Exploratory Study of Nursing Leadership: An Inquiry of Leadership Attributes of Nurse Managers in Acute Care Hospitals and the Professional Practice Environment

Janet Henriksen

A Dissertation Submitted to the Faculty of
The Chicago School of Professional Psychology
In Partial Fulfillment of the Requirements
For the Degree of Doctor of Philosophy

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Glory be to GOD for this amazing journey of growth, understanding, and steadfast love!

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A very special thank you to the ten registered nurses who gave selflessly of their time and the sharing of their life experiences to make this project a success. I hope you found solace in the sharing of your stories and being a part of this research experience. Thank you for your dedication to the care of patients and the nursing profession.

Abstract

Exploratory Study of Nursing Leadership: An Inquiry of Leadership Attributes of Nurse Managers in Acute Care Hospitals and the Professional Practice Environment

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This study explored the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals. A general qualitative approach was used to explore the perceptions of ten acute care registered nurses using a three-interview method of inquiry. Three major categories emerged from the data analysis: nurse manager attributes, positive professional practice environment characteristics, and nurse retention, recruitment and job satisfaction. Eight themes emerged in the nurse manager attributes category: expert, mentor, participant, communicator/listener, problem-solver/critical thinker, supporter, arbitrator, and advocate. Seven themes emerged in the characteristics of a positive professional practice environment: team approach, collaborative, learning environment, supportive, staff relationships, resource availability, and effective communication. The descriptions that emerged from this study provided a more in-depth understanding of the key leadership attributes of nurse managers needed to create professional practice environments that impact nurses' job satisfaction and retention.

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Chapter 1: Introduction

Leadership paradigms are changing under the pressures of eroding geographical borders with the introduction of the World Wide Web and the expansion of a globalized market economy. Traditional leadership models designed for top-down, bureaucratic structures are ineffective in today's dynamic business environment. With the re-engineering of organizational structures, the role of middle management is being re-examined as leadership responsibilities are being shifted down the hierarchy. The effects of growing social and economic pressures are being felt at levels of the organizational hierarchy.

The healthcare industry has not gone unscathed during these times of change. The nursing industry, specifically nursing leadership, has felt the impact of changes in the role of the middle manager, and the increasing demands to effectively lead employees and direct nursing units within healthcare organizations. This research addressed the changing nature of nursing leadership.

Chapter 1 poses rationale for the research and how this study contributed to the practice of nursing leadership. The theoretical framework from which the study was developed, the background, and the statement of the problem and the purpose of the study provide the foundation for the research conducted. Potential study implications, the scope and limitations of the study, and a companion dissertation perspective are presented for discussion.

Statement of the Problem

Nursing and the healthcare industry in general are experiencing unprecedented demands from an aging population of acutely ill patients who were born in the post-World War II era—the baby boomers. An older population of registered nurses is retiring in record numbers while others are choosing to leave the profession all together. Discontent with the nurse practice environment is leading to a decline in nurse job satisfaction levels, which may be contributing to problems associated with the retention and recruitment of registered nurses (Zori, Nosek, and Musil, 2010).

Projections indicate that the growing deficit of nurses is expected to reach more than one million nurses by 2020 (American Association of Colleges of Nursing, 2010). Rising discontent with the nurse practice environment is leading to an overall decline in job satisfaction with concerns over safety and quality of care, dissatisfaction with managerial and organizational practices, ineffective communication, and the lack of professional development programs (Zori, Nosek, and Musil, 2010; Lemire, 2001; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009).

Studies have shown that there is a positive correlation between a nurse manager's ability to establish a perceived positive practice environment and the retention of registered nurses (Zori, Nosek, and Musil, 2010). The hallmark of a positive practice environment includes: recognizing the contribution of nurses' knowledge and expertise, empowering nurses' participation in clinical decision-making, demonstrating professional development support, and creating collaborative relations (American Association of Colleges of Nursing, 2002). The ability of nurse managers to create positive professional

practice environments as perceived by registered nurses impacts the nursing industry because the nurse manager frequently is in an influential position to effect the practice environment. Attributes of an effective nurse manager may directly influence the ability of these managers to solve problems, make decisions, develop professional relationships, and communicate.

Purpose of the Study

The purpose of this general qualitative study was to explore the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals. This study contributed to the body of knowledge needed to address this problem by exploring the experiences of registered nurses working with nurse managers whose perceived leadership attributes enable the creation of positive professional practice environments, thus influencing the retention and recruitment of registered nurses.

Research Question

Leadership attributes of nurse managers may directly influence the ability of these managers to create positive professional nurse practice environments which impact nurses' job satisfaction and the retention of nurses. An exploration of the perceptions of registered nurses in acute care hospitals provided a more in-depth understanding of the key leadership attributes of nurse managers and the practice environment. The following research question was posed: What are the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for

registered nurses in acute care hospitals?

Background of the Problem

Moving away from traditional perceptions as being unmotivated, saboteurs of progress, and control moguls, middle managers in the twenty-first century are beginning to be perceived as valuable contributors to the change process. Middle managers are well-trained, educated, and skilled leaders who enable and support the goals of the organization and the individual needs of the worker (Lassen, Waehrens, and Boer, 2009; Raes, Heijltjes, Glunk, and Roe, 2011; Carney, 2006). In the changing face of middle management, nurse managers are viewed as leaders who have the ability to create professional work environments that influence the quality of patient care, nurse retention, and organizational performance (Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009; Lassen, Waehrens, and Boer, 2009). Inquiries into nursing leadership led to a deeper understanding of the realities nurses experience in today's dynamic healthcare environment.

Based on declining nursing school admissions, a rapidly aging nursing workforce, and increased healthcare demands, there is widespread concern over the projected nursing shortage in the United States (Zolnierek, 2011). There is an increased interest in the role of the nurse leader in the retention and recruitment of registered nurses and the characteristics of the professional practice environment (Zori, Nosek, and Musil, 2010). This study explored the experiences of registered nurses who work with nurse managers perceived as demonstrating leadership attributes that create positive professional practice environments that influence the retention of registered nurses in acute care hospitals.

Theoretical Framework

Mainstream, top-down bureaucratic structures created during the industrial era are no longer effective in the highly competitive, global, free-market economy of the twenty-first century. The knowledge worker of today is highly interactive and adaptable to change rendering traditional leadership approaches less effective. Grounded in bureaucratic concepts of the industrial era, traditional leadership theories frequently supported the perspective that leaders are the controlling factors responsible for the behaviors and outcomes of an organization (Uhl-Bien, Marion, and McKelvey, 2008). Complexity leadership theory (CLT) poses an alternative approach to leadership and provides the framework for this study.

Built on complexity science and complex adaptive systems (CAS), CLT suggests that leadership is a dynamic, emergent, and interactive process rather than a position of authority. The role of the leader is to enable adaptive and creative responses that occur during times of stress and to align and control the functions of bureaucratic organizations through the allocation of resources, coordination and planning activities, crisis management and vision building (Uhl-Bien, Marion and McKelvey, 2008).

CLT juxtaposes the concept of a stable organizational environment suggesting instead that organizations are spontaneous, unpredictable, and chaotic. In response to stress, systems interact, learn, and modify interactions to create a new order or an emergent state (Plowman and Duchon, 2008). Organizational dynamics produce adaptive responses leading to the formation of informal, nonlinear, heterogeneous social systems as a result of localized tension within the environment. It is the dynamics of social networks that result in creativity, learning, and adaptive change as opposed to the

charisma, power, and influences of the leader (Uhl-Bien, Marion and McKelvey, 2008).

CLT suggests an alternative perspective to the functions of leadership and organizational stability. Leadership behaviors and strategies are viewed as an emergent, interactive dynamic rather than a position of authority or influence. Based on complexity science and complex adaptive systems (CAS) perspectives, spontaneous and unpredictable organizational environments create localized tension resulting in creativity and learning among nonlinear, informal social networks (Uhl-Bien, Marion, and McKelvey, 2008).

Leaders manage the dynamic relationships between traditional bureaucratic forces and the complex, informal emergent social systems where creative, adaptive, and learning behaviors emerge. The role of the nurse manager may be to create an environment that fosters emerging self-organizing interactions formed in complex adaptive systems by aligning business strategies with the needs of the staff. Effective leaders minimize the obstacles in formal organizational structures and harness the generative forces created by emergent adaptive behaviors in response to stress and chaos (Uhl-Bien, Marion, and McKelvey, 2008).

Widespread concerns over the turbulent healthcare environment in the United States as a result of emerging economic and social pressures combined with increasing demands for nursing services have many healthcare organizations and academic institutes struggling to better understand the role of the nurse leader. The expanding role of nurses at various levels throughout healthcare organizations is affecting the leadership skills needed to influence the practice environment (Siedlecki and Hixson, 2011). Traditional nursing leadership beliefs, practices, and behaviors may no longer be effective in today's

complex and tenuous professional practice environments.

Hospital workers experience some of the highest rates of job-related illnesses and injuries in the workforce and nursing, in particular, is viewed as a hazardous profession resulting in severe burnout and high turnover rates (Spencer Laschinger, Finegan, and Wilk, 2009). Issues with on-the-job injuries, physical assaults, verbal abuse, and emotional stress foster threats of a national nursing shortage crisis. Escalating patient safety and quality of care concerns further this concern. In response to growing concerns over the nurse practice environment and the nursing shortage, the American Association of Colleges of Nursing (AACN, 2002) published the characteristics of the nursing professional practice environment with emphasis on quality, safety, collaboration, continuity of care, professional accountability and development, decision-making, and leadership. The creation of emergent professional practice environments by fostering new and effective leadership perspectives may enable the development of adaptive outcomes through learning, creativity, and adaptation.

Plagued with health and safety concerns, nurses' perceptions of the professional practice environment may be resulting in decreased job satisfaction, decreased quality of care, and the failure to achieve organizational performance goals. *The Hallmarks of the Professional Practice Environment* published in the AACN White Paper (2002) was in response to escalating concerns over changes in the nurse practice environment, emergent patient safety and quality of care issues, and increasing threats of a nursing shortage. The characteristics of a healthy professional practice environment are described as: a philosophy of quality, safety, collaboration, continuity of care and accountability; the promotion of nursing leadership; the empowerment of nurses in the decision-making and

clinical care systems; the maintenance of clinical advancement systems and demonstration of professional development and support; the creation of collaborative relationships; and the utilization of advances in technology in clinical care and information technology (AACN, 2002).

The seminal work of the AACN (2002) continues to be influential in the study of the professional practice environment for registered nurses. Characteristics of the professional practice environment as defined by the AACN (2002) are evident in the following: the Wade et al (2008) study of the influence of organizational characteristics and caring attributes of managers on nurses' job enjoyment; Siu, Spence Laschinger, and Finegan's (2008) research of the nursing professional practice environments, conflict resolution and work effectiveness; Siedlecki and Hixson's (2011) work on psychometrics and the professional practice environment; and Spence Laschinger, Finegan, and Wilk's (2009) study on the impact of the professional practice environment, work place civility, and empowerment on new graduate burnout. The complexities of the humanistic role of the nurse combined with bureaucratic environmental influences common to healthcare organizations where registered nurses practice are frequently juxtaposed (Wade et al, 2008). The dichotomy of these two separate but interactive forces is not well understood. An exploration of the historical perspectives of registered nurses who have experienced career longevity provided greater depth and understanding of the problems that emerged over time in professional practice environments.

Definitions

Companion Dissertation is characterized as a joint or collaborative inquiry by one

or more doctoral students who have a common goal and who can build consensus about similar target study populations (middle managers), but who are centered on a different phenomenon or problem.

Job Satisfaction is described as job enjoyment relative to multifactorial influences including quality of care and safety, leadership ability and support, adequacy of resources including staffing, and collegial relations with other healthcare professionals and patients.

Middle Manager is a term used to define an employee positioned between front-level supervisors and top management, and who functions as the one responsible for a particular business-unit.

Nurse Manager is a term used to define an employee who is positioned between the front-line employees and the top-level management staff, and who has 24-hour responsibility for the operations of a patient care unit.

Positive Professional Practice Environment is described as a healthcare setting in which registered nurses deliver any form of direct or indirect nursing interventions that influence outcomes for patients, nurses, and healthcare organizations including practice, policies, education, and systems.

Retention is described as the ability of an organization to keep nurses from leaving or terminating employment.

Turnover is described as the rate at which nurses leave an organization or place of employment.

