry is also needed to understand if or how initiatives put forth by the organization influence the decision to enter management in a rural setting. Finally, if and how nurses who embark upon the nurse manager role communicated to organizational leadership, their desire to take on the role of rural nurse manager requires further exploration.

In rural areas access to further education can be limited by such factors as cost, family responsibilities, travel distances, a lack of support and staff shortages (Riley & Schmidt, 2016). The added challenges for rural nurse managers such as broader responsibilities, isolation, and fewer opportunities, described above, calls attention to the difficulty recruiting into this role (Riley & Schmidt, 2016).

**Purpose of the Study**

The purpose of this exploratory descriptive study is to provide a greater understanding of the factors that inspire nurses to pursue a career as a nurse manager in a rural setting. Understanding these factors can then be used by organizations when designing TM strategies aimed at ensuring the continuity of effective nurse managers.

**Research Questions**

The overall research question is: what factors, within their experiences as a nurse, impacted the decision to pursue a career in nurse management in a rural setting?

This study will explore 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 in a rural setting?

2. How did nurses who succeeded to a nurse manager position demonstrate their desire or intent to become a nurse manager in a rural setting to the leadership of the organization?

3. From the perspectives of rural nurse managers, what strategies were incorporated by the organization to identify potential nurse managers in a rural setting?

**Definitions of Terms**

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

*Talent management:* “activities and processes that involve the systematic identification of key positions which differentially contribute to the organization’s sustainable competitive advantage, the development of a talent pool of high potential and high performing incumbents to fill these roles and the development of a differentiated human resource architecture to facilitate filling these positions with competent incumbents and to ensure their continued commitment to the organization” (Collings & Mellahi, 2009, p. 311).

*Succession planning:* “a strategic process involving identification, development, and evaluation of intellectual capital, ensuring leadership continuity within an organization” (Titzer & Shirey, 2013, p. 159).

*Nurse Manager:* “the manager with 24-hour responsibility for the operation of a patient care unit” (Zori et al., 2010, p. 306).

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

*Talent:* “the pool of high potential and high performing incumbents that the organization can draw upon to fill pivotal talent positions (Collings & Mellahi, 2009, p. 307).
Conceptual Theoretical Framework

Collings and Mellahi (2009) realized, despite much interest in the topic of strategic TM, little theory had been developed making further research on the topic difficult and inconsistent. To provide clarity to the concept, they provided a definition and a theoretical framework to which future researchers can refer (Collings & Mellahi, 2009) (See appendix A).

Within their theoretical framework, Collings and Mellahi (2009) identify four key concepts: identification of pivotal talent positions, development of a talent pool, creation of a differentiated human resource architecture, and identification of outcomes (See appendix A). Briefly, within the organizations’ human resource architecture, talent pools are developed to provide a source of potential candidates to fill pivotal positions resulting in the desired outcomes. These key concepts will be described further below.

A differentiated human resource architecture is one which sets out to create talent pools and ensure key talent is enlisted in pivotal positions. No one approach is recommended, but rather, organizational context must be considered in developing an effective human resource architecture (Collings & Mellahi, 2009). It is within this context that the other concepts are enacted.

Collings and Mellahi (2009) argue that the first stage in any strategic TM system should be to identify those positions which are pivotal to the success of the organization. If a position is considered to have minimal impact on the organization’s ability to achieve its mission and goals, any excessive effort made toward readying personnel for the position may be misguided and resources may be better spent elsewhere.

Once pivotal positions are identified, the development of a talent pool consisting of high potential and high performing individuals is vital. This talent pool provides a source of
employees from which the organization can select effective incumbents to fill the pivotal positions previously identified. This strategy involves recruiting the best people first and then finding a position for them (Collings & Mellahi, 2009). The talent pool strategy represents a shift in approach, whereas traditionally recruitment followed vacancies, this strategy moves toward recruiting before the need arises (Sparrow, 2007).

The identification of pivotal positions and the development of talent pools within the context of a differentiated human resource architecture leads to positive organizational outcomes. These positive outcomes include enhanced work motivation, organizational commitment, and extra-role behavior, all of which are expected to improve the overall organizational performance (Collings & Mellahi, 2009).

The framework put forth by Collings and Mellahi (2009) provides clear conceptual underpinnings, however, for the purposes of this study, a modified version of this framework will be used. In Collings and Mellahi’s (2009) original framework (Appendix A), the components of work motivation, organizational commitment and extra-role behavior are viewed as outcomes resulting from having the right people in pivotal positions. A modified version of Collings and Mellahi’s (2009) framework (Appendix A) was used by Witges, Scanlan, Park, and Uggerslev (2014) (Appendix B) in which urban nurse manager’s perspectives of what influenced them to become nurse managers was explored. Witges et al. (2014) conceptualized the outcomes as mediating variables. In Witges’ et al. (2014) version the constructs of work motivation, organizational commitment, and extra-role behaviors are factors which may shape rural nurses’ potential to enter the talent pool, rather than outcomes. These factors influence whether one is identified as high performing or high potential and thus considered to be part of the talent pool by the organization leading to future succession into pivotal positions.
Further modification to Collings and Mellahi’s (2009) framework identifies these mediating variables not as mediating variables but as perceived factors shaping rural nurses’ potential to enter the talent pool (See Appendix C). In addition, to capture how the organization identifies talent, an additional factor shaping nurses’ inclusion in the talent pool was added based upon a review of the literature. The study retrospectively explores with rural nurse managers, what factors encouraged them to take the career path to become managers.

Since this study seeks to identify the antecedents of becoming a nurse manager, this modified version of Collings and Mellahi’s (2009) framework provides an orienting view and will lend clarity during the data analysis phase of the study. Theoretical frameworks assist the researcher to organize observations into a coherent structure thereby making it more accessible and useful (Polit & Beck, 2012).

Need for Study

Research in the realm of TM is currently in the growth stage in which a variety of research methods are being employed to discover the different aspects of the concept (Gallardo-Gallardo et al., 2015). Previous TM research has focused on middle or senior level managers with a gap in research regarding the perspectives of front line managers (Gallardo-Gallardo & Thunnissen, 2016) such as nurse managers. Much of the previous TM research has been done at the level of large multi-national organizations leaving a need for more research in small and medium sized, non-profit or public organizations (Gallardo-Gallardo & Thunnissen, 2016). Research related to TM in nursing is sparse. Only one small qualitative study explored TM from the perspective of nurse managers in an urban setting (Witges et al., 2014). This present study is unique in that it will delve into the perspectives of rural nurse managers. The scope of responsibility of the nurse manager position in rural locales differs from similar urban positions.
Professional and social isolation also makes recruitment and retention of health care employees more challenging in the rural areas (deValpine, 2014; Paliadelis, 2005; Stretton & Bolon, 2008). This study will provide unique and valuable information that will assist rural health care organizations to fill pivotal nurse manager positions to facilitate effective health care services.

**Chapter Summary**

The fact that the nurse manager plays a pivotal role in the success of a health care organization is undeniable. Their role in enabling the health care team to provide excellent care is vital. In addition, the nurse manager has a significant impact on the climate of the organization which affects recruitment and retention directly. Loss of staff members due to attrition related to ineffective leadership at the nurse manager level is financially costly and presents potential problems with both patient and staff safety.

SP and TM have been identified as important human resource initiatives. A modified version of Collings and Mellahi’s (2009) TM theoretical framework will be used. This study will seek to identify what factors or organizational experiences influenced nurses to pursue rural nurse manager careers, and how these nurses demonstrated their desire to enter management. Exploring these questions qualitatively will provide valuable information to guide health care organizations in the development of their differentiated human resource architecture.

This chapter provided a background to the thesis topic. Key concepts were discussed. The purpose of the study was explained, and research questions were provided. Key terms were defined and the theoretical framework guiding the study was identified and described.
Chapter 2 - Literature Review

Introduction

Even though Canada is expecting a shortage of nurse managers in the coming years (Cziraki, McKey, Peachey, Baxter & Flaherty, 2014), little research has been done to shed light on solutions to this serious challenge. Using the search terms “nurse manager”, “rural”, and “recruitment”, the CINAHL, PubMed, and Scopus databases were searched. Because of the small number of articles produced by this search, no date limitations were applied. For accessibility reasons, only articles available in English and those available electronically were included. A review of the abstracts revealed no relevant articles. Two articles (Cziraki et al., 2014; Paliadelis, 2005) were found that discussed facilitation and support for new nurse managers, only one of which focused on rural nurse managers (Paliadelis, 2005). One article discussed recruitment of rural hospital administrators (Stretton, & Bolon, 2009). Several articles on nurse recruitment and rural nurse recruitment were discovered (Aylward et al., 2011; Brewer et al., 2006; deValpine, 2014; Kulig et al., 2015).

A literature review is important as it provides context of existing knowledge and confirms the need for new research (Polit & Beck, 2012). The goal of this literature review was to synthesize the theoretical and empirical literature related to talent management and nurse manager recruitment. The primary question guiding this search was, what is the state of knowledge development regarding talent management of rural nurse managers?

To provide additional context, this literature review will explore the role and importance of the nurse manager. The concepts of succession planning and talent management in relation to health care and particularly nurse managers will be examined. While strategies such as succession planning and talent management are implemented by most major business firms,
health care organizations have been slower to integrate this process (Bolton & Roy, 2004) and the literature reflects this issue. Empirical research examining the use of succession planning and talent management as it specifically relates to hiring nurse managers is limited.

The concepts of succession planning (SP) and talent management (TM) will inform this research. SP and TM literature was retrieved from searches of the CINAHL, MEDLINE, Business Source Premier, and Scopus databases. Only two articles were found that focused specifically on SP and nurse managers, and only two articles were found discussing TM and nursing, one discussed nurses and the other discussed nurse executives. No TM articles were found that discussed nurse managers. To gain a broader perspective on the concepts, articles pertaining to other professions were included in this review. Additional literature was discovered by reviewing the reference lists found in the articles retrieved. This review includes literature published between 1961-2017 with older literature being included for its historical perspective.

**Importance of the Nurse Manager**

The research clearly indicates the nurse manager role is important (Duffield et al., 2009; Kramer et al., 2010; Laschinger et al., 2011; Lievens, & Vlerick, 2014; Townsend et al., 2015; Zori et al., 2010). The nurse manager is a pivotal position which encompasses a broad array of responsibilities including financial management, human resources and staffing, performance improvement, technology, and strategy (Wendler et al., 2009). Many articles discuss the importance of nurse managers on both organizational and patient related outcomes. Nurse managers play a significant role in achieving optimal patient outcomes (Wendler et al., 2009). Nurse leaders occupy roles from front line management to executive positions (O’Neil, Morjikian,, Cherner, Hirschkorn, and West, 2008). Effective nursing leadership was identified
by the Canadian Nurses Association (CNA) as the second most important indicator of quality work life (Lowe, 2002). Positive work environments increase job satisfaction and staff retention (Duffiel et al., 2010). By ensuring a positive work environment the nurse manager can have an important impact on staff retention (Duffield et al., 2009; O’Neil et al., 2008; Shirey et al., 2008) which is crucial in this era of nursing shortages. Nurse managers are key generators of healthy workplaces, and as such, have the potential to promote increased tenure among nurses and contribute to the development of the next generation of nurse managers (Mackoff, & Triolo, 2008a). One author even refers to these nurse managers as “front-line retention officers” (Ribelin, 2003).

Research indicates effective leadership behavior by managers positively influences job satisfaction of nursing staff (Sellgren et al., 2008). Effective nurse manager performance is essential to the empowerment of staff. Nurse empowerment inspires autonomous decision making and promotes effective nurse-physician collaboration leading to quality patient outcomes (Kramer et al., 2010). Research links better patient outcomes to increased nurse satisfaction and retention (Kramer et al., 2010). Research by Duffield et al. (2009) found that nursing leadership was a statistically significant predictor of job satisfaction and intention to stay in one’s position.

**Why Nurses Become Managers**

Research indicates, over the coming years, as managers in the baby boomer generation retire in ever increasing numbers, it will become increasingly important to understand why nurses become managers (Cziraki et al., 2014; Sherman, 2005). Although younger nurses may have some interest in manager roles, some of these nurses have reported hearing negative feedback about the role from current managers. A focus group of nurses not already in management positions critically analyzed the role of manager expressing many concerns that led
them to question whether the management role would be a desirable position. Some concerns expressed by the focus group included role stress, lack of power, unrealistic expectations, budget constraints, long hours with insufficient monetary compensation, lack of work-life balance, lack of peer support, and lack of job security (Sherman, 2005). In light of these concerns, a conscious effort must be undertaken to understand the factors that drive nurses to take on the manager role, otherwise the future of nursing management and leadership may be threatened (Sherman, 2005).

In a qualitative study which explored motivations of individuals to engage in a nursing career, Newton, Kelly, Kremser, Jolly, and Billet (2009) found placing a high value on caring tends to be a common factor in those pursuing a career in nursing. These caring individuals also tend to sustain a career in nursing with some entering management roles (Newton et al., 2009). Newton et al. (2009) identified that this characteristic of caring when employed by nurse managers was used to help both students and staff feel supported and encouraged in their careers. As an example, one manager stated she would ask nurses about their career goals and then help them find the courses that would help them achieve those goals. This facilitation was a source of job satisfaction for the manager (Newton et al., 2009).

Exploring the influence of personal and situational predictors on nurse’s aspirations to management roles, a survey of 1241 Canadian nurses found nurses who possess a personal propensity towards leadership tend to aspire to nurse manager positions (Spence-Laschinger et al., 2013). These nurses are found to be more intrinsically than extrinsically motivated to pursue management roles (Spence-Laschinger et al., 2013). Research reveals those nurses with a high level of leadership self-efficacy, often take a proactive approach to their career, seeking opportunities for professional development, preparing themselves for leadership roles such as management (Bondas, 2006; Spence-Laschinger et al., 2013). Nurses who have an opportunity
to try out a management role in a temporary position or to work on special projects could learn leadership skills without risking their job, thus enhancing their leadership self-efficacy and making them more likely to pursue permanent management or leadership positions in the future (Wong et al., 2013).