Significance of the Study

Escalating global and domestic economic and social pressures are impacting the

healthcare delivery system. In response to these pressures, traditional bureaucratic structures may be becoming less rigid and flatter as responsibilities shift down the hierarchy. As a result of these influences, the role of middle managers, including nurse managers, is changing. The re-engineering of the middle manager's role is resulting in their need to function as a leader within the healthcare organization. Compounding the problem of shifting role responsibilities, nurses are reporting high levels of severe burnout, absenteeism, and turnover—even by experienced nurses—as a result of heavy workloads and stress. This phenomenon is leaving professional nursing organizations, higher education institutes, the healthcare industry, and federal and state agencies seeking solutions to an impending crisis (Spence Laschinger, Finegan, and Wilk, 2009). The nursing professional practice environment has been shown to affect the experience of job satisfaction and the retention of nurses. Characteristics of the nursing work environment can contribute to burnout, job-related injuries and illnesses, and work safety issues including threats of physical and verbal abuse. Nurse managers are seen as leaders with attributes that may enable the creation of professional practice environments and positively influence registered nurses' job satisfaction (Zori, Nosek, and Musil, 2010).

An exploration of the leadership attributes of nurse managers in acute care hospitals may contribute to the growth and effectiveness of the nursing profession in an uncertain and chaotic healthcare environment (Lemire, 2001). Using a general qualitative study method of inquiry, this study explores the perceptions of registered nurses in acute care hospitals who work with nurse managers who enable the creation of positive professional practice environments. The primary contribution of this study is to develop a more in-depth understanding of the acute care registered nurse practice

environment and the leadership attributes of nurse managers who enable the creation of positive professional practice environments that may influence registered nurses' job satisfaction.

Scope of the Study

This general qualitative study explores the effects of leadership attributes of nurse managers on the nurse practice environment based on the work of two previous studies (Zori, Nosek, and Musil, 2010; Lemire, 2001). The registered nurses participating in the study have ten or more years of healthcare experience, are currently employed in an acute care hospital setting, and have a direct working relationship with nurse managers in their facility. Multiple in-depth, multi-site interviews will be conducted over a three–six week period of time.

Limitations of the Study

A general qualitative study enables the exploration of the participants' experiences and the replication of findings across acute care settings. It is imperative to select participants who will allow for the prediction of either similar or contrasting theoretical based results (Baxter and Jack, 2008). The use of purposeful sampling provides different perspectives of acute care registered nurses and rich details of these registered nurses' experiences. The registered nurses selected will be employed in different acute care settings and hold varying positions. This may be a limitation of the study because of the possibility of the replication of findings that may limit the amount and type of comparative data available.

As the researcher, I am a nurse with more than twenty-five years of experience in various acute care settings and positions. I no longer work directly with nurse managers or in the capacity of a direct healthcare provider, a fact that may limit the degree of bias I may bring to the study. The study will be conducted in a local healthcare delivery system geographically located in the community in which I reside. The study participants will be selected from a network of registered nurses with whom I collaborate, increasing the possibility of study bias. The act of bracketing "in which investigators set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination" (p. 59) will be used to emphasize a description of the experiences of the nurse participants and to minimize the interpretations of the researcher (Creswell, 2007).

Characteristics of qualitative research include the researcher as the key instrument of the data collection process (Creswell, 2007). As a new researcher, I have limited experience as an interviewer. The process of bracketing will require support from my dissertation chair. The objectivity required of the researcher to minimize personal biases may be generated during the progressive interview and thematic analysis processes in collaboration with the dissertation chair. Validity is enhanced by the structure of the three-interview method of interviewing by placing the interviews within the context of the participant's life history (Seidman, 2006). The multi-interview process works to allow the participants and the interviewer the opportunity to understand or make meaning of the participant's experience. The interviewers can use their skills to minimize distortions that can occur as a result of the interaction between the interviewer and the participant (Seidman, 2006).

Companion Dissertation

Current research reflects an increase in the use of cross-cultural management performance methodologies, which may be a result of the global expansion of organizations (Kowske and Anthony, 2007). A majority of the middle management studies available are unique to individual industries or cultures—few are cross-industry studies. Having a shared interest in researching cross-industry middle management attributes, augmented by the ability to saturate middle management research, resulted in my decision to participate in a companion dissertation study.

The middle management literature section in Chapter 2 was developed and written in collaboration with another organizational leadership student at The Chicago School of Professional Psychology (Appendix A). This collaborative process was conducted during a course of eight weeks and involved two extended phone conversations lasting more than two hours each, numerous emails, and text messages. More than 70 middle management articles were reviewed and discussed in this collaborative project.

The initial step in the companion dissertation process involved the research of general middle management literature. The goal was to obtain and review a total of 40 peer-reviewed articles. A taxonomy was developed to assist in the organization of the research articles and to provide a quick reference guide from which to generate in-depth discussions. Many hours were spent in collaboration reading and analyzing articles to enhance my understanding of each article's significance in light of my research study. I wrote the literature review fully independent from the other researcher using the companion dissertation component solely in article retrieval and discussion.

A unified definition of middle management was not identified in the literature review. This resulted in a collaborative decision to develop a unified definition to strengthen and focus my research study. Two key leadership attributes common among multiple industries were identified in the middle management literature: two-way communicator and strategic contributor.

The collaborative process provided a medium for open, interpretive discussions of the middle management literature. This collaborative research project resulted in a deeper saturation of the middle management literature and a richer research experience. The ability to saturate the middle management research literature was a crucial component of our companion dissertation project. Soliciting an alternative perspective from my dissertation companion increased my understanding of the research literature. Participating in a collaborative dissertation increased the depth of my literature research and facilitated a level of cognitive conceptualization beyond a limited contextual understanding of the literature if conducted independently.

Summary

The globalized free-market economy in the 21st century has led to the re-engineering of organizational structures. Traditional top-down bureaucratic businesses are finding it difficult to support the needs of the new knowledge worker in the midst of rapid developments in information technology. The role of the middle manager is changing as organizational hierarchies begin to flatten in response to growing economic and social concerns. Mainstream leadership theories are being scrutinized with the introduction of alternative perspectives. Complexity leadership theory suggests that

organizational environments are spontaneous and unpredictable. A function of the leadership role is to create an environment that supports emerging adaptive behaviors of informal social networks formed in response to stress and chaos, resulting in creative, adaptive, and learning behaviors (Uhl-Bien, Marion, and McKelvey, 2008). A leader manages the dynamic relationships between traditional bureaucratic forces and the complex social systems that emerge and entangle business strategies with the needs of the knowledge worker.

Increasing demands on the healthcare delivery system from an aging, acutely ill patient population and mounting concerns over the quality of patient care augmented by threats of an escalating nursing shortage has resulted in the need for an alternative approach to traditional nursing education models. Integrating leadership education and clinical practice programs may create professional nurse practice environments that may improve quality of care and align organizational strategies with the needs of the registered nurse while advancing the nursing profession.

The nurse professional practice environment has been found to significantly impact registered nurses' job satisfaction and the retention of nurses. Nurse leadership attributes may enable the creation of positive work environments as perceived by registered nurses in acute care hospitals, yet there is limited research available regarding nurse leadership attributes and the professional practice environment. Functioning as a middle manager in the healthcare delivery system hierarchy, nurse managers may be in a key position to create positive professional practice environments that influence registered nurses' job satisfaction.

Chapter 2 presents a current literature review of complexity leadership theory, the

role and attributes of middle managers, nurse manager as leader, nursing leadership responsibilities, development and attributes, a discussion of the Leadership Education Model (LEM), and a perspective on the positive professional nurse practice environment. Chapter 3 outlines the methodology utilized in the study and includes a description of a general qualitative approach to explore the perceptions of registered nurses working in acute care hospitals with nurse managers who enable the creation of positive professional practice environments. The data collection procedures, method of analysis, and ethical considerations, along with the LEM and *The Hallmarks of the Professional Practice Environment* used to inform the open-end interview questions, are presented for discussion. Chapter 4 includes a detailed report of the study data results and analysis, and Chapter 5 presents a discussion of the study findings in consideration of the posed research question and the notable strengths and limitations of the study.

Chapter 2: Literature Review

Known as the era of the knowledge-worker, the post-industrial business economy is changing the way organizations operate (Jones and Sackett, 2009; Uhl-Bien, Marion, and McKelvey, 2008; Warner, 2001). The re-structuring of organizational hierarchies in response to the expansion of the free-market economy and rapid advances in information technology may be provoking questions concerning the role of the middle manager as leader. Shifting away from bureaucratic structures with a top-down locus of control, complexity leadership theory (CLT) suggests an alternative approach to leadership that is based on adaptive systems in unpredictable and emergent environments. Positioned between the front-line staff and the top echelon, the middle manager may be in a key position to foster an environment that enables creative, learning, and adaptive behaviors in response to stress or tension.

Chapter 2 provides a description of complexity leadership theory research and of the complexities of the role of middle managers as a two-way communicator and a strategic contributor from both historical and current perspectives. Positioned between executive management and the front-line staff, the positional and functional roles of nurse managers are critical to the success of healthcare organizations. Nurse managers who display effective leadership attributes are in a key role to create professional practice environments that positively influence the quality of patient care, staff nurse job satisfaction levels, and the achievement of performance goals (Zori, Nozek, and Musil,

2010).

Statement of the Problem

Nursing and the healthcare industry in general are experiencing unprecedented demands from an aging population of acutely ill patients who were born in the post-World War II era—the baby boomers. An older population of registered nurses is retiring in record numbers, while others are choosing to leave the profession all together. Discontent with the nurse practice environment is leading to a decline in nurse job satisfaction levels that may be contributing to problems associated with the retention and recruitment of registered nurses (Zori, Nosek, and Musil, 2010).

Projections indicate that the growing deficit of nurses is expected to reach more than one million nurses by 2020 (American Association of Colleges of Nursing, 2010). Rising discontent with the nurse practice environment is leading to an overall decline in job satisfaction with concerns over safety and quality of care, dissatisfaction with managerial and organizational practices, ineffective communication, and the lack of professional development programs (Zori, Nosek, and Musil, 2010; Lemire, 2001; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009).

Studies have shown that there is a positive correlation between a nurse manager's ability to establish a perceived positive practice environment and the retention of registered nurses (Zori, Nosek, and Musil, 2010). The hallmark of a positive practice environment includes: recognizing the contribution of nurses' knowledge and expertise, empowering nurses' participation in clinical decision-making, demonstrating professional

development support, and creating collaborative relations (American Association of Colleges of Nursing, 2002). The ability of nurse managers to create positive professional practice environments as perceived by registered nurses impacts the nursing industry because the nurse manager frequently is in an influential position to effect the practice environment. Attributes of an effective nurse manager may directly influence the ability of these managers to solve problems, make decisions, develop professional relationships, and communicate.

Purpose of the Study

The purpose of this general qualitative study was to explore the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals. This study contributed to the body of knowledge needed to address this problem by exploring the experiences of registered nurses working with nurse managers whose perceived leadership attributes enable the creation of positive professional practice environments, thus influencing the retention and recruitment of registered nurses.

Research Question

Leadership attributes of nurse managers may directly influence the ability of these managers to create positive professional nurse practice environments, which impacts nurses' job satisfaction and the retention of nurses. An exploration of the perceptions of registered nurses in acute care hospitals provided a more in-depth understanding of the key leadership attributes of nurse managers and the practice environment. The following

research question was posed: What are the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals?

Complexity Leadership Theory Research

The economy of the twenty-first century is vastly different than the industrial era when traditional top-down bureaucratic structures were built to support mass production. With the introduction of globalization and information technology, organizations are faced with an exceedingly competitive, free-market economy as information is highly accessible and communication flows in multiple directions instantaneously. Unlike the production worker of the 1920s, the knowledge worker of the post-industrial era is a complex learner who is highly interactive and adaptable to change. Leadership models that emerged during the industrial era are no longer suitable for a knowledge-based economy. There is very limited meaningful dialogue of leadership models explicitly focused on the knowledge era **(**Uhl-Bien, Marion, and McKelvey, 2008). A field of inquiry premised on the evolution of behavior of interacting units over time, complexity science, and complex adaptive systems (CAS) as a unit of measurement provide the foundation for complexity leadership theory (CLT).

CLT views the strategies and behaviors of leadership as an emergent, interactive dynamic process that occurs throughout an organization (Uhl-Bien, Marion, and McKelvey, 2008). Adaptive outcomes are a result of the interaction of a network of heterogeneous agents that produce patterns of behavior or operating modes as opposed to the actions of an individual in a position of authority or influence. CLT poses three

types of leadership: administrative, enabling, and adaptive. Administrative leadership is depicted as traditional, top-down, bureaucratic hierarchies, enabling leadership structures to optimize creative problem solving, adaptability, and learning. Adaptive leadership is described as a generative dynamic that enables change (Uhl-Bien, Marion, and McKelvey, 2008). Four critical concepts underscore the CLT leadership perspective. Contextually, CAS is a systems persona created from the interdependencies and interactions occurring among the people, ideas, environment, and hierarchy within a given system. Leadership is an emergent, interactive dynamic process, and leaders are the individuals who influence the dynamic and the outcomes. Leadership occurs throughout the organization as opposed to a formal title, position, or office. Furthermore, leadership occurs during unpredictable adaptive challenges, situations, or problems that require new learning, innovation, and patterns of behavior as opposed to the application of standard operating procedures or proven solutions (Uhl-Bien, Marion, and McKelvey, 2008).

The knowledge era demands higher organizational performance and faster learning capacities that are built on social networking and nonlinear interactions to exchange information throughout the organization, which is a shift from traditional, top-down, power-based hierarchical structures. Self-organizing systems interact, learn, and modify interconnection in response to stress, primarily internal to the organization, in order to create a new order referred to as an emergent state (Plowman and Duchon, 2008). A bubbling-up effect results in system-level order following adaptive responses at the lower level without the burden of traditional leadership authority, control, or planning. The complex neural-like networks of agents or employees that emerge are

coherent and sufficiently adaptive to the stress of the environment where learning is constant and change is anticipated (Plowman and Duchon, 2008).

Transformational and transactional leadership approaches view the leader as the controlling factor responsible for the behaviors and outcomes in an organization that are juxtapositional to the complex adaptive systems paradigm. In contrast, CAS are constructed of individuals or groups who act concurrently without overtly coordinating their actions or using a central communication system (Plowman and Duchon, 2008). Traditional bureaucratic leadership models suggest that the leader directs the activities within the organization and the behavior of the agents, is responsible for the future of the organization, influences the behaviors of others by using their power, knowledge, and authority, leverages change in a predictable system, and minimizes conflict and maintains order (Uhl-Bien, Marion, and McKelvey, 2008). Traditional bureaucratic structures, systems, and processes limit the relevancy of mainstream leadership theories in the 21st century with the introduction of the knowledge worker (Uhl-Bien, Marion, and McKelvey, 2008). Leaders in today's world economy are being forced to respond to a dramatically changing, highly competitive environment, and those leaders who are mastering the challenges are those who have the adaptive expertise to change, the versatility, flexibility, and ability to adjust to ambiguity, and the agility to learn from experience (Norton, 2010).

Complexity science presents an alternative perspective to the stable organizational environment and proposes a contrasting view that suggests that organizations are spontaneous, unpredictable, and chaotic. The dynamics within the organization in response to localized tension produce adaptive responses to the problems to form

complex, overlapping social systems comprised of clusters of nonlinear, interdependent agents (Uhl-Bien, Marion, and McKelvey, 2008). Adaptive change or new and unexpected outcomes emerge when creativity and learning is heightened, resulting in solutions to problems (Uhl-Bien, Marion, and McKelvey, 2008). Creativity, learning, change and innovation emerge from the dynamics of the informal social networks as opposed to the charisma, power, and influences of the leader. CLT poses an alternative perspective to the functions of leadership referred to as adaptive, administrative, and enabling.

Adaptive leadership is described as the informal learning, adaptive, and creative behaviors or actions that emerge during times of tension. Administrative leadership is about aligning and controlling the functions of a bureaucratic organization to achieve predictable and structured outcomes through resource allocation, activities coordination and planning, crisis management, and vision building (Uhl-Bien, Marion, and McKelvey, 2008). Enabling leadership creates an environment that supports and nourishes adaptive leadership while managing administrative leadership functions through a process referred to as entanglement. "Entanglement describes a dynamic relationship between the formal top-down, administrative forces (i.e., bureaucracy) and the informal, complexly adaptive emergent forces (i.e., CAS) of social systems" (Uhl-Bien, Marion, and McKelvey, 2008, p. 198). A symbiotic relationship may be achieved to enable an interaction between adaptive and administrative leadership and minimize the effects of an authoritarian, bureaucratic, top-down structure while augmenting the creative, adaptive, and learning behaviors of emergent complex adaptive systems (Uhl-Bien, Marion, and McKelvey, 2008).

Middle Management

The terms ‘leader’ and ‘leadership’ are commonly used to describe an individual who is in a position of power or authority—the person who is positioned at the top of a hierarchy and has the authority to direct or control subordinates. Leadership paradigms of the industrial era were traditionally top-down, bureaucratic frameworks that were effective for organizations designed for mass production. The role of the middle manager was to support the upper echelon by relaying the decisions made by top-level management to the troops. Economic and technologic advances have changed the way business is conducted in the 21st century. Functioning as a leader within the hierarchy, the role of the middle manager is in the midst of transition in a highly competitive and complex environment.

As a source of much criticism and theoretical debate, middle managers have been portrayed in a negative light for decades. A shift in the role of the middle manager is surfacing in the management literature as a result of the re-engineering of organizational structures and the impact of global economic influences. In response to free market demands, global economic pressures, and complex environmental influences, organizational structures are becoming flatter, more flexible, and less centralized (Simmering, 2012). This organizational restructuring may be leading to a change in the role of the middle manager as responsibilities are being shifted down the hierarchy (Balogun, 2003). Two multi-industry characteristics emerge when reviewing the literature on the role of today’s middle manager: communicating and strategizing.

Middle manager definition. There are numerous definitions in management

literature describing the role of the middle manager, often times limited by the characteristics of the industry, setting, or organization being evaluated. It is a generally accepted that the functions of leaders and managers are theoretically different, but a description of what the functional differences are is not available (Kotterman, 2006). Historically, much of the management literature defines the middle manager in either a positional or a functional role that limits the scope and application of the study to similar types of operational and organizational structures. In 1992, Wooldridge and Floyd posed a definition that emphasized the reporting structure of the manager either directly to, or in direct line with, the chief executive officer (Carney, 2004). Additional research defines the middle manager as the worker who maintains supervisory responsibility reflective of the company's business goals (Simmering, 2012). Subsequent literature reviews describe the manager as the individual responsible for either an expressed part of, or the entire, organization (Mintzberg, 2009).

A universal definition of middle manager may account for cross-industry and cross-cultural differences, but often times the term middle manager is poorly defined in the research literature (McCann, Hassard, and Morris, 2004; Mintzberg, 2009). In a collaborative effort[1] to establish a unified definition of the role of the middle manager that is both positional and functional, the following definition is posed: Middle manager is defined in two ways. First, middle managers are employees positioned between front-level supervisors and top management, and second, middle managers function as the one responsible for a particular business-unit, motivating staff, and achieving business-unit objectives (Simmering, 2012).

[1] Collaborative Dissertation: This definition evolved from the companion component of this dissertation as described in Chapter 1.

Historical perspective. The complexities of the role of the middle manager are often times misunderstood and undervalued. Historically, much of the middle management literature has highlighted the role of the manager as dreary and unimportant; workers who are trapped in the middle of the organizational hierarchy with low career advancement expectations (Dopson and Stewart, 1990). Over the past few decades, downsizing and organizational restructuring have seriously impacted the role of the middle manager as advancements made in information technology threaten the status of the middle manager (Stoker, 2006). Decisions can now be made by computers, making the need for middle managers obsolete.

Demoralized by the threats of organizational downsizing, the middle manager is described as unmotivated, lacking in morale, and overly stressed. In the 1990s, the existence of middle management in an organization was viewed as extremely negative (Thomas and Dunkerley, 1999). Often times, middle managers are described as saboteurs of organizational progress and barriers to the success of employee involvement initiatives based on empowerment and control influences (Fenton-O'Creevy, 2001). Contrary to much of the literature published on middle management, Kanter (1986) suggested that the role of the middle manager was certainly in a state of flux as managers found themselves unable to cope with the pressures of change, but by no means were they a vanishing breed. Despite the negative effects of downsizing and organizational restructuring on the role of the middle manager, there is little empirical evidence supporting the extinction of middle management (Thomas and Dunkerley, 1999). To better understand the complexities of the role of the middle manager and a changing academic and managerial perspective, alternative approaches to understanding middle

management are posed and are in need of discussion at this point.

Despite the changing role of the middle manager as responsibilities continue to shift down the hierarchy, middle managers remain an integral part of organizational structures. Middle managers may be a strategic and tactical asset as opposed to a threat to an organization, especially during times of organizational transition (Balogun, 2003). Characterized as change agents or mediaries, data suggests that middle managers make valuable contributions to the implementation process through the realization of ideas, and the ability to maintain momentum, influence networks, and manage tension among employees (Huy, 2001).

Middle managers are seen as valuable conduits of information linking the top management team with the front-line staff while ensuring that the business-unit activities are managed effectively and projected outcomes are achieved. The proximity between middle managers and the front-line employees frequently results in close social networks resulting in some of the most effective means of communication and tight bonds (Mahto and Davis, 2012). Effective communication systems are key to the development, implementation, and execution of strategic processes necessary to achieve cohesive organizational operations.

Strategy process is a product of synthesis. It is the intrinsic nature of management in which organizational systems are integrated and operate as a cohesive unit (Mintzberg, 2009). Middle managers frequently play a key role in the implementation and formulation of organizational strategies. Middle managers operate as a link between the top management team and lower levels of the organization providing them the opportunity to function as a partner and a representative (Raes, Heijltjes, Glunk,

and Roe, 2011).

Rather than being viewed as barriers to change, middle managers play an important role in the implementation of employee engagement strategies, in fostering communication between front-line staff and executive management, in the realization of strategic decision-making initiatives, and in the fulfillment of business objectives and performance goals (Simmering, 2012). The manager's ability to influence the work environment is supported by business-unit level research that suggests a positive link between workplace attitudes and performance outcomes (Harter and Schmidt, 2002). Middle management research supports the substantive role middle managers play in the development of strategic initiatives for organizations (Carney, 2006). Current literature is reflective of the changing role of the middle manager, leading some to advocate for a more in-depth look into the key attributes of middle manager and the value this position brings to the organization.

Middle manager role. For several decades the role of middle management has been subject to much criticism. Theoretical debates in the late 1970s and early 1980s colored middle managers as power moguls and agents of corporate bureaucracy (Clegg and McAuley, 2005). The re-engineering and downsizing of organizations in the 1980s and 1990s was sparked by the insurgence of information technology threatening the very existence of middle managers (Stoker, 2006; Balogun, 2003). Viewed as devalued performers, barriers to change, and even saboteurs of progress, middle managers have been scrutinized for resisting employee involvement equating to adverse performance outcomes for the organization (Fenton-O'Creevy, 2001; Balogun, 2003; Stoker, 2006).

The traditional style of management that dealt with unskilled and unmotivated

laborers is no longer effective. Technological advances in all industries require a well-trained, educated, and skilled worker to operate advanced systems and equipment. The new knowledge worker of today looks to the middle manager as a true leader who enables and supports not only the direction of the organization, but the individual needs of the workers (Jackson and Humble, 1994). An important function of middle management is the integration of front-line staff and top levels of management, balancing and planning of activities, influencing hierarchical and lateral relations, and translating ideas into results (Lassen, Waehrens, and Boer, 2009). What follows is a discussion of the current literature on the role of the middle manager based on two key leadership attributes: two-way communicator and strategic contributor.

Two-way communicator. The role of the middle manager goes beyond merely following orders given by the top managers of an organization, but rather they are seen as an integral part of the communication system. The establishment of a high-quality, two-way communication structure may improve the flow of reliable information and consensus among employees, resulting in enhanced awareness and commitment of employees to organizational goals (Mahto and Davis, 2012). Floyd and Wooldridge (1997) argue that the middle manager's role as mediator is a position of strategic influence within an organization where they act as 'linking pins,' connecting the top and bottom levels of an organization through formal and informal means of communication. Top Management Team (TMT) theories suggest that these communication episodes provide top-level management windows of opportunity to ensure the strategic planning and implementation processes are on target (Raes, Heijltjes, Glunk, and Roe, 2011).