Nurses also identified the manager they worked for as a person who could influence their decision to pursue a management position. In a qualitative study, those who perceived their managers to be effective leaders, as well as those who felt supported by their immediate supervisors were more likely to pursue a management position (Wong et al., 2013).

One small qualitative study explored factors that motivate registered nurses to aspire to nurse manager positions in an urban setting (Witges et al., 2014). Witges et al. (2014) found that by performing interim roles such as supervisor or clinical resource nurse, nurses could develop skills and confidence motivating them to consider the nurse manager role. Fewer opportunities to try an interim role exist in many rural locations, therefore this may not play as important a role for rural nurses. Witges et al. (2014) also found that participants identified having advanced education as a factor that motivated them to become managers. This dearth of relevant literature related to recruitment of nurse managers reveals a gap in the research, which this study addresses. Further, no study has examined recruitment of rural nurse managers.

Some of the reasons nurses become managers found in the literature can be linked to the perceived factors shaping rural nurses’ potential to enter the talent pool. The tendency towards caring speaks to the work motivation influencing these nurses. Those with a personal propensity toward leadership proactively seek opportunities to prepare themselves for leadership roles. This is an example of extra role behaviors. Further research may elucidate whether reasons nurses become managers also relate to organizational commitment.
Why Nurse Managers Stay

Empirical research provides evidence that nurses are concerned with quality patient care and nurse managers are no different. When senior nurse leaders empower front line managers to remain committed to the vision of achieving quality patient care and make it possible for them to achieve quality care related goals, nurse managers are more likely to experience job satisfaction and remain in their positions (Laschinger, Wong, Grau, Read, & Stam, 2011). This study also suggests perceived organizational support is an important factor facilitating goal achievement and job satisfaction thus making attrition less likely. Transformational leadership practices of senior leaders were found to be key in supporting front line managers (Laschinger et al., 2011).

In a qualitative study, Mackoff and Triolo (2008b) found that building a model of engagement within an organization led to an increase in nurse manager effectiveness and longevity in the positions. Five key elements of cultures of engagement were described. A learning culture encourages learning through risk taking. A culture of regard communicates respect for nursing, fostering interdisciplinary relationships and empowering nurses to attain goals. A culture of meaning clearly conveys the organizational mission and values. A culture of generativity encourages mentorship and approachable senior leaders. And lastly, a culture of excellence disseminates high standards and expectations, fostering organizational brand pride (Mackkoff & Trilio, 2008b). Having a good understanding of the factors that encourage retention of nurse managers is vital to those who employ nurse managers and plan for the future of nursing leadership.

Importance of Planning for Future Leadership

The importance of planning for future nursing leadership cannot be underestimated. The CNA (Lowe, 2002) identified nursing leadership as a vital component of nursing quality of
work-life. The Canadian nursing shortage includes nurse leaders at all levels (Laframboise, 2011). Empirical literature indicates the nurse manager role is typically complex and stressful. Nurse managers have reported negative perceptions of the role including work-life imbalance, frequent bad days at work, inadequate support, poor sleep, and emotional and physical exhaustion (Shirey et al., 2008). Considering these negative impressions of the manager role, many younger nurses are not eager to take on such an endeavor (Titzer, Sirey & Hauck, 2014).

To avoid putting our healthcare organizations at risk, commitment to and investment in nursing leadership development is imperative (O’Neil et al., 2008). Perhaps if organizations increased efforts related to leadership development, nurses might find the role of manager less stressful, which may in turn lead to increased tenure in the role.

Experienced nurse leaders and managers possess vast knowledge that goes beyond what can be learned in the classroom. Without planning for future leaders, organizations risk losing vital knowledge as experienced leaders retire or move on (Calo, 2008; Laframboise, 2011). Loss of knowledge accompanying leader turnover contributes to productivity loss, inefficiencies, and contributes to organizational costs (Jones, 2008). By planning for future leaders, knowledge is more likely shared with the next generation. Knowledge sharing will help to ensure strategic and operational effectiveness and continue forward momentum needed to achieve goals (Barginere, Franco, & Wallace, 2013; Beyers, 2006; Capuano, 2013).

In many organizations planning for future leadership is focused primarily on key executive positions (Mensah, 2015). A theoretical article suggests this is an oversimplification however, since planning for such key positions must extend beyond these specific positions encompassing leadership development and mentoring of a much broader group, thereby ensuring a pool of possible candidates when such senior leadership positions need to be filled (Blouin et
al., 2006). If no such pool of candidates exists, organizations may be forced to search for candidates externally, increasing the risk of hiring a candidate who will ultimately fail in the position (Blouin et al., 2006). Entry and mid-level management positions can be an excellent means of preparing people for senior leadership roles. Unfortunately, some organizations have eliminated mid-level management roles, underestimating the impact the loss of development opportunities has on future senior leader succession (Ready & Conger, 2007).

Research identifies planning for future leadership as an effective recruitment and retention strategy (Titzer et al., 2014). Coaching and mentoring talented employees, thus developing their leadership skills, will facilitate employees to have a passion for the organizational values, vision, and mission (Kirkland, 2009). Nurses who see that their organization is willing to invest in them through such activities as leadership development programs are more likely to be loyal to that organization (Bolton & Roy, 2004; Brunero et al., 2009). Without opportunities for career growth, high potential staff may leave their organization to actualize their career goals elsewhere (Bolton & Roy, 2004; Capuano, 2013).

Planning for future leadership in the rural health care setting is of particular importance. Empirical literature illustrates the unique challenges associated with nurse manager recruitment in rural settings (Brewer et al., 2006; Paliadelis, 2004; Riley, & Schmidt, 2016). Advanced educational opportunities which would prepare nurses for the more advanced role of manager are difficult to access in remote communities (Brewer et al., 2006; Paliadelis, 2004; Riley & Schmidt, 2016). Difficulty recruiting nurses adds to the challenge of being a rural nurse manager (Brewer et al., 2006). Theoretical articles identify a lack of research regarding rural nurse manager recruitment and retention, calling for future research in this underdeveloped area of knowledge (Kulig et al., 2015; Stretton & Bolon, 2009).
**Organizational Architecture**

Planning for future organizational leadership is described in the literature using different names. Two common names for this function are succession planning and talent management. Although these two concepts are similar, they are not identical. The following pages will explore each of these two concepts in more detail, providing an overview of the state of the empirical knowledge.

**Succession planning (SP).** Research in SP in general is extensive, with a search of the data base, Business Source Premier, yielding over 9000 articles. SP research with a focus on nurse managers is much more limited. A search of the CINHAL data base revealed 59 articles and after reviewing the abstracts for relevance and eliminating those that were unavailable in English, 14 theoretical and 6 empirical articles were found. The profound difference in the number of articles found in business literature and nursing literature indicates a research gap requiring further study. To provide a broad view of the SP research, this review considers both nursing and non-nursing literature.

SP has evolved over time. Titzer and Shirey (2013) define succession planning as “a strategic process involving identification, development, and evaluation of intellectual capital, ensuring leadership continuity within an organization” (p. 159). Succession planning focuses on forecasting the strategic needs of the organization, identifying individuals with leadership potential, and developing the leadership competencies of these individuals so they will be prepared to step into a leadership role when the opportunity arises (Collins & Collins, 2007; Redman, 2006). This is a proactive process rather than a reactive one (Collins & Collins, 2007). These authors contend that succession planning is not just a matter of replacing employees through recruitment, but includes hiring, developing, and coaching employees to meet the
demands of an ever-changing work environment (Cadmus, 2006). Because the healthcare work environment is constantly in flux, envisioning future needs, identifying required competencies, and creating a plan to enable staff members to fulfill these needs is required (Cadmus, 2006).

The theoretical literature argues that some form of succession planning logically makes sense; however, there is thus far no standard approach to succession planning. Although there are a variety of approaches to succession planning, the effectiveness of such efforts can and should be appraised (Griffith, 2012). An effective succession plan should preserve the organizational culture, commitment, continuity, and vision, and the organization should continue to accomplish its goals as guided by the mission (Griffith, 2012).

In their theoretical article, Bolton and Roy (2004) describe key aspects of succession planning: identify key positions in the organization that require special skills, knowledge, and experience, and, identify new positions that will be necessitated by the needs of the strategic plan, establish a list of required competencies for these roles, and identify which key positions will become vacant within the next 5 years by considering expected retirements, promotions, and career goals of the current personnel (Bolton & Roy, 2004).

Once key positions are identified, potential candidates to fill these roles should be selected. Staff members may self-identify or managers may recommend individuals based on high performance and leadership career goals (Bolton & Roy, 2004). After being identified, those employees keen to pursue leadership advancement can be developed for succession. Learning needs are identified and a plan for development arranged, which includes assignments or projects designed to help the staff member expand his or her leadership skill set. The employee’s progress is monitored and documented. From this pool of well-developed staff members, successors can be appointed for key leadership positions (Bolton & Roy, 2004).
An issue identified in both the empirical and theoretical literature is, support of senior leaders is vital to ensuring the success of such a program. Financial resources are needed to provide adequate education for staff and salary to be paid during educational sessions. Data should be collected to assess the return on investment (Barginere, Franco et al., 2013; Bolton & Roy, 2004; Cadmus, 2006). Some authors report significant return on investment for their succession planning programs; however further empirical research is required (Griffith, 2012). Titzer and Shirey (2013) suggest comparing the costs associated with succession planning programs with the cost savings realized by having reduced manager turnover and decreased recruitment efforts. A balanced score card approach, turning an organization’s vision and strategy into performance measures, is recommended as an effective evaluation method (Kim, 2010). This line of research is important since senior leader support for SP will be more likely if measurable outcomes can be seen.

Researchers suggest succession planning be done in a way that is open and allows staff to self-identify, indicating their interest in future leadership roles, thereby encouraging leaders to consider diverse and multicultural candidates. By allowing staff to self-identify, manager’s tendencies to promote only those who resemble themselves can be avoided (Barginere et al., 2013). Encouraging diversity among leadership candidates may provide some benefit in mirroring the patient population being served by the organization (Cadmus, 2006). In addition, the open process also encourages staff to take responsibility for their own career growth (Barginere et al., 2013; Bolton & Roy, 2004).

Theoretical literature suggests an advantage of succession planning includes ensuring continuity in the growth and development of nursing and the organization (Capuano, 2013). Where succession planning allows time for overlap between the former and the incoming leader,
the intricacies of the role can be learned while the experienced leader remains available for consultation. This overlap between the outgoing and incoming leader is also an important strategy in reducing organizational knowledge loss, which is key to maintaining momentum and growth (Capuano, 2013). Keeping members of the staff informed will facilitate acceptance of the new leader allowing for a smooth transition and decreasing the loss of momentum that can often accompany this type of change (Barginere et al., 2013; Beyers, 2006).

In an ideal situation, the identification and preparation of future leaders should occur several months or even years before the prior leader’s departure from the role (Collins & Collins, 2007). The process of succession planning can be triggered in two ways. The first is when the organization becomes aware of a future position before potential candidates do, such as when the need for a new position is identified to meet future goals. A review of internal staff members will help the organization determine if an external search is required. The second trigger occurs when an individual is identified as a future leadership candidate, but there is no current position available. In this case, the individual is groomed to develop leadership skills and an effort is made to find the individual an appropriate position within the organization or risk losing the individual to a competitor (Collins & Collins, 2007). Collins and Collins (2007) identify succession planning as an important strategic planning method health care organizations must implement to manage the inevitable need for nurse managers. Succession planning programs provide health care organizations with the means to develop talent and retain experienced employees (Collins & Collins, 2007) which is vital during current shortages in health care.

The literature proposes, the benefit of utilizing succession planning is identified as integral to the process of hiring and retaining effective nurse managers (Titzer & Shirey, 2013; Titzer et al., 2014). Some health care organizations use succession planning only for senior
executive positions (Brunero et al., 2009). Where health care succession planning practices are not implemented, or used only at the senior executive level, nurse managers are often chosen based on their excellent clinical skills resulting in nurse managers who lack leadership skills (Titzer & Shirey, 2013).

Recruitment is acknowledged as a key aspect of the succession planning process; authors commonly agree it is good to choose people with strong leadership potential from within the ranks of the staff already present in the organization (Bolton & Roy, 2004; Brunero et al., 2009; Cadmus, 2006; Titzer et al., 2013). In a review of the literature regarding effective SP, Griffith (2012) suggests that future leaders can and should be identified as early as high school with recruitment efforts focused on these young people. In contrast, research by Desai, Lockett, and Paton (2016) concludes that the candidate’s experience, and congruence with the organization is more important than whether the candidate is already a part of the organization, suggesting that organizations should develop internal talent as well as considering external options.

For some, succession planning has tended to focus only on upper level positions such as those in the executive suite (Beyers, 2006; Capuano, 2013). Some health care administrators, however, suggest there is a need to expand that focus to include all levels of staff, creating a pool of potential leaders to fill future positions (Fibuch & Van Way, 2012; Goudreau & Hardy, 2006). Tapping into the younger demographic pool allows the organization to take advantage of the group with the highest potential for development and succession (Goudreau & Hardy, 2006). A study that focused on senior nursing leadership positions in Canada found, working with young nurses early in their career has another advantage. More time is allowed for these nurses to grow in their leadership careers, not only gaining experience at the entry nurse manager level but also
moving on to middle level manager positions thus better preparing them for senior leadership careers (Mass, Brunke, Thorne, & Parslow, 2006).

The literature cautions that organizations that remove the middle level nurse management and leadership positions to save money not only add to the workload of other levels of management, they also run the risk that they will have insufficiently prepared personnel available to fill the executive level positions when they become vacant (Mass et al., 2006). Without well prepared nurses to take over these positions, organizations are forced to hire from outside of the organization. External candidates are less successful in the roles (Mass et al., 2006). This lack of success is sometimes related to a lack of the outside candidate’s integration into the corporate culture, as well as their lack of full understanding of the organization’s strategic direction (Capuano, 2013). The only reference that addressed recruitment and retention of rural hospital administrators indicates, in rural environments, employees are more likely to stay in their roles if they are from a rural environment (Stretton & Bolon, 2009).