The ability to manage inconsistencies, barriers, and behaviors in the work place

environment requires various types of ongoing and quality communication tactics. Middle managers have the ability to influence organizational strategies by providing top-level management with timely information as issues emerge, while actively filtering information downward to the front-line staff. Parallel to Kanter's earlier work (1977, 1979, 1984) on Employee Involvement (EI), recent research data suggests that there is a positive relationship between organizational initiatives to involve employees in processes that improve vertical and lateral communication and levels of employee job satisfaction and performance (Fenton-O'Creevy, 2001).

Strategic contributor. Strategies are the planning activities, performance measures, and budgets that influence organizational performance (Fairholm, 2009). These issues can take the form of organizational change processes, employee involvement initiatives, and business-unit performance outcomes, among others. Oftentimes treated as a scapegoat by top level management for failed business practices, the role of the middle manager as strategic contributor is devalued and misunderstood.

Middle managers of today are key to the creation and implementation of strategic goals, a role that surpasses traditional views in which managers function purely as a connector between the policy makers and the front-line staff (Mahto and Davis, 2012). The position of the middle manager in the hierarchy, between top-level management and first-line supervisors, empowers them with the ability to initiate, support, and accelerate the formulation and implementation of organizational strategies (Raes, Heijltjes, Glunk, and Roe, 2011). The close proximity middle managers have with front-line staff increases the development of personal bonds (Mahto and Davis, 2012). The role of the middle manager is crucial to the realization of an organization's mission and vision. The

days of stereotyping middle managers as inhibitors or saboteurs of business progress appear to be eroding. Alternative perspectives are presented in current middle management literature that supports the key aspects of this role as a strategic contributor.

In an in-depth study of more than 200 middle- and top-level managers, Huy (2001) suggests that middle managers are valuable contributors during the implementation process of radical organizational change. Research conducted by Carney (2006) exploring organizational culture and the strategic involvement of middle managers demonstrates the importance of middle managers in the development of planning, operational, fiscal, human resource, and technologic strategies. Employee satisfaction literature suggests there may be a positive relationship between increased job satisfaction and engagement levels, and increased business-unit performance outcomes. Harter, Schmidt, and Hayes (2002) conducted a meta-analysis of business-unit relationships in 36 companies and concluded that there is a positive correlation between levels of employee satisfaction and engagement and business-unit outcomes. The studies presented suggest that businesses may benefit from developing a better understanding of management practices. The role of the middle manager as strategic contributor is pivotal in the implementation of organizational change and in the realization of business-unit performance outcomes.

Nurse manager as leader. Viewed as part of the middle management staff, nurse managers are positioned between the front-line employees and the top-level management staff. The role of nurse manager is defined as the nurse with "24-hour responsibility for the operation of a patient care unit" (Zori, Nosek, and Musil, 2010, p. 306). The positional and functional roles of the nurse manager are critical to the success

of the healthcare delivery system.

The leadership attributes of nurse managers are seen as influential factors in the realization of organizational goals. In a descriptive study identifying the skills and knowledge needed by nursing leaders to influence organizational success, a leadership education model designed to facilitate the development of leadership behaviors is presented (Lemire, 2001; Zori, Nosek, and Musil, 2010). The leadership model is based on six key attributes of the nurse manager: visionary, expert, achiever, communicator, mentor and critical thinker (Lemire, 2001). Nurse managers are recognized as leaders who have the ability to create work environments that influence the quality of patient care, staff nurse job satisfaction levels, and the achievement of performance goals (Zori, Nosek, and Musil, 2010). As previously described, the role of the middle manager as a two-way communicator and strategic contributor is supported in the nursing research literature.

Nursing Leadership Attributes

The changing healthcare climate is impacting the availability of registered nurses and the quality of the healthcare delivery system. The national nursing shortage is leading to questions concerning patient safety, the nursing profession, and the professional practice environment. Inquiries into the role of the nurse leader and the nurse professional practice environment are spawning as the nursing industry searches for potential solutions to an impending healthcare disaster. The role and responsibilities of nurse leaders in the retention and recruitment of registered nurses is being scrutinized.

The identification of the leadership attributes, also referred to as skills or

dispositions, that are effective in current healthcare climates can be beneficial to the success of nurse managers (Zori, Nosek, and Musil, 2010). A middle management literature review identified two key leadership attributes that are also identified in the nurse leadership literature: two-way communicator and strategic contributor. However, many other questions remain unanswered. Complexity leadership theory in nursing leadership and the Leadership Education Model are presented for discussion.

National nursing shortage. There is a widespread concern among healthcare organizations over the current and projected nursing shortage. "The U.S. is in the midst of a shortage of registered nurses (RNs) that is expected to intensify as baby boomers age and the need for health care grows" (Rosseter, 2010). Reports project that by 2015, the United States will be facing a 20 percent shortage of nurses and by 2020 the shortage will increase to as much as 29 percent (Andrews and Dziegielewski, 2005). The U.S. Department of Labor Occupational Employment Projections to 2012 (2004) reports that the nurse shortage is to reach as high as one million by 2012.

The impact on the healthcare delivery system in the United States has many healthcare organizations and academic institutes scrambling to identify and resolve the registered nurse shortage issues (Bozell, 2002). Described as a dispirited or disheartened body of healthcare professionals working within disempowering practice environments, evidence suggests that the nursing shortage may be a result of the structural and economic re-engineering efforts to decrease operational expenses, increasing health and safety concerns, an aging population of nurses nearing retirement, and an increasingly medically complex patient population (Spence Laschinger, Finegan, and Wilk, 2009; Pipe, 2008; Wong and Cummings, 2007). There are substantial costs incurred by

organizations that experience high RN attrition rates.

Multi-factorial influences are converging to create "conditions for a 'perfect storm' – an unprecedented shortage of nurses" (Zolnierek, 2011, p. 6). Predominantly, there is a reduction in the number of nurses because of a rapidly aging nursing workforce combined with an increased demand for nursing services as baby boomers begin to retire. Without factoring in costs attributed to unexpected mortalities and complications, estimated turnover costs associated with the loss of one RN can range between 62,000 and 77,000 dollars (Stone, Larson, Mooney-Kane, Smolowitz, Lin, and Dick, 2009). The identification of factors shown to influence the retention and recruitment of nurses is resulting in an increased interest in the role of the nurse leader and the characteristics of the professional practice environment (Zori, Nosek, and Musil, 2010).

Nursing leadership responsibilities and development. Nursing leadership can be described as the practices, behaviors, and competencies utilized by managers in the practice environment that influence nurse job satisfaction and organizational performance outcomes (Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009; Rouse, 2009; Wong and Cummings, 2007; Zori, Nosek, and Musil, 2010). "Studies of business performance suggest supervisor participation correlates with several organizational outcomes" (Rouse, 2009). The importance of management practice and its influence on employee satisfaction and engagement activities at the unit level is noted in a meta-analysis of business-unit level relationships and suggests that there is a positive correlation between workplace issues and performance outcomes (Harter, Schmidt, and Hayes, 2002). Nursing leadership practices, including safe staffing-level decisions, have been linked to a reduction in mortality rates in hospitals and to the prevention of

unnecessary deaths (Wong and Cummings, 2007).

A critical attribute of the role of the nurse manager is the ability to mitigate problems associated with nursing job dissatisfaction and sub-optimal performance outcomes while contributing to the stability, growth, and effectiveness of the profession (Jones and Sackett, 2009). Traditionally, the role of middle management in strategic management has been limited to that of a conduit of information for senior management (Carney, 2006). Despite previous perceptions among senior leadership, nurse managers play a critical role in staff retention through the creation of effective work environments, the assurance of positive outcomes in the delivery of patient care, and the advancement of work autonomy and decision-making involvement (Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009). The responsibilities of the nurse manager as leader are to provide clarity and direction within the work environment, promote effective communication and continuity of care, coordinate staff development programs, integrate organizational goals through strategic initiatives, and influence interdisciplinary collaboration (Carney, 2006; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009).

There is growing evidence that supports the need for ongoing and interactive leadership development supported by a positive relationship between nursing leadership and patient and organizational outcomes (Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008). There is a critical need for more effective nursing leadership if nursing practice is to advance (Lemire, 2001). Nurses at all management levels are challenged to develop effective leadership skills that will have a positive influence on an ever-changing and uncertain professional practice environment. The nursing profession

is struggling to develop programs that foster successful leadership development and a better understanding of the role as nurse manager (Jones and Sackett, 2009; Lemire, 2001).

Two-way communicator and strategic contributor. Nursing leadership approaches are found to influence the overall quality of care delivered to patients and nursing job satisfaction levels (Alleyne and Jumaa, 2007). Recognized as leaders, nurse managers have the capacity to impact performance outcomes and the professional practice environment. The relationship between the nurse manager, line-staff, and top-level management is an important element in the creation of a positive work environment that supports the goals of the organization, promotes quality patient care, and enhances employee performance.

These communicators cultivate language patterns that deliver clear and concise messages, develop meaningful interpersonal relationships, and support the development and maintenance of a culture conducive to open communication. The leader can establish individual and group rapport by encouraging communication on relative topics and organizational goals (Lemire, 2001).

Key attributes of nurse managers may include the ability of these leaders to establish an effective two-way communication system necessary to influence employee and organizational performance. There is a significant association between manager communication and worker engagement, turnover, customer satisfaction, profits, and overall organizational performance (Rouse, 2009). A patient-centered approach to communication along with the ability to effectively communicate a vision as a nurse and a leader may enhance the process of delivering safe and effective patient care while

creating more clarity in the nurse work environment (Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008).

The role of the nurse manager as strategic contributor is described as the manager who actively participates in the development and implementation of strategic goals, fiscal planning, human resources, and operational initiatives (Carney, 2006). The nurse manager is in a key position to influence the operations and outcomes of the business-unit. Leadership competencies require these leaders to assume fiduciary responsibility as a primary function of the job to ensure efficient delivery of care in a cost effective manner through the allocation of resources, implementation of evidenced-based practice standards, adoption of staffing models, and use of information technology systems (Jones and Sackett, 2009).

Recognized as a leader, the nurse manager is expected to have the mature interpersonal, critical thinking, problem-solving and decision-making skills necessary to achieve patient care and organizational goals (Jones and Sackett, 2009; Zori, Nosek, and Musil, 2010). Evidence supports the importance of the strategic involvement of nurse leaders in operational affairs, staffing development, delivery of care, and interprofessional relations. The nurse manager can have a positive influence on the professional practice environment and staff nurse job satisfaction through their ability to demonstrate creative problem-solving and foster staff relationships (Zori, Nosek, and Musil, 2010).

CLT and nursing leadership practice. CLT describes the emergence of creative, adaptive, and learning dynamics of change that is reliant on an interdependent network of agents as opposed to the act of an individual manager. The role of the nurse

leader is to foster the conditions within the unit that allow the emergence of self-organizing, non-linear interactions and the enabling of behaviors by developing knowledge, adaptation, and innovative concepts (Uhl-Bien, Marion, and McKelvey, 2008). Nurse managers can protect the complex adaptive systems from organizational politics and top-down influences in an administrative leadership bureaucracy by aligning the business-unit strategies with the needs of the agents (employees).

Managing the entanglement of administrative and adaptive structures requires planning and resource allocation, including the availability of information. To prevent the suppression of informal adaptive behaviors while supporting the organization's strategies, the planning process should impose limits that are consistent with organizational strategies without constraining the emergent creative behaviors of the agents' mission (Uhl-Bien, Marion, and McKelvey, 2008). In complex adaptive systems, the nurse manager works to minimize the obstacles within a formal organizational structure, thus enabling nurse leaders the ability to harness the generative forces occurring within an emergent dynamic system. Nurse leaders may then foster non-linear, interdependent relationships by working for policies and strategies that enable the development of adaptive, creative, and learning environments.

Nursing leadership education model. Nurse managers may be in an ideal position within an organizational hierarchy to create working relationships that influence staff job satisfaction. Harter, Schmidt, and Hayes (2002) suggest that there is a positive correlation between employee job satisfaction, employee engagement, and unit outcomes. RN job satisfaction is linked to nurse manager relations and perceptions of the professional practice environment (Zori, Nosek, and Musil, 2010). Nurses at various

levels and practice settings would benefit from the development of both the leadership and management skills necessary to impact the professional practice environment and the healthcare delivery system simultaneously (Jones and Sackett, 2009). Nursing leadership development and nursing leader participation may have a positive impact on the delivery of quality of patient care services and the professional practice environment (Alleyne and Jumaa, 2007; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008).

Today's nurse leaders are expected to have the skills and knowledge to influence a tenuous and ever-changing practice environment, and to engage in process development and implementation that supports patient care and organizational goals. The complexity of today's professional practice environments demands more effective nursing leadership skills, behaviors, and beliefs (Lemire, 2001). In response to the inconsistencies and conflicting research evidence addressing nurse leadership issues, the Leadership Educational Model (LEM) was developed.

In response to the need for effective nurse leadership development and role clarity, the LEM is designed to address growing concerns over the need for a more definitive profile of a nurse leader (Lemire, 2001). The LEM is based on a continuous learning construct of integrative, progressive, and evolving processes. Six key leadership attributes evolved from the research data forming the foundation for the model: visionary, expert, achiever, critical thinker, communicator, and mentor (Lemire, 2001). The general systems theory supporting the model encompasses the behaviors, systems, and symbols of the organization as a whole (Macdonald, Burke, and Stewart, 2006). Systems leaders are able to help others see the big picture while creating a deeper understanding of the issues (Hickman, 1998; Lemire, 2001).

The LEM describes the key leadership attribute "visionary" as the ability of the leader to share an inspiring, personal vision as a vehicle for change while enabling others to do the same (Lemire, 2001). An "expert" leader has in-depth empiric and systems knowledge, and is capable of leading in times of chaos and uncertainty. The LEM describes "achiever" as the leader who works with others in a collaborative effort to achieve desired outcomes. The leader as "critical thinker" requires complex thinking or problem-solving skills, including the ability to interpret, analyze, evaluate, infer, explain, and self-regulate, as well as the ability to acquire the knowledge, reasoning skills, and analytic behaviors needed to influence the patient care delivery system (Zori, Nosek, and Musil, 2009). As "communicator," the leader is skilled in multiple communication methods, uses an open feedback system to ensure a cyclic flow of information, and influences others to achieve goals (Lemire, 2001). Leaders as "mentors" are key to the professional development of future leaders and the personal growth of others through progressive learning strategies. The six leadership attributes of the LEM are fundamental to a continuous learning process and may be influential in defining a leadership profile of nurse managers who have the knowledge and skill to create positive professional practice environments.

Positive professional practice environment. The healthcare delivery system is rapidly changing with advancements in disease management, medical science, and clinical technology, along with facing an aging and more acutely ill patient population. Described as one of the most demanding work environments across multiple industries, the nurse practice environment is plagued with concerns over health and safety issues including job-related injuries and stress, physical assaults, threats, and verbal abuse

(American Association of Colleges of Nursing, 2002; Andrews and Dziegieleski, 2005). A relationship exists between the quality of the professional practice environment and patient outcomes. Risk-adjusting for patient and hospital characteristics, studies have shown that hospital patients with substandard nurse practice environments had significantly increased incidences of mortalities and failures to rescue than those hospitals with acceptable nurse practice environments (Friese, Lake, Aiken, Silber, and Sochalski, 2008). There is evidence of substantially higher (60%) surgical mortality rates in hospitals with poor staffing and patient care environments as compared to hospitals with more effective staffing and patient care environments (Aiken, Clarke, Sloane, Lake, and Cheney, 2008). The escalating national nursing shortage and growing concern over the quality of patient care are influential factors supporting the need to explore the relationship between the nurse practice environment, business-unit outcomes, job satisfaction and the quality of care (Bogaert, Meulemans, Clarke, Vermeyen, and Heyning, 2009).

The hallmarks of the professional practice environment are described in the 2002 American Association of Colleges of Nursing (AACN) White Paper, which was presented in response to growing concerns over changes in the nurse practice environment, emergent patient safety and quality of care issues, and escalating threats of a nursing shortage crisis. The characteristics of the practice environment which best support the professional nurse are defined as: the manifestation of a philosophy of clinical care that emphasizes quality, safety, interdisciplinary collaboration, continuity of care, and professional accountability; the recognition of the knowledge and expertise of nurses to the quality of care and patient outcomes; the promotion of executive level

nursing leadership; the empowerment of nurses participating in decision-making and clinical care systems; the maintenance of clinical advancement systems; the demonstration of professional development and support; the creation of collaborative relationships among the healthcare team; and the utilization of advances in technology in clinical care and information systems (AACN, 2002).

Improving nurses' perceptions of the professional practice environment may result in decreased nursing turnover, increased job satisfaction, improved quality of patient care, and the realization of performance goals. Relationships with managers and a perceived positive professional practice environment have been found to significantly impact job satisfaction levels of registered nurses (Zori, Nosek, and Musil, 2010). Strong nursing leadership is needed to create a practice environment and work climate that are healthier and safer for both nurses and patients (Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Rouse, 2009). What nursing leaders can do is to make sure that the nursing departments are well structured, the organizational context supports the work of the staff, and that there is skilled coaching available to help the staff maximize their performance processes as a means of harvesting the collective synergies of the nursing staff (Hackman, 2010). The nurse manager's ability to effectively promote problem-solving behaviors, institute clear communication systems, inspire a shared purpose or vision, encourage creativity and flexibility, establish effective and efficient patient-centered processes, and develop teaching strategies that promote professional development and innovation may positively influence the dynamic practice environment.

Healthcare today is a dynamic environment where leaders are faced with complex and unpredictable situations. Nurse managers in the 21st century are struggling to keep

up with the demands of knowledge-type environments in outdated bureaucratic structures. The ability of nurse leaders to foster a new leadership perspective that recognizes the complexity of interacting forces as opposed to the action or influences of an individual(s) may enable the creation of adaptive outcomes (Uhl-Bien, Marion, and McKelvey, 2008). The nurse manager may be in a key position to enable the development of an emergent professional practice environment that promotes learning, creativity, and adaptation.

Summary

Traditional leadership perspective and top-down, bureaucratic type organizations are ineffective in today's complex and dynamic social systems in which unpredictable, non-linear, and interactive forces are at play. Leaders who develop interactive and adaptive skills may be able to influence the complex adaptive system functions (adaptive, administrative, and enabling) so that adaptive outcomes emerge and the knowledge-worker thrives (Uhl-Bien, Marion, and McKelvey, 2008). Complexity leadership theory provides an alternative approach to understanding what leadership is in a post-industrial environment.

The role of the middle manager is evolving under the pressures of highly technologic environments and competitive global economic systems. Skilled in social networking, negotiating, and communicating, middle managers are viewed as valuable conduits of information, a link between the upper echelons and front-line staff, and strategic contributors in the change process. Nurse managers who display key leadership attributes may be in a key position within the organizational hierarchy to create positive

practice environments. As a strategic contributor, the nurse leader may be effective in influencing the operations and outcomes of the business-unit by enabling the alignment of strategic goals with the organization's mission and vision, and by promoting adaptive behaviors to advance these goals.

There are escalating concerns over the increasing shortage of registered nurses in the United States as the workforce diminishes. Healthcare and academic industries are struggling to find solutions to the ever-growing problem. A confluence of factors has been identified as contributing to the shortage—primarily an aging nursing workforce and increasing health service demands from an aging patient population. The changing role of the nurse leader may be considered pivotal in a resolution to this looming national healthcare disaster.

The Leadership Education Model (LEM) is built on a continuous learning construct of processes—integrative, progressive, and evolving. The conceptual framework supporting the LEM is based on a holistic approach to understanding issues. The LEM identifies six fundamental leadership attributes that may be influential in creating a positive professional practice environment: achiever, critical thinker, communicator, mentor, and expert. The American Association of Colleges of Nurses published *The Hallmarks of the Professional Practice Environment* (2002) in response to growing concerns over the quality of patient care delivery systems and escalating threats of a national nursing shortage crisis. Improving nurses' perceptions of the professional practice environment may increase job satisfaction, decrease nursing turnover rates, improve the quality of patient care, and realign business-unit strategies with the mission and vision of the organization.

Nurse managers may be functioning in complex, dichotomous systems comprised of heterogeneous, non-linear, social interactions operating in traditional organizational structures reliant on multiplexes of personal power creating tension and stress (Uhl-Bien, Marion, and McKelvey, 2008). The ability of these middle managers to foster an environment that engages in creative, learning, and adaptive behaviors as a result of generative forces (tension and stress) may create an emergent professional practice environment—an environment aligned with the organizational mission that promotes the nursing profession and delivers safe and efficient patient care.

There is a gap in current nursing leadership literature relative to the role of the nurse manager in complex and unpredictable professional practice environments. Based on general systems theories, current nursing leadership literature suggests that there are specific leadership attributes that are fundamental to continuous learning processes and useful for preparing nurse mangers for leadership roles (Lemire, 2001; Zori, Nosek, and Musil, 2010). Current leadership theories are built on macrolevel theories grounded in bureaucratic concepts of centralized power in top-down, hierarchical structures (Uhl-Bien, Marion, and McKelvey, 2008). "Much of leadership thinking has failed to recognize that leadership is not merely the influential act of an individual or individuals but rather is embedded in a complex interplay of numerous interacting forces" (Uhl-Bien, Marion, and McKelvey, 2008, p. 192). Complexity leadership theory (CLT) may provide an alternative approach in the study of nursing leadership, specifically the leadership attributes of nurse managers who are perceived to have the ability to create emergent practice environments in the midst of the chaos, stress, and tension frequently experienced in current professional practice environments.

Chapter 3: Methodology

Chapter 3 provides a detailed description of a general qualitative methodology used to explore the experiences of acute care registered nurses who work with nursing leaders functioning in a middle management role. Included in this chapter is the rationale for selecting a qualitative research design, the data collection procedures, and the method of analysis. A detailed description of the population, participant identification process, and informed consent and confidentiality procedures are outlined. Procedures to establish trustworthiness are presented for discussion following a statement of the problem and the purpose of the study.

Statement of the Problem

Nursing and the healthcare industry in general are experiencing unprecedented demands from an aging population of acutely ill patients who were born in the post-World War II era—the baby boomers. An older population of registered nurses is retiring in record numbers while others are choosing to leave the profession all together. Discontent with the nurse practice environment is leading to a decline in nurse job satisfaction levels that may be contributing to problems associated with the retention and recruitment of registered nurses (Zori, Nosek, and Musil, 2010).

Projections indicate that the growing deficit of nurses is expected to reach more than one million nurses by 2020 (American Association of Colleges of Nursing, 2010).

Rising discontent with the nurse practice environment is leading to an overall decline in job satisfaction with concerns over safety and quality of care, dissatisfaction with managerial and organizational practices, ineffective communication, and the lack of professional development programs (Zori, Nosek, and Musil, 2010; Lemire, 2001; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009).

Studies have shown that there is a positive correlation between a nurse manager's ability to establish a perceived positive practice environment and the retention of registered nurses (Zori, Nosek, and Musil, 2010). The hallmark of a positive practice environment includes recognizing the contribution of nurses' knowledge and expertise, empowering nurses' participation in clinical decision-making, demonstrating professional development support, and creating collaborative relations (American Association of Colleges of Nursing, 2002). The ability of nurse managers to create positive professional practice environments as perceived by registered nurses impacts the nursing industry because the nurse manager frequently is in an influential position to effect the practice environment. Attributes of an effective nurse manager may directly influence the ability of these managers to solve problems, make decisions, develop professional relationships, and communicate.

Purpose of the Study

The purpose of this general qualitative study was to explore the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals. This study contributed

to the body of knowledge needed to address this problem by exploring the experiences of registered nurses working with nurse managers whose perceived leadership attributes enable the creation of positive professional practice environments, thus influencing the retention and recruitment of registered nurses.

Research Question

Leadership attributes of nurse managers may directly influence the ability of these managers to create positive professional nurse practice environments that impact nurses' job satisfaction and the retention of nurses. An exploration of the perceptions of registered nurses in acute care hospitals provided a more in-depth understanding of the key leadership attributes of nurse managers and the practice environment. The following research question was posed: What are the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals?

Research Design

A general qualitative study methodology was used to explore the experiences of acute care registered nurses who work with the nursing leaders functioning in a middle management role. Qualitative research provided the researcher the opportunity to explore the meanings and understandings individuals denote to their life experiences (Creswell, 2009). A general qualitative method of inquiry allowed for the exploration of the nursing issue using a bounded system as an illustration of different perspectives on the issue (Creswell, 2007). Several factors that were influencing the issue were identified and

examined to better understand the situation from the nurses' perspective as opposed to the researcher's perspective (Hancock and Algozzine, 2006).

The nature of the research question supported the use of a general qualitative study design that enabled the researcher to better understand the viewpoints of the registered nurses from an emic or insider's perspective within the context of the individual practice environments (Hancock and Algozzine, 2006).