A few nursing authors addressed the issue of SP in health care and assert that succession planning should be incorporated into the human resources policies and procedures in health care organizations. This open approach will ensure staff members are aware of the opportunities and view succession planning as a fair process available to all (Bolton & Roy, 2004). This open process will also help young staff members see the organization is willing to invest in their future, making them more likely to want to maintain their employment in the organization (Blouin et al., 2006). Not creating a fair policy-based process risks promising staff members may look elsewhere for employment if they do not see a promising future in their current organization (Bolton & Roy, 2004).
**Talent Management.** TM is a relatively new concept with most of the research published after 2010 (Gallardo-Gallardo & Thunnissen, 2016). Like SP, TM literature in general is abundant with nearly 20,000 articles found in a search of the Business Source Premier database. A search in PubMed and CINAHL for TM related to nurse managers revealed 21 documents. Only two specifically addressed nurses and a few discussed other health care positions.

Considerable ambiguity is found in the literature concerning the conceptualization of the term TM (Collings & Mellahi, 2009; Lewis, & Heckman, 2006). Some use the term TM interchangeably with human resource management, some use TM to describe an evolution of SP, and a third train of thought emphasizes management of talented people with a goal to eliminate less talented people from the organization. Collings and Mellahi (2009) propose a fourth conceptualization which differentiates TM from SP. Several authors identify recruitment and retention of talented employees as central to the concept of talent management (Collings & Mellahi, 2009; Iberra, 2012; Mensah, 2015; Powell, Duberley, Exworthy, Macfarlane & Moss, 2013). What differentiates TM from other human resource management practices is the identification of key positions which positively impact the organization`s sustainable competitive advantage, as well as the development of a differentiated human resource framework to recruit, develop, and retain talented employees to fill these key positions (Collings & Mellahi, 2009; Gallardo-Gallardo, Nijs, Dries, & Gallo, 2015; Mensah 2015). It is this fourth notion of TM that informs this study.

Mensah (2015) in his call for a framework to inform TM research claims, the objective of talent management is to make maximal use of talented employees, while using them in the most relevant way possible. Organizations that implement talent management systems realize
outcomes including employee satisfaction, engagement, motivation, commitment, and perceived
organizational support (Collings & Mellahi, 2009). As talent management helps enhance
employee performance, it facilitates advanced organizational performance overall (Mensah,
2015).

In an article that called for the use of TM in nursing, Haines (2013) describes talent
management as a dynamic process, in which nurses at all levels are encouraged to participate in
leadership activities. An example of these leadership activities is implementing a shared
governance council and appointing a junior nurse to chair the group. The group seeks to
implement best practice and gives control to the nurses doing the work rather than to those in
designated leadership positions. This talent management technique not only helps strengthen
leadership skills at all levels, but also facilitates the identification of talented individuals who
might then be encouraged to pursue formal leadership positions (Haines, 2013).

While talent management is sometimes deemed to be of low priority for organizations
seeking to do more with less financially, Douglas (2013) suggests that focusing on talent
management in health care can be an important way to manage people so that costs are reduced.
Douglas (2013) stresses that financial performance is an outcome and the result of doing many
things right within the organization. Prioritizing healthcare staff by engaging them in a talent
management program which incorporates performance management, succession planning,
onboarding, competency management, and employee development will help staff and the
organization perform better (Douglas, 2013).

TM has received considerable attention in the business literature, however, only one
small study exists exploring TM as it relates to nurse managers. Witges et al. (2014) study
explores nurse manager’s perspectives on becoming a nurse manager and asserts health care
organizations need to use TM to cultivate nurse leaders. While TM is being theoretically developed, the lack of TM empirical literature in nurse management indicates the need for further research.

**Identifying Talent.** Talent is often unclearly defined in the literature by those in the position to hire and promote (Gallardo-Gallardo et al., 2013; Jones, Whitaker, Seet, & Parkin, 2012). Meyers, van Woerkom, and Dries (2013) argue that talent is neither totally innate nor totally acquired but lies somewhere on a continuum between the two. Determining the organization’s position on the innate-acquired continuum can impact an organization’s TM practices. For example, if the organization believes talent is mostly innate, recruitment of talented individuals would be a priority. If, however, the organization believes talent is mainly acquired more emphasis would be placed on development of employees (Meyers et al., 2013). Organizations need not be polarized at one end of the continuum or the other since between these poles is the assumption that talent results from a combination of nature and nurture. Working from this assumption allows organizations to take advantage of both potential for development of existing employees as well as talent transfer when talented employees are recruited and bring pre-existing skills with them (Meyers et al., 2013).

To add clarity to TM, Gallardo-Gallardo et al. (2013) provide a framework to conceptualize talent in which talent is described as a combination of the objective and subjective approaches. In the objective approach, talent is described as characteristics of people including natural ability, mastery of skills and knowledge, commitment to the job and organization, and fit within an organization. These characteristics cause a person to achieve outstanding results. The subjective approach sees talent as people and includes both an exclusive approach in which high
performers and high potential are talent, as well as an inclusive approach in which all employees are considered talent (Gallardo-Gallardo et al., 2013).

In a recent analysis of the empirical TM research, Gallardo-Gallardo et al. (2016) more research on TM issues and approaches in small and medium sized organizations. These authors also identified a need for further exploration of the perception, role and impact of the front-line manager in TM (Gallardo-Gallardo et al., 2016).

Effective identification of talent should not be overlooked as this can lead to improved organizational performance and competitive advantage (Collings & Mellahi, 2009). In one study (Wiblen, Dery, & Grant, 2012), many human resource and business unit managers believed intuition and gut feelings were the best way to identify talented employees. These human resource and business unit managers believed intuition was superior to more structured and analytical processes, even though utilizing accurate data and metrics would make the process of talent identification more effective (Wiblen et al., 2012).

In a qualitative study, Groves (2011) found five key competencies that allowed managers to succeed and be promoted to executive level positions. These competencies include: results orientation, change management, service orientation, relationships, and character. People excelling in all five of these areas succeed in the quantifiable measures of financial outcomes, patient satisfaction, and employee satisfaction allowing senior leaders to identify them as a high potential talent (Groves, 2011).

A review of the use of TM reveals, in parts of Canada’s public sector, employees complete an online talent profile and assessment yearly, including a self-assessment of their readiness and willingness to assume a more advanced role. Supervisors then complete their own assessment of the employee and based on that, conduct “talent conversations” (Glenn, 2012).
This author also stresses, however, the need for further research to evaluate the usefulness of TM practices in Canada (Glenn, 2012).

Both theoretical and empirical literature demonstrates the importance of the role of nurse manager in maintaining optimal health care thus making recruitment and retention of nurse managers an important topic. While there is an abundance of SP and TM research in the business literature, research exploring these topics with a focus on health care and specifically nurse managers, is very limited, with much of the nursing SP and TM literature being theoretical in nature.

**Conclusion**

The old practice of promoting excellent clinicians into the role of manager may no longer be the best strategy as the role of manager requires a different skill set (Satiani et al., 2014). Without sound plans, organizations may lack a proficient talent pool when managers leave their positions (Bulmer, 2013). Due to the rapidly changing nature of our current health care environment, the nursing shortage, and the significance of the role of the nurse manager, it is important to have a well-developed plan for managing the leaders of tomorrow. The utilization of ideas found in the succession planning and talent management literature are valuable.

A lack of research relating to rural nurse manager recruitment indicates a need for this study. Talent management research from the perspective of the front-line manager is minimal, as is research focusing on small and medium sized, non-profit and/or public organizations (Gallardo-Gallardo & Thunnissen, 2015). The literature review revealed the nurse manager role is vital and little is known about why nurses become managers in rural settings and what factors
enhance recruitment of nurses into rural nurse manager positions, therefore the following research questions were used:

1. Prior to succeeding to a nurse manager position, what factors influenced or motivated the decision to pursue a nurse manager position in a rural setting?

2. How did nurses who succeeded to a nurse manager position demonstrate their desire or intent to become a nurse manager in a rural setting to the leadership of the organization?

3. From the perspectives of rural nurse managers, what strategies were incorporated by the organization to identify potential nurse managers in a rural setting?

This study will contribute important information to add to the relatively new body of TM knowledge.

In summary, this literature review explored the role and importance of the nurse manager. Reasons nurses become nurse managers and stay in the role were considered. Succession planning and talent management were discussed.
Chapter 3 – Research Method

Nursing research seeks to develop trustworthy evidence, informing nurses’ decisions and actions within their professional practice. At the centre of this are positive client outcomes. (Polit & Beck, 2012). This chapter details the research design, methods of data analysis, research sample, and setting of the study. Ethical considerations, trustworthiness and limitations conclude the chapter.

Research Design

This study used an exploratory descriptive qualitative design. Drawing from the general principles of constructivist inquiry, descriptive qualitative studies present a broad synopsis of a phenomenon (Polit & Beck, 2012). Believing that multiple interpretations of reality exist, constructivist research strives to understand how individuals interpret reality within their own context (Polit & Beck, 2012). Sandelowski (2004) emphasizes the importance of qualitative research in shaping health care policy that makes a real difference to those served, emphasizing that phenomenological or ethnographic descriptive work [for example] entails high order interpretive work (Sandelowski, 2008). While the findings are to remain close to the data, the researcher is required to interpret the data making the data useful (Sandelowski, 2010). A scarcity of research on nurse’s motivations to become rural nurse managers means those charged with the task of hiring nurse managers may have preconceived ideas about what factors will influence the nurse’s decision to pursue that line of work. These preconceived ideas may or may not be accurate (Bondas, 2006). To gain insights on the subjective and non-quantifiable concept of why nurses become managers in rural settings, a qualitative method is the recommended approach (Polit & Beck, 2012). “Qualitative research methods have the potential to free us from these erroneous preconceptions…” (Munhall, 2012, p.29). Qualitative research generates
knowledge grounded in real human experience (Sandelowski, 2004). The qualitative method falls under the constructivist paradigm. This paradigm values taking apart old ideas and reconstructing by putting ideas together in new ways (Polit & Beck, 2012). The new ideas come from the experiences of rural nurse managers and the meaning these participants ascribe to the phenomenon of what factors impacted the decision to pursue a career in nurse management in a rural setting (Creswell, 2013; Polit & Beck, 2012). With a subjective focus (Morse, 2013), the qualitative method is an excellent way to discover factors that influenced the participant’s journey to the rural nurse manager role as they experienced it. The value of exploratory descriptive qualitative research is that it illuminates and describes the diverse ways in which a phenomenon is revealed (Polit & Beck, 2012). The exploratory descriptive qualitative research design is ideal for this study that seeks to understand the phenomenon of becoming a nurse manager, which is experienced in diverse ways by different people. In this study, the researcher used the descriptive data obtained from rural nurse managers to understand the factors shaping the decision to enter management. This allowed the researcher to see the phenomenon from the perspective of real people who had encountered this experience,

In qualitative research, data are gathered in the participant’s natural setting with the researcher as key data gatherer. Once data are gathered, an inductive data analysis approach is used to search for meaning within the data. The researcher seeks to find themes or patterns within the data. When reporting on the study findings, the researcher uses the voice of the participants by way of direct quotes (Creswell, 2013).

**Setting**

The participants were selected from health care organizations within Southern Health–Santé Sud. Southern Health–Santé Sud is one of the five Regional Health Authorities in
Manitoba covering 27,025 km² with four cities, four towns and one village. Southern Health-Santé Sud is home to 197,000 residents including seven First Nation communities, Métis communities, Hutterite colonies, Francophone communities, a large Mennonite population as well as many other cultures and is the fastest growing population in Manitoba (Southern Health-Santé Sud, 2017).

The researcher conducted interviews with the participants in a mutually agreed upon setting. To help the participants feel comfortable and encourage open communication, every effort was made to select a setting which offers privacy and freedom from interruption. Although video conferencing is gaining acceptance, particularly in the case of rural participants, (Polit & Beck, 2012), the researcher was able to interview the participants face to face. Video conferencing was considered to accommodate for busy schedules as well as distance but was not needed.

**Sample**

The purpose of nursing research is to solve problems relevant to nurses (Polit & Beck, 2012). In this case, the problem is that of ensuring, despite a growing nursing shortage, effective nurse managers are in place to safeguard the future of health care provision in rural settings. All participants experienced the phenomenon being studied and were able to contribute valuable information (Creswell, 2013). Within the constructivist paradigm, qualitative research seeks to find rich in-depth information that illustrates the different dimensions of the phenomenon (Polit & Beck, 2012). The depth of the data collected is of greater importance than using a large sample size (Smith & Bekker, 2011).

The sample was drawn from several rural health care organizations in southern Manitoba. In Southern Health–Santé Sud, there are 54 nurse manager positions. Forty-nine of those
positions are currently filled with nurses holding an active practicing license. The vacancy rate varies, however in 2017 there were 9 nurse manager vacancies and 5 nurse manager vacancies in the first 4 months of 2018. Participant selection was purposive, recruiting a relatively homogenous group of rural nurse managers (Creswell, 2013; Polit & Beck, 2012). Polit and Beck (2012) identify two general goals of purposive sampling; to discover typical examples of the phenomenon of interest, and to allow for the possibility of comparisons across different cases on a dimension of interest. Discovering examples and allowing for comparison makes purposive sampling ideal for this study since it seeks to reveal information that will aid in talent management of a specific group; rural nurse managers, but also allows readers and other researchers to compare findings regarding this group of participants to similar groups in other settings. To reduce the risk that participant’s memory of their journey to management was no longer accurate, recruitment would ideally focus on those with less than five years tenure in the rural nurse manager role. Although those with shorter tenure may have more accurate recollection, the relatively small pool of nurse managers in the region meant recruiting enough participants would be impossible if only the newest nurse managers were accepted. A similar study by Witges et al. (2014) included managers with tenure exceeding 30 years. A purposive sample was used since the invitation to participate was sent out to all nurse managers in the region. All those who volunteered were included in the study.

No specific number of participants is recommended for qualitative research. Instead the researcher should be guided by the data. When data become redundant, and no further information is discovered, data saturation is reached (Polit & Beck, 2012). Typically, ten or fewer participants are required to reach this level of data saturation (Polit & Beck, 2012). While an experienced researcher, with highly developed interviewing skills, may obtain the necessary
data using fewer than ten participants, a novice researcher may require more (Polit & Beck, 2012). Therefore, the researcher’s goal was to recruit up to ten participants. Only seven participants volunteered, and all volunteers were interviewed. Data saturation was achieved with 7 participants since data became redundant and no new information was emerging from the data (Polit & Beck, 2012).

**Sample Recruitment**

After receiving approval from the University of Manitoba Education and Nursing Research Ethics Board (ENREB) and Southern Health Region, a description of the study (see Appendix D) was provided to the regional Chief Nursing Officer. Recruitment for this study targeted nurse managers working in the Southern Health Region of Manitoba. Nurse managers from acute and long-term care facilities, as well as home care and public health were invited to participate. The letter of invitation to participants (Appendix E) was distributed on the researcher’s behalf by blind carbon copy email to all nurse managers by an administrative assistant in the region. A reminder email was sent 2 weeks after the initial invitation as stipulated by ENREB. The researcher planned to contact the first ten nurse managers who indicated willingness to participate in the study, by email, to arrange an interview time. Seven nurse managers agreed to participate. This number was sufficient as data saturation was achieved. Data saturation is said to be achieved when no new information is obtained and redundancy is achieved (Polit & Beck, 2012).

**Data Collection**

Digitally recorded interviews are one of the most common forms of data collection in qualitative research (Fontana, & Frey, 2005; Gill, Stewart, Treasure, & Chadwick, 2008). The primary method of data collection in this study was in depth face-to-face interviews with
participants. After a brief period of small talk to help both the participant and the researcher feel more comfortable, a semi-structured interview technique was used. A semi-structured interview guide (Appendix F), based on the conceptual framework, was used to ensure that all relevant areas of inquiry were discussed (Polit & Beck, 2012). The researcher also considered the information revealed in the literature search when developing questions. Questions that are likely to elicit a one-word response such as “yes” or “no” were avoided to generate richer description about the topic. The researcher also encouraged participants to expand on their answers telling their story in their own words (Polit & Beck, 2012). The interviews were concluded with an open-ended question allowing the participants to provide any information they deemed relevant but did not fit with any of the other questions. Participants were also encouraged to suggest questions that were not asked (Polit & Beck, 2012).

The overarching question guiding this study was: What are rural nurse manager’s perspectives of factors that influenced their decision to become nurse managers? A grid indicating how each question relates to the components of the conceptual framework is included (Appendix G).

The interviews were digitally recorded and transcribed verbatim to provide a data source for analysis that was as accurate as possible. The transcriptions were reviewed and re-read to ensure accuracy. Reflective memos were taken as soon after the interview as possible to record any observations or thoughts about the interview process. These notes contributed to the analysis of the data (Creswell, 2013; Polit & Beck, 2012). Interviews, demographic questionnaires and reflective memos were all used in this study and allowed for method triangulation. This provided the researcher with the means to evaluate the consistency of the emergent data (Polit & Beck, 2012).
In addition to the transcripts and reflective memos, a short demographic form (Appendix H) was used to gather information about the participants. The information gathered included age, gender, education, years as a rural nurse manager, and years as a registered nurse and provides an overview of the sample. The demographic form was completed prior to the commencement of the interview and took approximately two minutes.

Data Analysis

In qualitative research, data analysis seeks to organize and categorize data to extract meaning (Polit & Beck, 2012). The various facets of qualitative data analysis are not carried out in a step by step fashion but rather the aspects of data collection, analysis, and report writing are interrelated, often being done simultaneously (Creswell, 2013). Creswell (2013) details the steps as: organizing the data, reading and memoing, describing, classifying and interpreting data, and representing the data. Although the steps are illustrated separately, Creswell describes the data analysis procedure as a spiral in which the researcher may circle back to previous steps before concluding with a narrative. The researcher followed the guidance provided by Creswell when analysing the data. This process of identifying categories within the data and constantly comparing it with data obtained earlier seeking to determine commonalities and differences is referred to as constant comparison analysis (Creswell, 2013; Polit & Beck, 2012).

Organizing the data can be a challenge. It is common for the data collected during qualitative interviews to be extensive, and this was the case in this study. The researcher organized these data into password protected computer files (Creswell, 2013). Back-up copies of the data were created to ensure no data were lost (Polit & Beck, 2012).

Once the data were organized into password protected computer files, the researcher read through the transcripts and listened to the audio recordings to ensure accuracy of transcription
and to gain an overview of the data. By reading the transcripts over several times the researcher immersed herself in the details. Once this was done, through a process of reflection, the researcher began to write notes or “memos” identifying key concepts that were apparent. Next, by scanning all the data and reviewing the notes the researcher began to identify the major organizing ideas. Disregarding the original interview questions at this stage helped the researcher see the data more clearly (Creswell, 2013).

The next step is central to the qualitative data analysis process. Describing, classifying and interpreting the data was done by formulating categories of data. Using detailed descriptions of what was seen in the data, the researcher developed themes. Although initially, many themes presented, the researcher worked to decrease the number of themes down to a manageable number conducive to writing and reporting on (Creswell, 2013). Utilizing a theoretical framework provided preconfigured categories, also referred to as codes, however, to allow emergent themes to be seen, these preconfigured categories were not focused on initially. Once a primary scan of the data identified any emergent themes, the theoretical framework was used to determine whether, or how, these themes were represented in the data (Creswell, 2013).

By interpreting the data, the researcher discovered the meaning within the data. Beginning with the development of categories, then organizing themes from those categories, the data was abstracted into meaningful concepts. This interpretation was then linked to other interpretations found in the literature (Creswell, 2013).

Representing the data is the final phase of the data analysis process. This was done in the form of a table describing the demographic data as well as text, describing relationships among categories of information (Creswell, 2013).
Ethical Considerations

Researchers are required to ensure the rights of participants are protected (Polit & Beck, 2012). Ethical considerations and ways of managing them began during the process of planning and designing the study (Creswell, 2013). Research then proceeded concretely in an ethically sound manner (Brinkmann, 2013). As suggested by Brinkmann (2013) the researcher was mindful of four considerations when designing a study. These considerations were: possible beneficial consequences of the study, obtaining informed consent, protecting participant’s confidentiality, and the consequences of the study for participants.

When designing a study, the researcher should consider whether there are any possible benefits to doing the study (Brinkmann, 2013). Brinkmann (2013) emphasizes the need for relevance. If there is no possible benefit to nursing or society, it may be construed as unethical to pursue the study. The researchers’ duty to maximize benefit and minimize harm is referred to as beneficence (Christians, 2005; Polit & Beck, 2012). In this case, potential harm was low risk and the possibility of enhancing knowledge leading to quality nurse management, particularly in rural health care organizations, was a clear benefit.

Since participants must agree voluntarily to participate in a study (Christians, 2005) an informed consent form (Appendix I) including adequate information about the study conducted was used. Participants had the opportunity to consent or decline, providing protection for the participants (Polit & Beck, 2012). Study goals, the type of data to be collected, the nature of the participant’s commitment, risks and benefits are all important aspects that were articulated in the consent document.

Privacy and confidentiality must be assured to the participants as a way of safeguarding against unwanted exposure (Brinkmann, 2013; Christians, 2005). Anonymity is the most secure
form of confidentiality protection; however, this is challenging in qualitative research due to the close involvement of the researcher with the participants (Polit & Beck, 2012). The researcher must be unable to connect the data to the participants. To protect anonymity and confidentiality, participants were assigned identification numbers to attach to their data rather than attaching names or other identifiers (Polit & Beck, 2012). Access to the information was restricted to the researcher and the thesis chair only. All data and information relating to the participants was stored in a password protected electronic file to which only the researcher and the thesis chair had access. Any printed material including identifying information was maintained in a secure locked cabinet and will be destroyed as soon as it is practical (Polit & Beck, 2012).

Confidentiality was considered when writing and publishing the study since the target population is relatively small and many may know each other. Names and identifiers were avoided, including any descriptions that might make it easy to narrow down who the individual might be (Polit & Beck, 2012). The use of aggregate data in publications will also ensure participants are not identifiable.

Any consequences that may impact the participants must be considered (Brinkmann, 2013). In this case, there is little risk that consequences will befall the participants. Despite this, the researcher took care to maintain confidentiality so that readers of the study will not know who said what. Finally, the researcher responded to the ethical obligation to report on the data as authentically as possibly even if the data were contrary to preconceived beliefs or aims (Munhall, 2012).

**Trustworthiness**

The importance of conducting qualitative research in a way that produces high-quality useful results is paramount. The term most frequently used to describe this quality of research is
trustworthiness, thought to parallel the standards of reliability and validity in quantitative research (Polit & Beck, 2012). The four criteria for developing trustworthiness suggested by Guba and Lincoln (1982) are credibility, transferability, dependability, and confirmability. Although these have been used by qualitative researchers for decades, there is some controversy surrounding the usefulness of these criteria (Morse, 2015); however, they remain the standard, and no clear guidelines have been described regarding alternative strategies. For this reason, these criteria were used to guide the researcher in this study.

Credibility was used to demonstrate the internal validity of the study (Guba & Lincoln, 1982). Polit and Beck (2012) describe it as “confidence in the truth of the data and interpretations of them” (p. 585). To establish credibility the researcher asked the participants whether they agreed with the researcher’s analysis and interpretation of the data they provided (Guba & Lincoln, 1982). To do this, following analysis by the researcher, several participants were invited to review the emergent themes and analysis by email if they indicated that they would be willing to be contacted on the consent form. Participants were asked to respond within 10 business days. Participant response indicated the emergent themes and analysis are acceptable to the participants.

The extent to which findings can be transferred to or have applicability in other settings or groups is referred to as transferability (Polit & Beck, 2012). Transferability in qualitative research is a collaboration between the researcher and the consumer of the research. The provision of detailed descriptive information allows the consumer to make inferences about extrapolating the findings to their settings, assessing the extent to which the findings apply to new situations (Polit & Beck, 2012). The collection of sufficient thick description as well as the
provision of detailed information about the sample aided in transferability. (Guba & Lincoln, 1982; Polit & Beck, 2012).

Dependability refers to the stability of data over time and conditions; that is, would the findings be similar if the study were replicated using similar participants and context (Polit & Beck, 2012). The development of an audit trail is recommended to ensure that others could independently review the research and come to conclusions about the data (Polit & Beck, 2012); therefore, the researcher carefully documented materials, data, and methods related to this study.

Determining that the data are representative of the information provided by the participants, rather than having been invented by the researcher is referred to as confirmability (Polit & Beck, 2012). By having a second researcher review the data, the sentiments of the participants can be expressed, and the biases, motivations and perspectives of the researcher can be avoided (Polit & Beck, 2012). Therefore, the thesis chair independently analyzed one interview to enhance confirmability.

To conduct high quality research, it is important to be aware of any presuppositions, biases, and emotions that might impact the way the research data are collected and interpreted (Polit & Beck, 2012). This continuous self surveillance, referred to as reflexivity (Polit & Beck, 2012), was facilitated by the researcher’s acknowledgement of personal assumptions (Appendix J), as well as reflective memos previously described.

**Limitations**

Because purposive sampling was used, all participants were recruited from within the same health care region, where regional recruitment policies are in place. The researcher considered the possibility that some of the factors identified in the data are more a reflection of the organization in which they were experienced than a reflection of the phenomenon itself
(Polit & Beck, 2012). In addition, the nurse managers in the sample are all from rural health care settings and consumers of the findings will need to evaluate whether the findings are transferable to those in an urban setting. Lastly, the retrospective interview format relies on the memories of the nurse managers and there is a risk that these memories may have faded and become less accurate over time. Efforts to recruit only those nurse managers with less than five-year tenure in the role could ameliorate this, however, low numbers made this impossible.

**Summary**

This chapter provided a description of the research methods and design used for this inquiry. The setting, sample, and recruitment procedures were outlined. A discussion of ethical considerations and scientific rigor as well as possible limitations was included.
Chapter IV

Findings

The purpose of this study was to explore the factors that motivate or inspire nurses to pursue a career as a nurse manager in a rural setting. A deeper understanding of these inspirational factors will contribute valuable information organizations can use to guide the development of nurse manager recruitment practices. To explore the inspirational factors, all nurse managers in a rural region in Manitoba were invited to participate in this study. Face to face interviews were conducted with the seven full time nurse managers who agreed to participate. These participants are representative of rural nurse managers in the region. All those who volunteered were female registered nurses ranging from 36-65 years of age. Two were diploma prepared nurses while 5 had baccalaureate degrees. None had master's degrees. The length of time worked as a nurse manager ranged from two weeks to 17 years, with 4 to 28 years of nursing experience prior to embarking on a nurse manager career (See table 1). Due to the small number of nurse managers working in this region, the researcher has removed any identifiable description that could compromise the confidentiality of the participants.

The research questions addressed in the interviews were:

1. Prior to succeeding to a nurse manager position, what factors influenced or motivated the decision to pursue a nurse manager position in a rural setting?
2. How did nurses who succeeded to a nurse manager position demonstrate their desire or intent to become a nurse manager in a rural setting to the leadership of the organization?
3. From the perspectives of rural nurse managers, what strategies were incorporated by the organization to identify potential nurse managers in a rural setting?
Data for this study were collected using digitally recorded interviews which were conducted over a 2-month period. Each participant was interviewed once. Each digital recording was transcribed verbatim to a word document. The researcher reviewed the recordings and transcriptions for accuracy and then reviewed the transcriptions several more times immersing herself in the data, making notes, and using constant comparison to identify key concepts within the data. From these key concepts, themes were developed. One interview was reviewed by the chair of the thesis committee. Data saturation was achieved with the 7 interviews as statements became repetitive and consistent themes became apparent.

During data analysis, three themes became evident. i) building confidence, ii) influence of others, and iii) rural roots. The themes building confidence and influence of others were more represented in the data than rural roots.