> "Like the loom on which fabric is woven, general worldviews and perspectives hold qualitative research together…qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them." (Creswell, 2007, p. 36)

Through this general qualitative study, an in-depth understanding of the experiences of the acute care registered nurses was explored to gain insight into the professional practice environments that influence policies, procedures, future research, and the retention of registered nurses (Hancock and Algozzine, 2006).

There is a need to develop a better understanding of registered nurses' perceptions of the key leadership attributes of nurse managers influencing the retention of registered nurses in acute care hospitals. The nursing industry continues to labor over the identification of the nursing leadership attributes needed to effectively influence the profession (Lemire, 2001). Work environment factors including nursing leadership and the interrelationships between the practice environment and management may be predictors of nursing job satisfaction and retention (Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009; Van Bogaert, Meulemans, Clarke, Vermeyen, and Van De Heyning, 2009). There is a current lack of information on the leadership attributes that positively influence the professional nursing practice environment that has been shown to

influence the retention of nurses (Zori, Nosek, and Musil, 2010). Facilitating the exploration of this nursing phenomenon using a general qualitative approach ensured that the issue was explored through a variety of perspectives, allowing for multiple components of the issue to be understood (Baxter and Jack, 2008). A cross-case analysis of the data provided an in-depth understanding of the complexities of the bounded systems to holistically understand and describe the similarities and differences between the experiences of the registered nurses that created robust and reliable data.

When contextual conditions are relevant to the phenomenon under study or when boundaries between the phenomenon and the context are unclear, a qualitative study design may be considered (Baxter and Jack, 2008). The nurses' views of reality were described using a general qualitative study approach that enabled the researcher to develop a deeper understanding of the nurses' perceptions through their stories. The descriptions gathered during the three 90-minute interviews and the use of a systematic series of steps designed to provide intense analysis resulted in a greater depth of information from the small sample size (Teddlie and Yu, 2007; Hancock and Algozzine, 2006). The experiences of the registered nurses within the context of a professional practice environment are relevant to the perceptions of these nurses. It is in these work environments where their views of reality are formed and their subjective opinions of the leadership attributes of nurse managers are formulated. It is through a rigorous qualitative study method that the essence of the experiences of these registered nurses was revealed and a better understanding of their perceptions of nursing leadership emerged.

Purposeful or nonprobability sampling was used to identify acute care registered

nurses who work directly with nurse managers. Purposeful sampling assisted the researcher in understanding the problem and the research question by selecting participants that provided different perspectives (Creswell, 2009; Creswell, 2007). Considering the entire population of acute care registered nurses in the United States, a random selection process appears to be a time-consuming and inefficient method for identifying participants. The participant selection technique involved the selection of certain cases from those who volunteer to participate in the study to achieve representativeness. Selecting registered nurses who work in different types of acute care settings produced a comparative sampling, which is the essence of qualitative data analysis (Teddlie and Yu, 2007). Typical sampling procedures and selecting registered nurses who work directly with nurse managers in various acute care settings were used to represent a broader group of acute care registered nurses currently working in the United States.

A general qualitative study helped the researcher to better conceptualize a theory and to produce the most information about the phenomenon maximizing the generalizability of the results within the context of the research question (Hancock and Algozzine, 2006; Teddlie and Yu, 2007). The researcher engaged in the process of purposive sampling to select small sample sizes using their expertise and available resources (Teddlie and Yu, 2007). The general qualitative study strategy aimed to achieve a representative population of acute care registered nurses.

An inherent challenge for the researcher when using a general qualitative study approach was the identification of the participants to be included in the study (Creswell, 2007). Clearly identifying the characteristics of the bounded system supported by the

rationale for the sampling strategy selected provided strength to the qualitative study design by preventing an overabundance of objectives for one study (Baxter and Jack, 2008). The concept of generalizability gained using a large number of cases is a motivating factor for researchers (Creswell, 2007). Limiting the number of participants to ten may mitigate the possibility of diluting the overall analysis while maximizing the generalizability of the study results within the context of the underlying theoretical framework.

Participant Selection

The participants for this general qualitative study included registered nurses with ten or more years of experience working in the healthcare industry and who, at the time of the study, worked directly with nurse managers in an acute care, inpatient or outpatient hospital setting in the Harris-Galveston County region of Texas. The perspectives of the participants were based on a broad view of the professional practice environment gained through multiple interactions with nurse managers and their experiences as registered nurses.

Referred to as purposeful maximal sampling (Creswell, 2007), a convenience sample of registered nurses was selected from various hospital settings to show different perspectives of registered nurses who work with nurse managers who enable the creation of positive professional practice environments. Qualitative researchers are often reluctant to generalize study findings because of the contextual differences of individual cases (Creswell, 2007). Selecting representative participants for the study provided the researcher an opportunity to select ordinary or accessible participants to explore the

issues in question.

An informal network of registered nurses was used to assist in the identification of potential study participants who reside and work in the Harris-Galveston County region of Texas and whose primary place of employment is in an acute care inpatient or outpatient setting. A member of the informal registered nurse network and I provided potential candidates a Letter of Invitation (Appendix C). After the interested candidates contacted me, I screened each potential candidate using an Eligibility Screening Questionnaire (Appendix B). Eligible candidates were provided with an Informed Consent Form (Appendix D). After the document had been signed, the series of interviews were scheduled. Prior to each interview, each participant was re-contacted by me to confirm the appointment date, time, and location.

A sample size of ten participants allowed for a variety of perspectives and enough information to present an in-depth picture of the experiences of each participant while minimizing the possibility of diluting the overall analysis or the depth of each participant. The convergence of data from each of the interviews added strength to the findings and a greater understanding of the problems contributing to the rigor of the study approach (Baxter and Jack, 2008).

Geographical Location

Recognized as the largest medical center in the world with more than 93,000 employees, 6,800 patient beds, 14 hospitals, 21 academic institutions, 3 medical schools and 6 nursing schools, the Texas Medical Center (TMC) is located in Houston, Harris County, Texas (TMC, 2010). The University of Texas Medical Branch (UTMB) is

located in the southern most region of Galveston County, which borders the southeast region of Harris County. Several other hospitals not affiliated with TMC or UTMB also serve this general region of Texas. The informal network of registered nurses was used to identify potential participants. Each of the study participants live and work in this large metropolitan healthcare community. Accessibility and convenience sampling underscored the geographical location selected for this study, as the researcher resides in Galveston County.

Informed Consent

Informed consent is legally effective if it is obtained from the subject and is documented according to the Health and Human Services (HHS) protection of human subjects regulations and applicable laws (United States Department of Health and Human Services, 2011). HHS (2011) regulations mandate that consent should be sought and obtained only under circumstances that provide the prospective participant sufficient opportunity to consider participation without coercion or undue influence, in a language that is understandable to the prospective participant, and with the understanding that consent may be withdrawn at any time. To ensure compliance with the HHS requirements, participants were protected from any form of injury or deception through an informed consent process (Hancock and Algozzine, 2006).

Each participant was provided with an informed consent form (Appendix D) that included: a) an invitation to participant in what, to what end, how, how long and for whom, b) risks, c) rights, d) possible benefits, e) confidentiality of records, f) dissemination, and g) contact information and copies of the form (Seidman, 2006).

Inconvenience was minimized by allowing the participants to determine the time and place for the three 90-minute interviews. Participants were informed that they may terminate the interviews at any time or reschedule the interviews as needed without explanation. Participants were informed prior to the start of any interview of their right to refuse to answer any question, discuss any topic, and/or terminate the interview at any time.

Following the initial contact with the potential participant, a statement describing the nature and purpose of the research study, an invitation (Appendix C) to voluntarily participate in the study, and a copy of the informed consent (Appendix D) was provided to the participant either in person or through e-mail. Participants were required to read and sign the consent form if they were interested in voluntarily participating in the study. The completed consent form was returned to the researcher prior to participation in the research study. No monetary rewards were given to participants for participating in this study; the participants benefited from being listened to and having their stories told (Seidman, 2006).

Confidentiality

Confidentiality in interviewing studies refers to the maintenance of the confidentiality of the participants' personal information that could be used to identify the participants in the research study (Seidman, 2006). The National Human Research Protections Advisory Committee (NHRPAC) published confidentiality and research data protection guidelines (2002) for local Institutional Review Boards and research investigators that emphasize a proactive approach to the design and performance of

research to ensure the dignity, welfare, and privacy of research subjects are protected. Protecting the confidentiality of data collected from or about private individuals and research subjects from harm that might result from participation in the research study is key to minimizing risk (NHRPAC, 2002).

The application of appropriate confidentiality protections were employed to minimize any concerns over the use of data, and as a measure to improve the accuracy and quality of the information shared by the participants. Information gathered from study participants was de-identified using a coding system developed and known only to the researcher—names or other identifying information were not used in the dissertation. A confidentiality statement was included in the informed consent (Appendix D). All tape recordings, confidential documents, and a portable flash drive were located in a locked cabinet in the researcher's home office during the research project and will remain in a locked cabinet for five years, at which time all confidential paper documents will be shredded and the flash drive destroyed. All tape recordings were destroyed after the transcriptions were uploaded to the qualitative database. Information uploaded to a qualitative research database was maintained on the researcher's password protected personal computer located in the researcher's office. The computer will remain password protected at all times until all research information is deleted from the computer. Back-up files are password protected and stored in a secure location accessible only to the researcher.

Data Collection

The purpose of in-depth interviewing is not to evaluate or get answers; rather

"...the root of in-depth interviewing is an interest in understanding the lived experience of other people and the meaning they make of that experience" (Seidman, 2006, p. 9). A series of three separate, 90-minute audio taped interviews were conducted with each of the participants. A three-step approach to interviewing allowed the researcher to place the participants' experiences in context of the participants' own lives and the lives of others around them by reconstructing the details of the participants' lived experiences and reflecting on the meaning of these experiences (Seidman, 2006). The series of interviews were scheduled at the convenience of the participants and were conducted over a three to six week period of time, with the exception of one participant. This allowed ample time to establish trust with the participants and reduce the possibility of idiosyncratic interviews or poor quality interviews, both of which could have affected the quality of the interviews (Seidman, 2006).

The concepts supporting the *Leadership Education Model* (Lemire, 2001) and *The Hallmarks of the Professional Nursing Practice Environment* (AACN, 2002) informed the open-ended interview questions that addressed nurse manager leadership attributes and the professional practice environment. The use of open-ended questions allowed for the exploration of the participants' responses to the questions while reconstructing their experiences within the context of the participants' lives. Semi-structured interviews are well-suited for general qualitative study research (Hancock and Algozzine, 2006). Predetermined, open-ended questions were used to ensure that the researcher's questions are addressed and to provide the researcher an opportunity to probe more deeply into issues that allowed the participants to openly express themselves and share their perspective of the world. Nurse managers may be in a key position to positively

influence the perceptions of registered nurses of practice environments that are conducive to the retention of registered nurses (Zori, Nosek, and Musil, 2010). The relationship between a nurse manager's ability to establish a positive practice environment and the perceptions of registered nurses regarding the leadership attributes of these nurse managers were explored. Using a three-interview series model allowed the researcher to explore the meaning of the participants' experiences and to place them in context.

Interview one focused on the participants' life histories by asking them to reconstruct their earlier life experiences up to the present time. Interview two focused on the details of their present lived experiences of working with nurse managers who enable the creation of positive professional practice environments (Seidman, 2006). Interview three reflected on the exploration of their past to clarify the details and the participants' understanding of their present experiences and perceptions of the leadership attributes of these nurse managers. The researcher developed a rich description of the participants' experiences within the context of the setting to better understand the complexity of each case (Creswell, 2007). Field notes were maintained by the researcher and were used for later review and analysis to enhance the quality of the data collected during the interviews (Hancock and Algozzine, 2006). Details of the stories, events, personal reactions of the participants, and self-evaluations of the interview were recorded. The three-interview structure questions are presented in Appendix E.

Data Analysis

A general qualitative method of inquiry requires simultaneous examination and interpretation of the data to refine the research questions and develop tentative

conclusions (Hancock and Algozzine, 2006). Interview recordings were transcribed as soon as possible following each interview and the accuracy of the transcriptions were verified through a second review procedure that involved a comparison of the transcription notes to the recordings and field notes. Using a retrievable qualitative data analysis software program, data was collected and labeled with the date, location, persons involved, and other relevant pieces of information, and then organized electronically to improve the reliability of the qualitative study (Hancock, and Algozzine, 2006; Baxter and Jack, 2008).

Data analysis included the process of coding and the identification of themes to assist the researcher in understanding the complexity of each interview. Following the transcription of each interview—during the reading process—passages were identified and labeled with a relative subject description and a place marker notation for retrieval purposes using a computerized qualitative research program (Seidman, 2006). A coding appendix was developed using the subject labels, which emerged during the synthesizing process. Electronic files were created for each subject matter using the computerized program and excerpts with the corresponding subject code were placed in the files. A repetitive process of sorting and reducing was used until the quantity of themes was manageable and the quality of themes was contextually accurate (Seidman, 2006). A within-interview analysis was conducted initially to provide a detailed description of each interview and the themes within the context of each setting followed by a cross-interview analysis (Creswell, 2007). The meaning of each interview was developed during the interpretive phase of the analysis.

Hermeneutics is the perpetual understanding and interpretation of the text within

the context of our lives and cultures regardless of the techniques and methods used in the research study (Bentz and Shapiro, 1998). The purpose of hermeneutics is to provide contextual awareness and perspective and to give meaning to data that is deeply embedded in context, without which, understanding would be implausible (Bentz and Shapiro, 1998). This process involved a back-and-forth movement of looking at the texts, conversations, and interactions, and analyzing their meaning. The closer the researcher is to the object of inquiry, the better the interpretation of these meanings. The purpose of hermeneutic analysis is to develop a contextual understanding of individual experiences and the meanings these individuals assign to their experiences (Bentz and Shapiro, 1998). Analysis occurs within a circle where there is no starting point or viewpoint in order for understanding to occur; rather, it is a spiral of back-and-forth movements between the parts and the whole. The researcher used all that she knew about her context to understand the context of the data in order to produce an explanation.

Researchers cannot prevent involvement because they are active participants in the interpretive process (Draucker, 1999). Prior to beginning the analysis process and throughout the study, the researcher set aside, or bracketed as much as possible, her personal experiences, assumptions, preconceptions, and beliefs in regard to the professional nursing practice environment and took a fresh perspective about the problems being explored (Draucker, 1999; Creswell, 2007). At the end of the data collection process, the researcher simultaneously summarized and interpreted information that was gathered in the field including all information recorded in field notes. Following each interview, the researcher transcribed the audio taped interviews and compared the transcription to the tapes for accuracy using a cyclic process of reading and rereading.

The researcher's interpretations and details of the researcher's initial thoughts were documented into memo notes and reviewed before and after each of the interviews, as well as during analysis. This process was consistent with the philosophical underpinnings of the Hermeneutic circle in which the relationship between the researcher and the interpretation of the text leads the researcher toward a greater understanding of the problem (Bentz and Shapiro, 1998).

A repetitive, ongoing review of the information allowed the researcher the opportunity to identify recurrent patterns or themes. Thematic analysis was used to examine each new piece of information in light of the research question(s) in order to assist the researcher in developing a tentative answer to a specific question categorized into themes and coded for specific phrases that reflected the salient characteristics of the participants' experiences (Hancock and Algozzine, 2006). The researcher refined the questions during the interviews when the information supported or disconfirmed the viability of the question(s). Data saturation was achieved when information gathered from each individual case became repetitive or when lessons learned about the issue ceased (Creswell, 2007). The development of reflective dialogue and the collection of field and memo notes assisted the researcher in determining when data saturation was achieved. A log of all codes was developed and maintained by the researcher. Specific patterns of themes relevant to the research questions evolved from the exhaustive coding process and were separated into specific, explanatory, and comparably complex themes (Hancock and Algozzine, 2006). Table 1 provides an outline of the thematic analysis process used in data analysis.

Table 1
Thematic Analysis

Step	Process
Step 1	Listen to the audio taped interviews and transcribe verbatim
Step 2	Read and reread the transcribed notes line by line until familiar with the responses
Step 3	Label phrases that appear to capture key concepts with codes names using the smallest unit of analysis
Step 4	Integrate similar codes into categories
Step 5	Categorize themes for further analysis
Step 6	Analyze and develop rules as to how the themes relate
Step 7	Compare and review themes to determine the complex contextual interrelations for each element of the paradigm
Step 8	Identify examples from the participants' interviews using exact verbiage to represent the themes
Step 9	Determine whether the data supports or disconfirms the research question(s)
Step 10	Draw conclusions from synthesized findings

Trustworthiness

There are numerous strategies for evaluating the rigor or assessing the trustworthiness of general qualitative study data. Triangulation of data sources is a primary strategy that can be used and would support the principle in general qualitative study research (Baxter and Jack, 2008). The verification and confirmation of general qualitative study findings with participants, colleagues, or topic experts prior to the reporting process is a means of triangulation. To reduce bias and maximize the quality of the study, participants received a copy of their interview transcripts, which allowed the participants to verify the researcher's interpretation of the interviews and provided the opportunity for each participant to judge the accuracy and credibility of the interpretation. Member check is a form of internal validity that adds strength to the study and credibility

to the findings (Creswell, 2007).

All documents, including field notes and memo notes, were made available to all committee members for review. A copy of all transcripts was made available upon request of the dissertation chair in order to validate the interview's rigor. As a method of confirming and building confidence in this study, the researcher related the study findings to previous research (Hancock and Algozzine, 2006). Researchers gain meaning and understanding from human behavior when people's behaviors are placed in the context of their life experiences (Seidman, 2006). The three-interview structure placed the participants' comments into the context of their life history, accounted for idiosyncratic days, checked for internal consistency, and allowed participants and the researcher to understand and make meaning of the shared experiences—each of which adds to the validity of the study (Seidman, 2006).

Asking participants to reconstruct their past experiences before becoming a nurse put the interview in the context of their life history. The purpose of the first interview was to establish the context of the participants' experience, the second was to reconstruct the contextual details of these experiences, and the third interview was used for reflection. The participants were given the opportunity to reflect back on the meanings their experiences held for them (Seidman, 2006). In asking participants how they came to be a registered nurse put them in a position to reconstruct and reflect on how past life events influenced their decision to become a registered nurse, how they experience working with nurse managers in positive professional practice environments, and how the meaning of these contextual experiences fit within the framework of their lives (Seidman, 2006). The use of multiple participants provided an opportunity for the researcher to

connect the experiences and comments of one participant to another.

Considered panel experts, dissertation committee members reviewed each of the interview questions developed for this exploratory study for construct and face validity. A pilot test of the approved interview questions was conducted upon receipt of the Institutional Review Board (IRB) Committee's research approval. A pilot interview was conducted with a participant with the proposed study characteristics. The purpose of the pilot interview was to demonstrate that the interview questions developed were clear to the participants and that the responses given would elicit the type of data required for the research within the allotted interview timeframe.

Summary

Chapter 3 outlines a detailed description of the general qualitative study method of inquiry used to explore the experiences of registered nurses who work with nursing middle managers perceived to have leadership attributes that enable the creation of positive professional practice environments. A discussion of the proposed research design, informed consent and confidentiality procedures, and participant identification processes are presented, as well as a detailed outline of the data collection and analysis procedures, and trustworthiness within the context of the problem and purpose statements.

Chapter 4: Findings

Chapter 4 presents the findings of this general qualitative study. An overview of the participant selection and data collection process are presented in detail, followed by the research findings, analysis of the research design, and an in-depth discussion of the research findings that synthesizes the emergent themes and sub-themes with the theoretical framework and literature reviewed. The chapter concludes with a summary critique of the study results and a discussion of implications for nursing and professional psychology.

Statement of the Problem

Nursing and the healthcare industry in general are experiencing unprecedented demands from an aging population of acutely ill patients who were born in the post-World War II era—the baby boomers. An older population of registered nurses is retiring in record numbers while others are choosing to leave the profession all together. Discontent with the nurse practice environment is leading to a decline in nurse job satisfaction levels, which may be contributing to problems associated with the retention and recruitment of registered nurses (Zori, Nosek, and Musil, 2010).

Projections indicate that the growing deficit of nurses is expected to reach more than one million nurses by 2020 (American Association of Colleges of Nursing, 2010).

Rising discontent with the nurse practice environment is leading to an overall decline in job satisfaction with concerns over safety and quality of care, dissatisfaction with managerial and organizational practices, ineffective communication, and the lack of professional development programs (Zori, Nosek, and Musil, 2010; Lemire, 2001; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009).

Studies have shown that there is a positive correlation between a nurse manager's ability to establish a perceived positive practice environment and the retention of registered nurses (Zori, Nosek, and Musil, 2010). The hallmark of a positive practice environment includes: recognizing the contribution of nurses' knowledge and expertise, empowering nurses' participation in clinical decision-making, demonstrating professional development support, and creating collaborative relations (American Association of Colleges of Nursing, 2002). The ability of nurse managers to create positive professional practice environments as perceived by registered nurses impacts the nursing industry because the nurse manager frequently is in an influential position to effect the practice environment. Attributes of an effective nurse manager may directly influence the ability of these managers to solve problems, make decisions, develop professional relationships, and communicate.

Purpose of the Study

The purpose of this general qualitative study was to explore the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals. This study contributed

to the body of knowledge needed to address this problem by exploring the experiences of registered nurses working with nurse managers whose perceived leadership attributes enable the creation of positive professional practice environments, thus influencing the retention and recruitment of registered nurses.

Research Question

Leadership attributes of nurse managers may directly influence the ability of these managers to create positive professional nurse practice environments that impact nurses' job satisfaction and the retention of nurses. An exploration of the perceptions of registered nurses in acute care hospitals provided a more in-depth understanding of the key leadership attributes of nurse managers and the practice environment. The following research question was posed: What are the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals?

Participant Selection

Study participants included ten registered nurses, ages 30–60, with ten or more years of experience working in the healthcare industry and who currently worked directly with nurse managers in an acute care, inpatient or outpatient, hospital setting in the Harris-Galveston County region of Texas. An informal network of registered nurses known to the researcher was used to identify potential study participants. A copy of the Letter of Invitation (Appendix C) was emailed to the members of the informal network of registered nurses and then provided to potential study participants who expressed an

interest in participating in the study.

During the initial phone conversation, the purpose of the study, a brief overview of the interview process, the eligibility screening questionnaire (Appendix B), and the informed consent (Appendix D) process were discussed. This took place prior to the participant receiving a written and/or verbal invitation to participate (Appendix C). Each participant was re-contacted by the researcher to confirm appointment dates, times, and locations. The informed consent process and the initial interview were scheduled after the researcher determined eligibility. Upon request of the eligible participants, the participants received the informed consent by email or in person prior to the initial scheduled interview. This allowed time for the participant to ask questions, discuss concerns, and clarify information in an initial face-to-face encounter with the researcher prior to the initial interview session.

Using purposeful maximal sampling methods (Creswell, 2007), a convenience sample of ten registered nurses with varying clinical backgrounds were selected for this general qualitative research study. Table 2 (below) exhibits participants' work experience and summarizes the work experience of each participant.

Table 2

Participant Work Experience

Participant	Are you a RN with a current license to practice nursing?	How long have you practiced as a registered nurse?	Do you currently work in an acute care healthcare setting?	How long have you worked in an acute care healthcare setting?	What clinical specialty area do you currently work?	Do you currently work directly with a nurse manager?

1	Yes	25 Years	Yes	25 Years	Adult Med/Srg*	Yes
2	Yes	12 Years	Yes	32 Years	Adult Intensive Care	Yes
3	Yes	43 Years	Yes	38 Years	Adult Med/Srg* Intensive Care	Yes
4	Yes	11 Years	Yes	9 Years	Risk Mgt***	Yes
5	Yes	35 Years	Yes	35 Years	Quality Mgt***	Yes
6	Yes	40 Years	Yes	40 Years	Adult Med/Srg*	Yes
7	Yes	18 Years	Yes	18 Years	Adult Intensive Care	Yes
8	Yes	20 Years	Yes	15 Years	Adult Intensive Care	Yes
9	Yes	31 Years	Yes	29 Years	OB/Gyn**	Yes
10	Yes	20 Years	Yes	8 Years	Adult & Pediatric Surgery	Yes

*Adult Medical/Surgical
**Obstetrics/Gynecology
***Management

The participants in this general qualitative study practiced as a nurse an average of 25.5 years, of which an average of 24.9 years were noted to be in an acute healthcare setting. The work experience of the participants included a broad spectrum of clinical practice specialty areas: adult medical/surgical and intensive care, pediatric surgery, obstetrics/gynecology, and risk/quality management. The reported work experiences included for-profit, not-for-profit, higher education, and correctional medicine facilities.