**Theme 1 – Building Confidence**

A highly developed theme that emerged from the data was building confidence. This theme encompasses the variety of different behaviours or actions that nurses performed both within nursing and outside of nursing that contributed to their professional growth. These behaviours helped the participants gain the confidence required to take on a leadership role as a nurse manager. For most of the participants, management was not part of their planning early in their nursing careers. For all but one participant, who had prior non-healthcare management experience, early career goals focused on developing clinical expertise. The move to include management in their career trajectory evolved gradually as their understanding of the healthcare system broadened because of various experiences throughout their careers. The theme, building confidence portrays this and was represented in five categories: i) volunteering, ii) formal leadership roles, iii) education, iv) front line experience, v) willingness to try, vi) trial position.
**Volunteering.** All participants described some form of volunteerism as a key aspect of their career development. Participants used the word volunteer to describe activities they took the initiative to participate in regardless of whether they were payed or not. Some indicated it was a good way to broaden their understanding of healthcare beyond their own work environment. By taking part in volunteer opportunities (extra-role behaviours), participants exhibited early signs of leadership as change agents, and champions for evidence-informed practice. By participating in various aspects of leadership as volunteers, participants were able to have successes, enhancing their self-efficacy and helping them feel more confident in their ability to succeed in the formal leadership role of nurse manager. Various volunteer and committee work were described. One participant described volunteering as a little bit of exposure to informal leadership.

*I was an informal nurse leader where I was invited to participate in decision making or policy...our manager asked for volunteers to do some of this work. I said sure, that interests me because, if you can influence the work that you’re doing and where it goes, I thought that was a positive opportunity. So, I did it and it was exciting work. I’d never done anything like it! (NM1)*

Another participant explained that volunteering for committee work allowed her the opportunity to work closely with directors of health services and community stakeholders. Prior to volunteering, the participant did not have the opportunity to work closely with directors and stakeholders. She indicated her experience as a volunteer committee member had a positive impact on her decision to pursue the nurse manager role.

*...working closely with directors of health services ...being in contact with stakeholders in the community where this [volunteer work] is all part of, just trying to achieve good*
Participants reported work place committee work as an important way to broaden their understanding of the infrastructure of the organization. Participation in committee work familiarized participants with the variety of different factors that impact decision making at an organizational level. Often nurses involved primarily in direct patient care gain limited exposure to matters that influence decisions regarding how that work is done, or why they are expected to do the work a particular way. One participant found that volunteering for committee work gave her the opportunity to see someone role model leadership for her.

*Working on policy and procedure committees...staffing committees...infection control...and seeing how groups of people work together and the leadership within each of those committees in how they handled the group... (NM6)*

While the category, work related volunteer opportunities was well represented in the data, volunteering outside of work also represented an opportunity for nurses to build confidence in their own leadership skills and abilities. One nurse described volunteerism in her personal life.

*I have always taken initiative on different projects, worked well as a team, on different things, even in personal life, taking on different roles, starting different projects and kind of being the lead of it. (NM7)*

Her experience of leadership in volunteer settings in her personal life helped her develop the confidence to believe she would be able to succeed as a leader in her professional life also.

One participant identified her work with the local nursing association as beneficial. Her volunteer work with the nursing association facilitated her learning regarding contracts and staffing concerns; and gave her the opportunity to demonstrate her leadership abilities. She was
then identified by a leader within her workplace who offered her encouragement to further her education, so she could pursue a management position in the future.

In a less formal way, another participant volunteered by making herself available to cover for other staff members when they were unavailable.

*If any of my colleagues were gone...I would just cover...because I wanted to get a good idea of what every single person did in the office. So to me I’m all about clarity. I have to know 100%.* (NM6)

For this participant, understanding not only her role, but the role of others contributed to her confidence in her ability to lead in the nurse manager role. Similarly, another participant described her enjoyment of taking over the charge nurse duties when the clinical resource nurse was on vacation or away at meetings.

*I very willingly took her mornings when she took days off, to do her [duties] on the floor. I thoroughly enjoyed mentoring and leading the new nurses...just giving guidance in a clinical resource sort of way.* (NM4)

She enjoyed problem solving and providing guidance to junior staff members.

Yet another participant expressed her surprise at discovering she enjoyed assisting her manager with problem solving.

*Being the full-time nurse that the other nurses looked to, to know the things, to answer questions, to problem solve, to help sort out staffing difficulties. It got to the point where our manager would say, OK...we’re going to be short a nurse this weekend, what do you think the best solution is? And I was able to come up with the answers. And then I think that was what gave me the thought that, that’s something I could do, and I actually like doing this, I hadn’t thought I would even like that before.* (NM1)
Formal Leadership Roles. Another important strategy used by participants to enhance their confidence prior to aspiring to the nurse manager position was to work in formal leadership roles. This strategy was well represented in the data. One participant described her decision to work as a nursing supervisor as a way of overcoming some of her uncertainties about the nurse manager role.

*At least the supervisor’s a really good step to try it [nurse manager role]. Is this something I want to do? It’s not the full scope but it does give me an idea of how to manage people and how to manage workload.* (NM5)

Even a non-nursing experience was considered valuable. One participant related the impact her pre-nursing experience had on her nursing career pathway leading to nurse management.

*I worked in retail and...after a couple years of working in retail, I was promoted to a supervisory position...an internal process that recognized qualities or skills, or abilities in myself and so I gained experience in, supervising people, hiring, doing orientations, the business aspect of retail.* (NM2)

She went on to describe how, due to her past experience, early in her nursing career she felt confident in working on committees and from there was quickly encouraged to apply for a management position.

Another participant felt that her role as a team member working on regional policies, while not supervisory in nature, was pivotal in developing confidence for the managerial role.

*Being a part of [an interdisciplinary team] you sit at different leadership tables listening to what’s going on around...policies and procedures and in different...*
areas...getting a feel for how things work and that then has helped me to understand the whole process of the organization. (NM7)

This participant stated her role as an interdisciplinary team member was such a rich experience that she would recommend anyone seeking a nurse manager career, should work in an interdisciplinary team first. The role allowed her to see how various disciplines and experts worked together to operationalize quality patient care while respecting budgetary restrictions.

**Education – Learning to Lead.** The theme, building confidence was also expressed by some participants in their discussion regarding their education prior to taking on the nurse manager position. Although obtaining advanced education in management was not a factor for all participants, for some it was an important part of developing confidence in their ability to perform the nurse manager role.

*When I was working front line nursing, I had a drive to do more...I wanted to take more courses...I did not want to go for my Master’s, but I still wanted to have a challenge of taking some kind of education. Somebody at work said, well there’s a Health Services Management Certificate Program...so that’s what I did. (NM 5)*

Another participant discussed how mentors in her organization were instrumental in her decision to pursue further education.

*[Mentors] were really encouraging me to use what they were seeing, or thought they saw as sort of natural leadership skills to be able to, um, play a more significant leadership role. (NM 3)*

The participant's mentors encouraged the participant to upgrade her education since she was educated as a Licensed Practical Nurse, and the organization required nurse managers to be Registered Nurses with a minimum of a nursing diploma.
Not only was formal education valued by participants, but self-learning was also a confidence builder. When describing how she prepared for and overcame hesitation about the nurse manager role one participant said,

*I read a lot of books. I did a lot of self-teaching...I read everything from organizational theory to human resource management...a book called How to Run a Successful Meeting. (NM1)*

This participant indicated self-learning, as well as seeking support and guidance from experienced mentors effectively helped her overcome uncertainty about the nurse manager role.

One nurse described feeling supported by the organization when the organization provided free educational sessions delivered during paid work hours. These education sessions were important not only for the content they provided but also for the opportunities to develop relationships with other managers.

*We had several opportunities over the course of two years to attend education sessions and workshops. We got quite a bit of education because it was an identified organization [need]. It was really neat because we got to know some of the other managers in other programs really well. It fostered an amazing sense of teamwork. So, you could call up somebody ... if you were wrestling with a problem around whatever. And because you'd both been at the same workshop, you could now have a productive conversation and both of you feel supported.” (NM1)*

**Front Line Experience.** Participants made it clear that one of the most important aspects in building confidence to perform the leadership role as a nurse manager was clinical competence. Participants indicated clinical experience contributed to their confidence when making decisions and problem solving in the nurse manager role. One participant described her
clinical expertise as helpful for the nurse manager role because it helped her see things from the perspective of the nurses she managed and gave her experiences to draw from when answering staff members questions.

*I understand the problems that the clinicians have for their clients. Sometimes…you’ll see your client and you only see the black and white. Sometimes we forget about the little things... “I don’t understand why his behavior is so funny” [staff member discussing client concern with manager]. It’s the simple things, what about a urine test...As well, not all my clinicians are nurses, some are OT’s, some are social workers. And they don’t have that [nursing assessment] skill. So, when they call me and ask about... I can dictate to them, go here, not there, and it helps. (NM6)*

Another participant felt confident in trying the nurse manager role after years of front line nursing experience. Participants indicated that beyond the managerial skills of scheduling, budgeting, and human resource management, an important aspect of their role was to be a knowledgeable clinical resource for the staff they manage. When asked what experience was most useful prior to aspiring to the nurse manager role, one participant said,

*I had over 23 years’ experience as a front-line nurse, here at this facility...I’ve had lots of experience in knowing what needs to be done and where to find the answer if I don’t know. (NM7)*

**Willingness to Try.** The expectations and responsibilities that were part of the nurse manager role far exceed the usual obligations that accompany the front-line nurse role. Nurses who endeavor to take on this responsibility must have a willingness to try a new role that is perhaps daunting to them. One participant explained one of the most important things she did in her career leading up to her succeeding to a nurse manager position.
...being fluent in nursing, not being afraid to try anything in nursing. Once you’ve reached that point in your nursing career, I feel, if you want to go to a manager position, you’re ready. Be willing to try anything. (NM6)

Another participant described her willingness to try new experiences.

I just have always taken initiative on different projects...worked well as a team...and even in personal life, taking on different roles. (NM7)

Trying new experiences by volunteering for committee work enabled another participant to demonstrate her readiness for the nurse manager role.

Ability comes through looking for different opportunity in whatever position you’re in. So that means that when I had the opportunity to volunteer to do a special project, even though our manager...made it clear that it was going to be unpaid, I took it. When I had the opportunity to demonstrate leadership through a clinic move, and to be a change adopter or change resister, I chose to be a change adopter...So that starts to speak to ability. (NM1)

**Trial Position – Weighing the Risk Versus the Benefit.** Participants accustomed to working in the relatively secure environment of a unionized position expressed apprehension regarding moving into the non-union nurse manager position. They feared that if they left their position to try the nurse manager role, they would risk seniority and job security for a job they were not sure they would like or be able to do well. When asked if she felt hesitation in taking on the nurse manager position, one participant answered:

Yes, very much! It’s a big decision which is why they offered it to me as a 6-month term so that if it’s not something that I want to carry on, I can go back to acute care. (NM4)
While there is often apprehension on the part of the nurse transitioning into the nurse manager role, there can sometimes also be uncertainty on the part of those doing the hiring. In one case the organization wanted to ensure the employee was a good fit for the position before committing long term.

*It was a term to begin with because they wanted to kind of trial it to see how things went.*

*When it came up for it to go permanent, I had to reapply.* (NM6)

Another participant expressed uncertainty that the nurse manager role would be the right position for her but felt that due to age and years of service in nursing, the risk was acceptable.

*I thought I might not like it, not really sure if I would like it. I didn’t think the opportunity would come up again… And just decided that if I didn’t like it, I could either retire or find another job. So, I thought I would just take a chance.* (NM7)

The ability to try a role in a term position or to have the option of retirement reduced the sense of risk these participants felt thus giving them the confidence to try.

**Theme 2 – The Influence of Others**

Nurses do not work in isolation. They observe and are observed by others in their roles as professionals. The influence others had on participant's decisions to pursue a career as a nurse manager emerged in the data. The influence of others was further classified into 3 sub-categories; i) encouragement, ii) striving to emulate a role model, and iii) the desire to do better.

**Encouragement.** Participants identified the encouragement of others as a key factor in their decision to pursue a nurse manager career. In three cases, participants did not recognize they had the skill set needed for the management role until someone else identified it. For some, being identified by others as having the ability to do the nurse manager role and receiving encouragement initiated the thought process to consider the career move. For others, having
someone identify their skills gave them the confidence to try working in a position they had been considering.

It does bring up a conversation I had with my manager even prior to this position coming open...She’d asked if I ever, If I’d ever considered management. And I said, "no, not really," because I didn’t think I had the qualifications and skill set. She did encourage me even before that second conversation. [The manager] said, "I think you could do that. I think that would be something that you might do well in." So, I did have a conversation, but it wasn’t that it was something that I was interested in doing. It really, for me, was more that other people came to me said, "hey, you should think about this". (NM1)

Other participants also described being identified for leadership by others. Having others identify leadership qualities in them helped open their minds to the possibility of taking on a formal leadership role as a nurse manager.

I was being encouraged to apply for the manager position. I don’t think I felt as though I was ready to take on the whole program, but apparently, I was, or other people thought I was. (NM2)

I had two mentors that really strongly...influenced me and that was really the factor. I didn’t explore it much beyond that, other than having two mentors, one of them was in the organization...and one outside the organization, really encouraging me to use what they were seeing, or thought they saw as sort of natural leadership skills to be able to, play a more significant leadership role here... (NM3)

Volunteering was previously described as a way participants developed confidence. Beyond gaining experience and building confidence, volunteer work can also be a powerful
networking tool. One participant identified her experience leading groups in church and community projects as developmental experiences which offered her the opportunity to develop relationships with influential people.

_I had joined a local health involvement kind of a group in the area where I lived here in [town] actually. And there was a local nurse manager at one of the local facilities who was leading that on behalf of the regional health authority. And we hit it off really well right away…a position became open…for a nursing supervisor. I was working ...in the city at the time and he said, “you should apply for that”. (NM1)_

During her time as a volunteer this participant was able to develop a relationship that served a mentorship role. This volunteer experience allowed this participant to not only feel confident in stepping into a management role, but also enabled her to feel comfortable to move her career away from the city to a rural setting.

Not only did participants feel encouraged by leaders to seek the nurse manager role, one participant describes having been encouraged by non-leadership staff members.

_The position was open here and staff that I worked with here had asked me to apply._

_(NM7)_

Being encouraged by her peers helped this nurse feel comfortable transitioning to the nurse manager role.

One participant described being encouraged by her manager to take on the role of the clinical resource nurse. This was not a nurse manager role, but it did serve as a stepping stone to eventually entering a nurse manager position.

_As I gained more experience and took some courses, I was approached by my front-line manager to consider taking on a clinical resource nurse role. I got a lot of_
encouragement from her to say, you know what, you could certainly do this, and I think you’d be great. (NM5)

The encouragement to take this initial step was important in this participants career journey toward nurse management.

**Striving to Emulate a Role Model.** In some cases, managers and leaders of the organization had the ability to influence participant’s career plans by the example they set. Observing an effective, fair, and competent manager or leader inspired some participants with the desire to provide strong leadership. The participants saw the manager position as an opportunity to put optimal leadership into practice thus having a positive impact on staff satisfaction and impacting healthcare provider’s ability to provide excellent patient care.

*One manager in particular...one of the reasons I’m doing this, because she seemed to really enjoy her job. She’s very dedicated, and passionate and enjoying it. (NM7)*

Observing the example of others inspired some participants to seek manager positions, even though they were young or lacked advanced educational preparation.

*If she can do it, I can do it. (NM1)*

In addition to inspiring participants to take on the role of nurse manager, the example of others encouraged participants to perform the nurse manager role in a certain way.

*There was one nurse manager in the [organization] who returned every single email every day. And I aspire to be her because I was like everybody who loved it. You get an answer back, and her answer may be, “I have no clue, I will find out”. Great. Now I know where you stand. Your’re not ignoring me. And so that was something I tried to embody... (NM1)*
Seeing this manager performing the role in a way that she admired and respected allowed this participant to envision herself doing performing the nurse manager role in a similar way.

**The Desire to Do Better.** A less pronounced theme was the desire to do better. Participants identified they had witnessed situations in which nurse managers were ineffective. This ineffective leadership resulted in staff dissatisfaction and difficulty maintaining adequate staffing levels. The staffing challenges led to difficulty providing quality patient care. Seeing a manager negatively affect patient care disappointed these participants and inspired them to take on the manager role so they could impact patient care and outcomes in a positive way.

*I had…a variety of nurse managers as I grew in my career. I saw many different styles and found that, you know, sometimes you always hope that you could maybe do better in some situations that what you witnessed.* (NM6)

Even when participants identified the influence of others in a negative way, those others were still able to influence the career choices of the participants. This influence also provided participants with an opportunity to learn from what they identified as the mistakes of others. One participant described how she developed leadership skills out of necessity when the director was not providing the leadership necessary to ensure patient safety.

*[My interest in becoming a nurse manager] started a number of years back with some upheaval on the [care unit] with the director of health services we had at that time. We had a lot of nursing shortages and patient safety was a big issue. I think just through the whole process, just becoming more involved in attempting to provide good patient care and adequate staffing, that’s where my interest was aroused.* (NM 4).
Theme 3 – Rural Roots: Giving Back to the Rural Community

One of the goals of this research was to discover factors that rural nurse managers perceived as having shaped their transition from clinician to manager. Particular attention was given to discovering factors that influenced participants to seek nurse manager positions in rural settings. Several participants identified they had grown up in a rural community or had families in the area.

I’ve always grown up rurally and I have worked in the (city) and thought that it would be nice to kind of give back to the rural community. (NM5).

When asked what impacted her decision to pursue a rural nurse manager position, one participant stated,

When I was a young LPN (licensed practical nurse) I worked in a rural area. I was born and raised in a rural area. Married a farmer. (NM 3).

Having a connection to the rural community by being married to a rural person or having other family connections in the area can be an important driver of the decision to seek a rural nurse manager position.

Another participant described her rural roots as the reason she chose to bypass urban job opportunities in favor of those located in the rural setting.

I am from rural Manitoba so that was a factor for me...my roots are rural Manitoba so this has been quite intentional. I would have had the opportunity to apply for jobs elsewhere in the cities of Brandon or Winnipeg but I have chosen to remain in rural. (NM2)

The participants in this study wanted to work in their communities of origin. It was important to them to be able to contribute to the health and wellness of their community members.
Summary

This chapter discussed 3 themes the data revealed as being influential factors shaping nurse’s decisions to enter rural nurse management; i) building confidence, ii) influence of others, and iii) rural roots. Within the first theme, building confidence, numerous sub-themes emerged from the data. Participants clearly expressed the importance building confidence had on their career trajectory toward nurse management positions. Participants indicated various experiences they encountered throughout their careers that contributed to them seeking nurse manager positions. Confidence was developed through participation in committees and other volunteer opportunities. Education and clinical experience contributed to their degree of confidence. Working in a non-management leadership role or working in the management position for term, as well as a willingness to try new things were also effective ways participants were able to enhance their belief in their ability to perform the management role successfully. The second theme, influence of others, demonstrated how participants observed, listened to, and evaluated what other leaders said and did, using this information to help shape their thoughts on their own abilities and strategies for management. Finally, the importance of giving back to or working within rural communities featured as an important factor shaping the career plans of participants.
Chapter V
Discussion of the Findings

Encompassing a broad array of responsibilities, the nurse manager role is pivotal in healthcare (McSherry et al., 2012; Wendler et al., 2009). An effective nurse manager facilitates and supports frontline staff, enabling them to provide excellent client care, and in doing so, contributes to staff satisfaction and retention (Duffield et al., 2010; McSherry et al., 2012; Townsend et al., 2015). As a growth industry, keeping up with the demand for effective and qualified nurse managers challenges healthcare leadership (Barua, Palacios & Emes, 2017). An aging workforce means that high rates of retirement will contribute to nurse manager shortages and demands of the role make it undesirable to many young nurses (Dunham-Taylor, 2013). Factors such as broader responsibilities in rural areas, and professional isolation further add to the challenges faced by rural healthcare leaders when recruiting nurses into this vital role (Paliadelis, 2005; Riley & Schmidt, 2016).

This chapter discusses the study’s findings within the context of the current evidence about rural nurse managers. The findings of this study provide insight into rural nurse managers’ perceptions of factors that shaped their transition from clinician to manager. By reflecting on their career trajectory leading up to their transition into the nurse manager role, participants were able to identify and describe factors that motivated or influenced them to pursue the nurse manager role. The influential factors identified in this study provide valuable information guiding health care leaders in their approach to nurse manager recruitment. Since people can be a valuable source of sustainable optimal organizational performance (Gallardo-Gallardo et al., 2015), nurse manager recruitment is vital to health care organizations.
A modified version of Collings and Mellahi’s (2009) strategic talent management framework provided guidance to the researcher as she sought to interpret and communicate the findings from the data in a meaningful way (see Appendix C). Using the framework as a guide, the data obtained from interviews with seven rural Manitoba nurse managers regarding factors shaping their potential to enter the talent pool, were analyzed. The components within the framework will also guide the discussion of the study’s findings. The information revealed in this study adds to a growing body of evidence and provides valuable insights to health care leaders seeking to recruit effective nurse managers.

**Work Motivation**

The first factor identified in the framework is work motivation. Collings and Mellahi (2009) borrow from Pinder (1998) when they describe work motivation as a “set of energetic forces that originates both within as well as beyond an individual’s being, to initiate work-related behaviour and to determine its form, direction, intensity and duration” (p.11). Motivation develops psychologically, resulting from the interaction between the individual and the environment (Latham & Pinder, 2005) and is described in the literature as both intrinsic and extrinsic. Intrinsic motivation is defined as doing something for its own sake. Extrinsic motivation is defined as doing something for instrumental reasons, for example, to obtain an external reward (Toode, Routasalo, Helminen, & Suominen, 2014). Motivation is considered essential to the effectiveness of a workplace and is important both directly to individual nurses and contributes to patient safety and best practice (Toode et al., 2014; Galletta, Portoghese, Pili, Francesca, & Campagna, 2016).

Work motivation was viewed by the researcher in two different ways. Work motivation was seen as the factors that enhanced participant’s motivation, or desire to do more or to take on
the advanced role of nurse manager. This will be referred to as ‘being motivated’. In addition, work motivation was also viewed as a characteristic that was demonstrated by participants. This will be referred to as ‘demonstrating motivation’.

**Being Motivated**

In this study, work motivation was an important factor shaping the career path from nurse clinician to nurse manager. The framework guiding this study indicates that work motivation is an antecedent to entering the talent pool from which nurse managers are chosen. Several factors that enhanced participant’s motivation to do more or to take on the advanced role of nurse manager were identified in this study and support the framework.

Work motivation prompted by the personal satisfaction derived from impacting the effectiveness of the workforce is identified as a factor that motivated nurses to become managers (Jarnigan White, 2015). The desire to have a positive impact on patient outcomes was identified by several participants in this study as well. This finding resonated with Wong et al.’s (2013) findings in that having a sense of meeting a need in society by having a positive influence on how patients are cared for was a motivating factor for participants considering becoming managers.

One participant described working with a manager who was perceived to be *good* at her role. The manager was viewed by the participant as one who did an excellent job of engaging staff and enabling them to provide excellent care. This participant found inspiration in witnessing this effective manager, leading her to eventually seek a nurse manager role. This finding supported the work of Wong et al. (2013) who found that working for an effective manager inspired interest in leadership roles.
Two participants recounted negative experiences in which they witnessed ineffective managers. In these situations, the participants perceived that patient care and staff satisfaction were negatively impacted and this incentivized them to take on a manager role to improve the situation for both patients and staff members. Cziraki et al. (2014) described similar findings explaining the desire to be involved in changes that positively impact patient outcomes and work environments is an important factor attracting nurses to the manager role. This study’s findings were similar to Bondas’ (2006) study whereby both positive and negative role models drive nurses to seek leadership positions enabling them to enact positive change.

Viewed through the lens of self-determination theory, work motivation is impacted by the innate psychological needs of people for competence, autonomy, and relatedness (Deci & Ryan, 2000). Experiences that help nurses meet these needs enhance work motivation, facilitating their entry into the talent pool. Self-determination theory was supported by this study’s findings as participants described their needs for competence, autonomy, and relatedness. One participant described meeting these needs within her role as a clinical education facilitator indicating the role was instrumental in motivating her to pursue a nurse manager position. She indicated that being part of a staff development team afforded her the opportunity to take part in team projects related to policy and procedure, best practice, and accreditation standards. These teams included representation from various disciplines. Nurse managers were included in some of the project work and the participant was able to develop relationships with them and observe aspects of their role. These relationships provided mentorship to this participant. This experience motivated the participant to pursue the nurse manager role. This is consistent with Wong’s et al. (2013) findings that incentives to pursue a management role included observing positive role models and having the opportunity to shadow managers. Witges et al. (2014) identified mentorship as
an effective strategy for career mobility among nurses seeking a management role in an urban setting.

Several participants in this study also expressed their belief that it was important to develop clinical expertise prior to embarking on a nurse management role. They wanted to be confident in their ability to guide staff members when clinical questions arose. A similar study by Weaver Moore, Sublett, and Leahy (2016) also revealed that nurse managers viewed clinical expertise as an important precursor to taking on the management role, but for a different reason. Their study found nurse managers viewed clinical expertise as a way of demonstrating to those one is managing that you know what it is like to do their work. The attainment of excellent clinical knowledge and skills motivated these nurses to seek the advanced role of the nurse manager.

Appraisal support consisting of reassurance in abilities and acknowledgement of efforts increases the likelihood that a nurse will pursue a management career (Bulmer, 2013). Bulmer (2013) suggests a supervisor may influence the development of leadership aspiration in nurses by demonstrating appraisal support behaviors. Organizational support in the form of being identified as a talent by organizational leadership impacts motivation and self-esteem further improving performance (Gallardo-Gallardo et al., 2013). Several participants described being encouraged by others to seek the nurse manager position. Usually these others were people working in leadership positions within the organization; however, one participant said when the nurse manager job became available, she was encouraged by front line staff to apply. Social contexts that provide support for self-efficacy and autonomy were found to enhance intrinsic motivation and strengthen aspirations (Desi & Ryan, 2009). Bandura (1997) identified verbal encouragement as an important factor in developing one’s self efficacy. Development of a
nurse’s self-efficacy facilitates motivation to take on the nurse manager role. Likewise, being identified by a manager or director as a potential management candidate was perceived by nurses as a reward for good performance, enhancing confidence and motivation (Cziraki et al., 2014). Witges et al. (2014) also found that nurses encouraged to take on the role of nurse manager often did.

Education was identified in this study as a motivating factor when considering taking on a nurse manager position. Two participants described their desire to “do more”, leading them to seek advancement in education. One participant took a certificate course in health care management, while another participant returned to university to complete a baccalaureate degree in nursing. They felt more prepared to take on the nurse manager role with this additional education. This finding aligns with previous studies (Bulmer, 2013; Laschinger et al., 2011; Toode et al., 201; Witges et al., 2014). Higher levels of education are also found to be predictors for leadership aspiration (Bulmer, 2013).

Demonstrating Motivation

Demonstrating motivation was another way participants in this study were able to enter the talent pool. Achieving advanced education was described above as a factor that enhances work motivation leading participants to enter the talent pool; however, education is also a way participants demonstrated they had work motivation thus increasing the likelihood of being identified by organizational leadership as part of the talent pool.

Participants also demonstrated their motivation to expand their work beyond bedside nursing by trying and taking part in interim leadership roles prior to becoming a nurse manager. Roles such as nursing supervisor, and even non-nursing supervisory roles, were ways in which participants demonstrated their motivation to engage in leadership work. A similar study by
Witges et al. (2014) also demonstrated performing interim leadership roles served to help participants develop skills needed to perform the nurse manager role giving them the confidence to try the role when the opportunity arose.

Although participating in a leadership role demonstrates that participants are motivated to do such work, the leadership role experience also served to motivate participants to seek a nurse manager role. Some described working in a supervisory role prior to embarking on the nurse manager position and indicated that, while the two roles were not identical, they were able to hone such skills as problem solving and conflict management. One nurse took on the role of nurse manager in a temporary position before committing to the position long term. These situations presented opportunities for participants to gain confidence in leadership skills and to demonstrate their motivation to do leadership work. Bandura (1997) describes this experience as developing self-efficacy suggesting as a person tries new skills and has success at them, their belief in their ability to achieve such success grows. In this way, the study participants were able to try leadership skills and develop self-efficacy in their abilities leading them to believe they would be successful in the nurse management role, thus motivating them to seek the position.

Although described earlier as a way to observe role models, the clinical education facilitator role also provided one participant with the opportunity to demonstrate high level job performance. Together with motivation and ability, opportunity has been identified as an important variable impacting work performance (Boselie, Dietz, & Boon, 2005). Gallardo-Gallardo, Dries, and Gonzalez-Cruz (2013) argue that the concept of fit is crucial when considering an individual’s talent since some job contexts provide more opportunities for advanced skill performance than others. Because of the opportunity afforded her by the clinical education facilitator role, this participant’s fit within the role allowed her to demonstrate her
drive to do leadership work, assisting her to enter the talent pool and eventually succeed to the nurse manager role.

**Organizational Commitment**

The second factor shaping rural nurses’ potential to enter the talent pool identified in the framework is organizational commitment. Collings and Mellahi (2009) assert that organizational commitment, or how strongly staff members identify with an organization, is a key factor impacting talent management and thus influencing the level of organizational performance. People who see the organization’s values as largely similar to their own are likely to have a higher level of organizational commitment and, as a result, also have a higher level of work performance and enter the talent pool from which nurse managers may be hired (Collings & Mellahi, 2009). Organizational commitment is important since high value human capital is pivotal to an organization’s success, and the unique skills of leaders such as nurse managers can be difficult to replace (Gallardo-Gallardo et al., 2015).

Six participants worked in the same organization for 6 or more years prior to becoming a nurse manager. Their tenure in the organization is a strong indication of organizational commitment as without this commitment, participants may have sought employment elsewhere. Two participants felt such a strong affiliation with the organization that they highly recommended anyone seeking employment in health care apply to work in this region. Another participant described her commitment to the clinical program she oversees explaining she values the service the program provides to the local population. Cziraki et al. (2014) describes passion for a patient population or specialty as an important factor in organizational commitment and retention of nurse managers.
Another participant articulated she would not have considered seeking a nurse manager position outside the organization. The participants in this current study demonstrate commitment to their organization on a regular basis. Four participants stated they worked long hours for no additional pay and all participants commented that the job of nurse manager was *a lot of work*. Nurses who are less engaged or committed to the organization are less likely to seek out leadership roles. Strong autonomous motivation such as that demonstrated by the participants in this study has a positive effect on well-being, work satisfaction, and work attachment making these employees more committed to their organization (Galletta et al., 2016). A concept analysis of the meaning of talent in the world of work identified commitment to both one’s work and to one’s organization as a characteristic of people who have talent (Gallardo-Gallardo et al., 2013).

Age, tenure, and ties to the community are identified as factors impacting nurse’s organizational commitment in rural Canada (Tallman & Bruning, 2005). A study by Ingersoll, Olsan, Drew-Cates, Devinney, and Davies (2002) indicated rural nurses were more committed to their organization than their urban counterparts; nevertheless, recruitment and retention of rural nurses is challenging (Aylward et al., 2011). Successful retention of health care employees in rural areas requires innovative mentorship initiatives to ensure quality work environments (Rohatinsky, & Ferguson, 2013).

**Extra-role Behaviours**

The framework for this study identifies extra-role behaviour as a factor shaping nurse’s potential to enter the talent pool. There is a positive correlation between organizational commitment and extra-role behaviors therefore those who strongly identify with their organization are more likely to perform extra-role behaviours (Kane, Magnusen, & Perrew,
Extra-role behaviour has a direct positive effect on organizational effectiveness while providing no monetary benefit to the participant (Collings & Mellahi, 2009).

Examples of extra-role behaviour, such as volunteering for additional roles not required in their current job, were seen throughout the data. Volunteer activities are described as activities participants took the initiative to participate in regardless of whether they were payed or not. Participants in this study identified volunteer activities, both within their organization and outside of it, as extra-role behaviours which enabled them to develop competence in skills that were not part of their bedside role. One participant found growth opportunities by volunteering to perform the charge nurse duties in her absence. Spence-Laschinger et al. (2013) identified the charge nurse role as a way for direct-care nurses to become familiar with management activities. By participating in extra role behaviours, participants developed confidence in their abilities giving them assurance they could be successful in the manager role.

Unit managers are especially motivated for job attributes such as decision-making and creativity as compared to other nurses (Toode et al., 2014). Motivation for such job attributes was determined to be the case for participants in this study also. Decision making and problem solving were identified as enjoyable aspects of volunteer activities, prompting participants to seek nurse manager positions which enabled them to do more of what they enjoyed and helped them achieve their goal of positively impacting patient care.

In contrast to findings by Witges et al. (2014) in which no participants took part in extra role performance activities in the urban health care environment, all participants in this study demonstrated their desire to do more by volunteering in various roles, such as policy and procedure development and program development as a precursor to becoming a nurse manager. In addition to work related extra role behaviours, two participants also described taking part in
volunteer activities in their communities, stating they gained confidence in their skills and abilities through these roles. These roles also provided them with exposure to leaders. In one case, a participant volunteered in a community health group located in a different health region than the one in which she was employed. In this volunteer position her skills were noticed by a senior leader in the health region who encouraged her to apply for a management position.

Extra role behaviors not only help organizations achieve important goals, but also provide a means by which leadership can evaluate staff members’ potential to be considered for future leadership positions (Desselle & Semsick, 2016). By participating in extra role behaviours, participants demonstrated intrinsic motivation and commitment to their organization.

**Organizational Investment in Talent**

In addition to the three factors shaping nurses’ potential to enter the talent pool found in Collings and Mellahi’s (2009) original talent management framework, another factor was added to the framework in this study. Participant’s perception of organizational investment in talent was considered vital to understanding participant’s transition from clinician to manager since perception of organizational investment impacts work motivation and organizational commitment, enhancing the likelihood of participants entering the talent pool. The perception of organizational support or investment was found to enhance nurse engagement and commitment to the organization (Trinchero, Brunetto, & Borgonovi, 2013). Deci and Ryan (2000) explain organizations that support workers by giving recognition, responsibility, positive feedback, and professional development opportunities increase worker’s intrinsic motivation. Workers see organizational support as an indication that the organization values the employee and cares about their well-being, leading to higher levels of commitment to the organization (Galletta et al.,
Wong and Wong (2017) revealed when employees perceived organizational support was high, their commitment to the organization was also high.

Participants in this study described how the organization paid for and allowed them time away from their regular duties to attend workshops, such as a 3-day series of leadership development workshops. Concerned with isolation and lack of support, rural nurses and nurse managers often seek opportunities to network with peers (Eldridge & Judkins, 2003; Paliadelis, 2005). Mackoff and Triolo (2008) identified a learning culture as one of five signature elements of cultures of engagement. Participants indicated these workshops were helpful, not only because of the content they learned, but also because the workshops were attended by managers and leaders throughout the region. Participants developed relationships with other managers and heard about work being done in other areas. This networking gave participants an opportunity to develop informal mentorship relationships with people they could call upon when they had challenges or questions in their own work. Networking serves to minimize the feeling of professional isolation sometimes experienced in rural settings (Riley & Schmidt, 2016). Similarly, Cziraki et al. (2014) identified networking as a formative factor in developing nurse manager skills.

Participants also perceived the organization was investing in them as talent when a more senior manager or director spent time with them to advise and mentor them. Participants described mentorship by leaders in their organization as a vital factor impacting their ability to learn and grow in their nurse manager position. Participants described both regularly scheduled meetings and continuous availability by telephone or email as instrumental to their leadership development process. Mackoff and Triolo (2008) likewise identified visible mentors and
approachable senior leadership as important characteristics leading to organizational commitment.

To foster a culture of organizational commitment, Mackoff and Triolo’s (2008) research also recommends encouraging a culture of regard. A culture of regard expresses esteem for nursing via responsiveness to the viewpoints and decision making of nurse managers, empowering nursing practice and facilitating goal attainment. Mackoff and Triolo (2008) identified joint participation with other disciplines, such as physicians, in task forces and projects fosters the culture of organizational commitment. Participants in this study identified they felt supported and encouraged to participate in regional teams, working closely with other disciplines, contributing valuable nursing evidence to effect positive change. In addition, these teams were viewed as a means of informational support, also seen as a factor supporting nurses to aspire to leadership positions such as the nurse manager position (Bulmer, 2013).

Implications

Usefulness of the framework. This study builds on the results of a previous study by Witges et al. (2014) which utilized a modified version of Collings and Mellahi’s (2009) strategic talent management framework to explore recruitment and development of urban nurse managers. This study used a similar framework to explore rural nurse managers’ perceptions factors shaping their transition from clinician to manager. The theoretical framework was useful in that it allowed the researcher to gather relevant information about talent management from the literature and data from the current study, and organize the data in a logical fashion, making it more accessible and useful to readers and researchers (Polit & Beck, 2012). Although the four factors outlined in the framework were observed independently, a synergy between factors emerged in the data whereby an increased demonstration of one factor was seen to relate to an
increase in another factor or factors. This synergistic effect suggests that health care organizational investment in any of the factors will have a cumulative impact enhancing the development of the talent pool and aiding in recruitment of nurse managers.

Factors shaping career path. Work motivation featured prominently in the data indicating it was an antecedent to entering the talent pool and becoming a nurse manager. High levels of work motivation are associated with high levels of organizational commitment, participation in extra role behaviours, and the perception of organizational investment in talent (Galletta et al., 2016; Kane et al., 2012; Toode et al., 2014). To enhance their talent pool of eligible nurse manager candidates, health care leaders should strive to provide ongoing challenges to help nurses stay vital, autonomous, engaged, and motivated (Toode et al., 2014). Available volunteer opportunities allow nurses to participate in decision making and enact positive change, and offer nurses an opportunity to learn leadership skills, while they build confidence and demonstrate abilities for leadership. Policy and procedure committees and special project working groups such as program development are examples of volunteer activities that organizations should encourage nurses to participate in. Social contexts supportive of these self-determination needs enhance motivation and strengthen aspirations (Deci & Ryan, 2000) creating opportunities for nurses to aspire to the nurse manager role.

Participants in this rural study identified the importance of extra role behaviours in their career development. This differed from the results of a similar urban study in which extra role performance was not found to be a factor (Witges et al., 2014). A possible explanation for this disparity may be that community connectedness facilitates recruitment of nurses to rural areas (Aylward et al., 2011) and rural nurses tend to have a deep sense of social responsibility toward the communities in which they work (Pare, Sharp, & Petersen, 2017). Identification with both
community and organization is related to extra role behaviour (Kane et al., 2012). Nurses are easier to recruit and retain if they have a personal connection to the community (Aylward et al., 2011) and community connectedness may prompt rural nurses to engage in extra role behaviours (Kane et al., 2011). Therefore, rural healthcare organizations should focus recruitment efforts on those with a rural background or personal connections to the area.

The guiding framework identified organizational commitment as an antecedent to entering the talent pool from which nurse managers are selected, and participants’ perceptions of the organizations’ investment of talent was also included in the framework. Because participants identified clinical expertise as an important factor giving them confidence in their ability to lead, organizations should consider providing nurses with opportunities to enhance their clinical skills and knowledge. Offering nurses clinical education opportunities and encouraging them to mentor less experienced nurses may facilitate and enhance this skill set and will demonstrate organizational commitment and investment in talent.

In addition to clinical skills, participants indicated they benefited from opportunities to learn and practice leadership skills. Small size and remoteness of health care organizations in rural areas make finding leadership positions especially difficult. One participant noted that she felt she needed to try to take on the manager role now because she feared the opportunity to work as a nurse manager in that particular facility may not present itself again in her career lifetime. Despite chronic nursing shortages, there may only be a small number of positions in a specific community (Matthews & Ryan, 2015). Providing nurses with opportunities to hone leadership skills will help them develop self-efficacy (Bandura, 1997) and intrinsic motivation (Galletta et al., 2016) giving nurses the confidence and drive to seek the nurse manager position when the opportunity becomes available. Since nurse manager positions may only become available
infrequently, efforts should be made to provide nurses with opportunities to develop leadership skills in other ways. Wong et al. (2013) assert younger nurses were more likely to consider nurse management as a career option stating that for some older nurses, the demands of a manager position were not compatible with their stage of life due to personal factors such raising children or caring for aging parents. While it may seem prudent to put the most experienced nurse in charge in the manager’s absence, there may be some benefit in providing younger nurses with the opportunity to learn from this experience. In addition, leaders should consider encouraging nurses of all ages and experience levels to join committees or working groups. Organizational encouragement of these extra role behaviours facilitates nurse’s entry into the talent pool.

Participants indicated fear of leaving the secure environment of their unionized position as a deterrent to moving to a nurse manager role. The ability to try the manager position temporarily before committing to it long term was appealing to participants. Rural leaders should consider offering nurse manager positions as term positions to encourage hesitant nurses to try the role. Additionally, general duty nurses should be offered stretch projects to provide opportunity to develop skills that would enhance their self-efficacy in their leadership ability (Bandura, 1997; Wong et al., 2013).

This study determined the education levels of the rural participants were lower than those of participants in a similar urban study (Witges et al., 2014). Participants in this study described being advised by leaders in their organization regarding which educational programs they should pursue. No participants were educated at the master’s degree level nor did they indicate being advised to pursue such education. Instead they were encouraged to attend workshops or obtain a health care management certificate. While formalized mentorship, learning opportunities and
professional development offerings improve job performance, organizational commitment, and perception of organizational investment in talent (Bish, Kenny, & Nay, 2014; Rohatinsky & Ferguson, 2013; Smith & Vandal-Walker, 2017) evidence is mounting in support of master’s education for nurses. Master’s degree prepared nurses have enhanced leadership, critical thinking, and decision-making skills (Clark, Casey, & Morris, 2015; Gerard, Kazer, Babington, & Quell, 2014; Watkins, 2011). Although master’s level education is fast becoming the gold standard for entry into the role of nurse manager, a master’s degree was not considered a factor shaping the potential to enter the talent pool for the participants in this study. Encouraging attendance at workshops and in-service education sessions by scheduling time for nurses to be away from their regular duties and arranging for education to be offered in or near the area where they work was found to be helpful by rural participants and should be encouraged to help to create a learning culture conducive to enhancing organizational commitment (Mackoff & Triolo, 2008). Quality health care is as important in rural areas as it is in urban areas and since master’s degrees help nurse managers gain enhanced skills (Clark, Casey, & Morris, 2015; Gerard et al., 2014; Watkins, 2011) rural health care organization senior leaders and university leaders should consider their role in encouraging and enabling rural nurses to participate in master’s level education.

Participants in this study identified encouragement from leaders as a form of organizational commitment that was influential in their decision to pursue a management position. Participants also indicated they rarely received a performance appraisal prior to becoming a nurse manager. Bulmer (2013) suggests that by supporting nurses in activities useful for self-evaluation, including reassurance in abilities, acknowledgement of efforts, and assistance in evaluating attitudes and feelings, leaders may influence nurses in the development of
leadership aspirations. Health care organizations should use regular performance appraisals as an opportunity to provide this type of support thus encouraging leadership aspirations among nurses and enhancing their perception of organizational commitment. Performance appraisals also provide a good opportunity to discuss career planning and advise nurses regarding beneficial educational opportunities.

Participants indicated they valued relationships with other managers they could contact when challenging or unfamiliar situations arose. The urban participants in Witges et al. (2014) study identified mentorship as an effective strategy for career mobility. Because of the potential for professional isolation in rural locations (Paliadelis, 2005), it is especially important for rural health care leaders to provide opportunities for nurse managers to network and build relationships, allowing them to learn from and support one another. One effective strategy identified in this study was to bring nurse managers throughout the region together to participate in education, committees, or project work. Rural nurse managers value learning from peers (Paliadelis, 2005). Striving to ensure quality work environments by enacting innovative mentorship strategies enhances recruitment and retention of rural health care employees (Rohatinsky, & Ferguson, 2013). Participants in this study expressed appreciation for the time their leaders spent with them, stating they found both scheduled meeting times and as needed availability beneficial. The importance of this should not be underestimated as effective mentorship is identified as essential to career success (Bulmer, 2013).

Lack of work-life balance has been implicated as a potential deterrent to those considering a career as a nurse manager (Wong et al., 2013). Long hours and insufficient monetary compensation make younger nurses question whether they should take on such a role (Sherman, 2005). Of the seven participants in this study, five commented on the long hours
required of them. Health care leaders must consider workload and compensation to ensure future recruitment and retention of effective nurse managers.

**Recommendations for Future Research**

Talent management research is a relatively recent endeavor with the majority of TM literature published after 2010. In most of the TM studies the participants were upper and middle level managers leaving a gap in research regarding the perspective of the front-line managers (Gallardo-Gallardo & Thunnissen, 2016). To date, only one other study used a talent management framework to examine factors influencing nurses to seek nurse management positions (Witges et al., 2014). The previous study investigated the perceptions of nine urban nurse managers. Much of the data discovered in the two studies were similar, however two striking differences emerged. First, urban nurse managers did not indicate they participated in volunteering as an extra role behavior, whereas this was abundantly clear among the rural nurse managers. The second difference noted between the two studies is that the urban participants typically had a higher level of education compared to the rural participants. Further research should be done to understand facilitators, barriers, and perceptions of volunteerism. Hiring policies in larger urban centers often include the requirement of a master’s degree for leadership positions such as nurse managers, while smaller, rural health care organizations do not (Scott & Yoder-Wise, 2013). Since master’s education prepares nurses for complex leadership roles, enhancing critical thinking and improving patient outcomes (Scott & Yoder-Wise, 2013) future research should explore factors that impact the education levels of nurse managers in the rural setting. A deeper understanding of these factors will assist rural health care leaders as they seek to develop effective talent management processes.
Summary

The study used a modified version of Collings and Mellahi’s (2009) talent framework to guide data collection and analysis. Participants described factors important to rural nurse’s career development leading to a nurse manager career. The findings of this study were discussed in relation to the literature, contributing to the understanding of factors that influence a nurses’ career trajectory leading to a nurse manager career. Current health care leaders are challenged with recruiting nurse managers in a time when nursing is experiencing shortages. The recommendations from this study will inform health care leaders in developing effective recruitment practices. Such practices should include providing a supportive work environment that inspires work motivation, organizational commitment, extra role behaviours, and the perception of organizational investment of talent.
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doi: 10.22605/RRH4256

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http://www.southernhealth.ca/aboutus.php


doi: 10.1111/j.1365-2834.2012.01452.x


Wong, C. A., Spence Laschinger, H. K., Macdonald-Renz, S., Burkoski, V., Cummings, G.,
D'Amour, D., & Grau, A. (2013). Part 2: Nurses' career aspirations to


Appendix A:

Collings and Mellahi ‘s Theoretical Framework

Reference:

http://dx.doi.org/10.1016/j.hrmar.2009.04.001
Appendix B:

Reference:

Rural nurse managers’ perceptions of factors shaping their transition from clinician to manager: A modified talent management framework
Appendix D:

Description of the Study Email to Chief Nursing Officer

Dear Chief Nursing Officer,

I am a graduate nursing student at the University of Manitoba. As part of my Master’s program, I will be conducting a research investigation entitled “Rural Nurse Managers’ Perspectives of Factors Shaping the Decision to Enter Management.” The overarching question guiding this study is “What are rural nurse manager’s perspectives of factors that influenced their decision to become a nurse manager?”

This study aims to learn more about what factors influence a registered nurse in the decision to become a rural nurse manager.

I am seeking your permission to ask nurse managers in the Southern Health – Sante Sud region to participate in a research study designed to explore rural nurse manager’s perspectives or insights about factors that impacted their decision to pursue and succeed to a nurse manager position.

Rural nurse managers will be asked to participate in a one-to-one audio-recorded interview that is expected to take approximately one hour to complete. Several participants will be invited to participate in an additional review of an executive summary of the findings, by email. Information collected during the interview will be used only for the purposes of research at the University of Manitoba, College of Nursing. All information collected in this study will be kept confidential and anonymous. Only the researcher will know participants’ identity.

This study poses minimal risk to participants and is completely voluntary. The results of the study will be disseminated through presentations, peer reviewed journal articles, and conferences.

Thank you for considering this research request. I hope to be able to proceed with this research in the Southern Health – Sante Sud region as rural nurse managers are underrepresented in talent management research.

Sincerely,
Camille Meub, RN, BN
Appendix E
Letter of Invitation to Participants

Dear Nurse Managers,

I am a graduate nursing student at the University of Manitoba. As part of my Master’s program, I will be conducting a research investigation entitled “Rural Nurse Managers’ Perspectives of Factors Shaping the Decision to Enter Management.” The overarching question guiding this study is “What are rural nurse manager’s perspectives of factors that influenced their decision to become a nurse manager?”

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 as this may inform what organizational processes can be implemented and what leadership can do to inspire nurses to consider a career as a nurse manager. This study aims to learn more about what factors influence a registered nurse in the decision to become a rural nurse manager.

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.

You are being asked to be a participant in a one-to-one audio-recorded interview that is expected to take approximately 1 hour to complete. You may be invited to participate in a review of the study’s findings which will take approximately ten minutes of your time. If you consent to volunteer to review the summary of themes, the researcher will contact you through email. The information collected during the interview will be used only for the purposes of research at the University of Manitoba, College of Nursing. All information collected in this study will be kept confidential and anonymous. Only the researcher will know your identity.

This study poses minimal risk to you and participation is completely voluntary. If you decide not to participate, your decision will not be disclosed to others and there will be no negative
repercussions. The results of the study will be disseminated through presentations, peer reviewed journal articles, and conferences.

If you have any questions you can contact the primary investigator, Camille Meub, RN BN, by email at: xxxx, or you may contact the faculty advisor for this research study, Dr. Judith Scanlan, at xxxx.

If you chose to participate, please contact the researcher by email and we will set a mutually convenient time and place for the interview. At that time, you will sign a Consent Form and receive a copy for your reference. This proposal has been approved by the University of Manitoba Ethical Education/Nursing Research Ethics Board (ENREB).

Thank you for considering this request, I look forward to meeting and talking with you.
Yours truly,
Camille Meub, RN BN
Appendix F

Interview Guide

Introduction to the interview: This research project aims to learn more about what factors influence a nurse’s decision to become a rural nurse manager. We would like you to share your story and experiences about deciding to become a rural nurse manager, as well as any particular moment or experience that was significant in your decision to become a rural 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 rural 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 rural nurse manager?
   - What motivated or influenced you to become a rural nurse manager?
   - Do you recall a particular experience that helped you decide to become a rural nurse manager?
   - Did you experience any hesitation or apprehension to become a rural 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 rural nurse manager position?
   - When you were thinking about becoming a rural 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 rural 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?
o 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?
o Describe how this influenced your perception of the organization?

- When you were thinking about becoming a rural nurse manager; can you talk about any
organizational experiences related to career planning?
  o For example, was career planning ever discussed or initiated during a performance
  appraisal?

3. In preparation for becoming a rural nurse manager, how did you demonstrate that you had the
desire and ability to be a rural nurse manager?

- Describe any extra roles / tasks/ initiatives you performed that demonstrated your intent to
become a rural nurse manager?
  o For example, talk about any committee work, higher education, workshops, or
  conferences you attended?
  o 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 rural nurse manager position, how did you approach securing
a rural 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 rural 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 G

### Research questions as related to theoretical framework

<table>
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<th>Research Questions</th>
<th>Conceptual Framework Components</th>
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<td>Question 5</td>
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</table>
Appendix H:

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. What is your highest educational degree obtained?

☐ Registered Nurse, RN
☐ Baccalaureate of Nursing, BN
☐ Master’s of Nursing
☐ PhD of Nursing
☐ Other: please specify________________________________________

4. As a nurse manager, are you employed:

☐ In acute care
☐ In long term care
☐ In community care
☐ In public health

5. As a nurse manager, are you employed:

☐ Full-time
☐ Part-time, if part-time, what is your EFT (ie: 0.5) _______

6. Prior to working as a nurse manager, how many years did you work as a nurse? __________

7. How many years have you worked as a rural nurse manager? __________
8. Have you taken any additional management workshops/courses to compliment your nursing degree? If yes, which workshops or courses?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
Appendix I

Participant Consent Form

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

Faculty of Nursing

Research Project Title: “Rural Nurse Managers’ Perspectives of Factors Shaping the Decision to Enter Management.”
Principle Researcher: Camille Meub, RN, BN, University of Manitoba, Master of Nursing thesis student
Email: xxxx
Phone # xxxx
Research Supervisor: Dr. Judith Scanlan, RN, PhD
Committee members: Dr. Donna Martin, RN, PhD
Dr. Nicolas Roulin, 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 as this may inform what organizational processes can be implemented and what leadership can do to inspire nurses to consider a career as a nurse manager. This aim of this study 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 Camille Meub, a registered nurse and a graduate student in the Master of Nursing program at the University of Manitoba. Camille is supervised by Dr. Judith Scanlan of the Faculty of Nursing at the University of Manitoba, and her thesis committee includes Dr. Donna Martin of the Faculty of Nursing, University of Manitoba, and Dr. Nicolas Roulin of the Asper School of Business, University of Manitoba.

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 Southern Health Regional Health Authority. 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.

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. This form will take approximately five to ten minutes to complete.
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 digitally recorded, and the recording will be transcribed word for word. 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 consent to participate in a review of the study’s findings. The researcher will share with you a summary of the themes that have emerged from the research, giving you the opportunity to ensure the research themes accurately reflect your perspective. If you consent to review the summary of themes, the researcher will contact you through email.

**Information and Dissemination**

The results of this study will be used for the completion of Camille Meub’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.
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 Camille Meub and the Thesis Chair, Dr. Judith Scanlan will have access to the data collected. Any potentially identifying information will be expressed in aggregate in publications, for example, age will be expressed collectively as a range. Please note that direct quotes may be used to illustrate key points of the study’s findings. When direct quotes are used, the investigator will strive to ensure that direct quotes do not include any identifiable features.

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 office until October 2024. At that time your consent form and demographic questionnaire will be destroyed using confidential shredding as per the University of Manitoba’s policy for destruction of confidential material.

Interview and Reflective Memo Notes:
Your recorded interview will be immediately uploaded into a computer file that is password protected. Using the uploaded version of the interview, a transcriptionist 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 these study documents (transcript, field notes, memos). 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 seven years and after this time deleted from the computer in October 2024. 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 the researcher’s 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 file locations in a locked office. After the study, your printed transcript and interview notes will remain in the locked filing cabinet in the researcher’s home office for seven years, after which your paper transcript and interview notes will be destroyed using confidential shredding in October 2024.
No governing bodies or individuals other than Camille Meub and Dr. Judith Scanlan 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.
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.

Questions
If you have any questions during or after your participation, please contact the researcher, Camille Meub at (email) or (phone number) or you may contact Dr. Scanlan at (email) or (phone number). 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 (204)474-7122 or humanethics@umanitoba.ca

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 (phone number).

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 to review the study’s findings __Yes/No________
I would like a final report of the study’s findings ______Yes/No____
Please email the report to:
Appendix J

Personal Assumptions

To reduce bias during the research study, it is important that the researcher be aware of her own personal assumptions. The following lists these assumptions.

1. Many rural nurse managers may not have consciously decided and purposely worked towards a career in management.

2. Some rural nurse managers may not be aware of what organizational experiences impacted their decision to pursue a manager position.

3. Some rural nurse managers may not be aware of having demonstrated desire and ability to manage.

4. Few rural nurse managers would have formally discussed career planning with superiors prior to succeeding to the role.

5. Few rural nurse managers would identify having received organizational support on their career path to becoming a nurse manager.
### Appendix K

#### Table 1

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