Nine of the participants were female and one participant was male. An analysis of the participant work experiences concluded a diversity of life experiences and clinical practice backgrounds, which resulted in rich contextual data comparable in complexity.

The participants worked for various acute care hospitals in either an inpatient or an outpatient setting. The broad range of clinical backgrounds of the registered nurse participants in this general qualitative study of nursing leadership added multi-dimensional perspectives from which to explore the meaning of their experiences. The cumulative stories shared by the participants may be described as rich contextual experiences grounded in the longevity of each individual nursing career. The participants reconstructed the details of a myriad of experiences gained through multiple interactions with nurse managers while working in various professional practice environments.

Data Collection Process

The data collection process used for this qualitative study was based on Seidman's (2006) three-interview model. This interview approach predominantly included open-ended questions (Appendix E) during a series of three separate audio-taped interview sessions. The first interview focused on the life history of the participant from childhood until becoming a registered nurse placing the meaning of each story told into context. Building on the first interview, the second interview asked participants to share detailed experiences as a registered nurse working with nurse managers in the professional practice environment. The third interview explored the meaning of each of the participant's experiences as a registered nurse and what the future holds for nursing. The interview questions were refined during each interview in response to the

information shared by the participant to ensure data saturation and question viability.

To minimize researcher bias as an active participant in the interpretive process, the researcher bracketed, as much as possible, personal experiences, assumptions, and preconceptions by documenting in field notes which were reviewed before and after each interview and during the analysis process. The researcher transcribed the audio taped interviews and compared the transcriptions to the audio tapes for accuracy by reading and rereading the transcriptions and the field notes—a cyclic process consistent with the philosophical principles of Hermeneutics for constructing a strong relationship between the researcher and the interpretation process (Bentz and Shapiro, 1998). Bracketing enabled the researcher to develop a greater understanding of the contextual experiences of the participants.

A pilot interview was conducted prior to the start of the interview process to determine if the interview questions were clear to the participant and whether or not the responses given would elicit the type of data needed for the research study within the allotted timeframe. The pilot interview transcription was forwarded to the researcher's dissertation chair for review and approval prior to any further interviews.

A total of 30 semi-structured interviews were conducted, three interviews per participant. Twenty-nine of the interviewers were conducted in a face-to-face encounter with the researcher. The third interview for one participant was conducted via phone per the request of the participant because of time constraints. The interviews were conducted at a time, date, and location selected by the participant. Nine of the participants completed the series of three interviews within three weeks. Due to schedule constraints, the time between the first and third interview for one of the participants was eleven

weeks. To re-establish the context of the previous interviews, the researcher and that participant reflected back on the details of the previous interviews prior to the start of the second and third interviews. This process minimized the erosion of the purpose and structure of the three-interview approach. That participant was able to reconstruct details of events and experiences from the past and reflect on the meanings of these experiences. Re-establishing the foundation generated a productive third interview with that participant (Seidman, 2006).

The 30 audio-taped interviews were conducted over an 11-week period of time between June 2012 and August 2012. The length of each interview ranged between 26 and 96 minutes, depending on the desires of the participant and the ability of the researcher to exhaust each research question. The length of the interviews varied with two participants averaging 87 and 84 minutes per interview. The remaining participants averaged 44 minutes per interview. Overall, the length of the interviews averaged 52 minutes, which was sufficient for data saturation. An analysis of the 30 interviews yielded three categories and 15 major themes as described by five or more of the ten participants. The categories and themes that emerged were clearly evident and well supported by the descriptions provided by the participants.

Field notes generated by the researcher were used during the interviews and subsequently to generate more in-depth questions and to enhance the quality of the interviews (Seidman, 2006). The interviews were transcribed as soon as possible following each interview by the researcher and a professional transcriber. The accuracy and credibility of the transcriptions were verified through the use of a double review system. First, each participant was provided a copy of the transcribed interview and

asked to review the transcriptions for accuracy. Second, the researcher compared the transcription notes to the recordings and the researcher's field notes.

Data Analysis Process

The *QSR NVivo 10* © qualitative data analysis software program was used to collect, organize, and analyze content from the interviews. The audiotapes were destroyed after loading the interviews into the software program. Using the thematic analysis process outlined in Table 1 and noted in Chapter 3, each interview was reviewed and analyzed initially to generate detailed description and meaning of the interview within the context of each setting and was followed by a cross-interview analysis.

During the reading and rereading of the interview transcriptions, passages were identified and coded using the subject labels which emerged during the synthesis process. Phrases that appeared to capture key concepts were coded with names using the smallest unit of analysis. Similar codes were integrated into categories and the categories were grouped into themes for further analysis. A repetitive process of sorting and reducing the coded files was used until the quantity of themes that emerged was manageable and contextually accurate. The themes were analyzed and a description was developed. Themes were compared and reviewed for complex contextual interrelations that supported or disconfirmed the research question.

Analysis of Design

The selection of the participants resulted in a broad spectrum of registered nurse experiences and a generalizable sample of acute care registered nurses. Purposeful

sampling assisted the researcher in understanding the problems associated with discontent in the nurse practice environment, declining nurse job satisfaction levels, and problems associated with nursing leadership. The interview process provided the participants a chance to tell their life stories, reflect on past events, recall memories of childhood, and share the experience of being a nurse, all of which can be a healing process both mentally and emotionally. Seidman (2006) noted the following:

> We can see how their individual experience interacts with powerful social and organizational forces that pervade the context in which they live and work, and we can discover the interconnections among people who live and work in a shared context…Most important and almost always, interviewing continues to lead me to respect the participants, to relish the understanding that I gain from them, and to take please in sharing their stories. (p. 130)

Participant 7 stated that the ability to reflect on life experiences and events as a nurse was a very therapeutic process and was thankful for having had the opportunity to participate in the study.

The 30-interview approach used for this general qualitative study generated significant amounts of rich data from which to analyze the research question posed. The data that emerged from the interviews with the ten registered nurse participants about the attributes of nurse managers and the characteristics of positive professional practice environments was consistent and sufficient from which to explore and understand the meanings the participants ascribed to the problems facing the nursing industry. Using the three-interview structure, each of the ten participants described the relationship between nurse manager attributes, the practice environment, and nurse retention, recruitment, and job satisfaction. A cross-case analysis of the perceptions and experiences of the ten registered nurses provided an in-depth understanding of the complexities of current

practice environments, problems associated with nursing leadership, and the future of nursing.

Research Findings

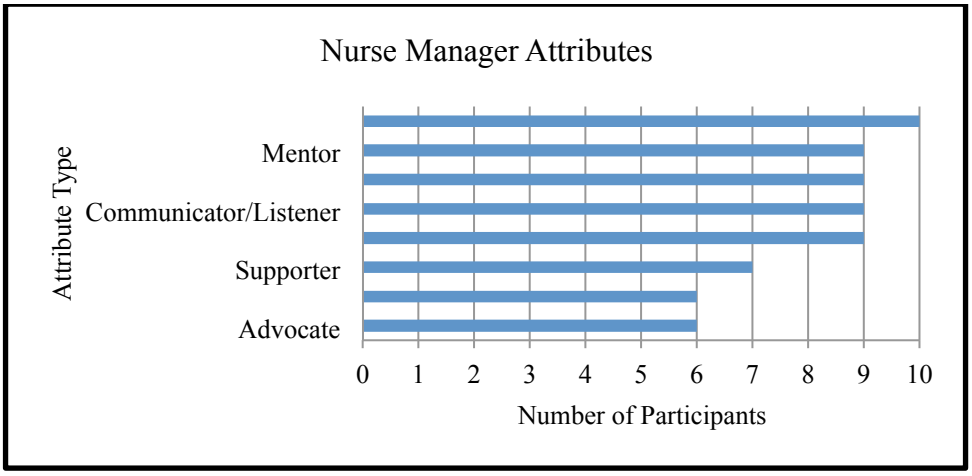
Three main categories were identified: nurse manager attributes, positive professional practice environment characteristics, and nurse retention, recruitment and job satisfaction influences. Nurse manager attributes and professional practice environment characteristics were grouped into a total of 15 themes based on descriptions by five or more participants. A description of each theme was developed using the experiences as described by the participants followed by excerpts from individual participant interviews that were germane to each theme. Nurse retention, recruitment and job satisfaction remained grouped as a category; no identifiable themes with five or more participants were noted. Attributes were grouped into themes based on commonalities noted in the descriptions provided by the participants. A description of the category was developed using the participant's experiences. Repetitious words were omitted from the narratives, as were idiosyncratic "uhs," "uhms," "you know," or words and phrases that could compromise the identity of individuals (Seidman, 2006).

Nurse Manager Attributes

The first of the three categories that emerged was nurse manager attributes. Nursing leadership and management skills do impact the quality of patient care services, the professional practice environment, and patient outcomes (Alleyne and Jumaa, 2007; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Jones and Sackett,

2009). Eight specific and explanatory nurse manager attribute themes emerged from the data synthesis as described by five or more of the ten study participants (Hancock and Algozzine, 2006). No sub-themes were identified. The nurse manager attributes themes are summarized in Chart 1.

Chart 1. Nurse Manager Attributes



Nurse manager attribute themes. *Expert* was a nurse manager attribute described by ten of the ten study participants. To be an expert, a person was described as having knowledge in the field or specialty to understand what is going on with the patients and how to use the tools required for the job, the education to teach the staff nurses, and years of experience to deal with different people in different situations and to make effective decisions. A nurse manager who has the knowledge and maturity to work in the trenches with the nursing staff to deliver direct patient care when needed while helping the staff to learn and improve their own practice was considered an expert. Participant 1 described the experience of working with nurse managers:

> …when you talk about years of experience, you're talking about people maturing… generally speaking the ones, the individuals who have higher degrees and a little more age and experience make better decision-makers…I don't think it's a nurse manager that can…expect you to do a job they can't do. If they can't do your job, they shouldn't be there.

Participant 2 described the nurse manager's knowledge of staff nurse duties:

> In my experience with nurse managers who've been effective…in any situation I've worked in are the ones who are there, on the floor…with the nurses. They are willing to roll up their shirtsleeves and help.

Participant 4 expressed her beliefs about the need for knowledge and experience in the nurse manager:

> I see she's very knowledgeable in her field. And you know…there's different ways different managers handle situations. And I think sometimes you have to deal with people, you can't deal with everyone the same way. So you have to try to find a way to deal with different people. And if you're not…I know you're not taught that in nursing school.

Mentor was an attribute of nurse managers described by nine of the ten study participants. The ability to mentor the staff was described as a teacher or role model and the ability to help the nursing staff learn to be a better practitioner. The ability to provide positive and timely feedback to the nursing staff, seek input from the staff, and to model expected behavior were also attributes that were described. Participant 5 reflected on the experience of working with a nurse manager who was perceived as a mentor:

> …she would sit down with you, like on your level, talk to you very respectfully…she also would…when I was a new nurse…this was one of my first manager people…when I was struggling to get through my shift and finish all of my tasks she would actually come and help me make beds or whatever I need to do…I actually remember making beds with her. She also would go with me if I had to do something new I'd never done before. So she was kind of a…hands on mentor type person…and I learned a lot from her.

Participant 7 described the experience of working with nurse managers who mentor and provide feedback:

> But it's always good somebody models the behavior or shows you what the behavior's gonna be…And that's why you really should continue ongoing…mentoring us and telling us what you want us to do…And I think my manager would take the time to get to know her workers…give feedback on each individual workers from her charge nurses.

Participant 9 shared an experience with a nurse manager who was perceived as being a good role model and teacher:

> ...I think that supervisors, nurse managers whom I've worked under…those who've impacted my career have been…have certainly been role models, for one. They've been role models…obviously the way they treat the people…the way they practice…to this day I think she was probably the best manager I've had just because she was…she was very good at working with her nurses…I think she was a good teacher too. I mean I learned from them.

Participant was a nurse manager attribute described by nine of the ten participants. A nurse manager who is perceived as being a participant was described as being available, involved, visible, approachable, responsive, and accessible to the staff on the unit. The participant nurse manager is willing to help, is receptive to requests, and maintains an open door policy. This sort of nurse manager is available to support the staff, address problems, provide guidance, be aware of situations on the unit, and step in to help the staff at any time. Participant 2 described the experience of working with a nurse manager who was available and involved:

> She checked up with the people precepting me, and…she was involved. That's what I guess I'm looking for the words, she was involved, whereas a lot of nurse managers I see that they are not very involved…they are more inclined to walk in there and look around, and how's it going, and leave.

Participant 3 described the nurse manager attribute of being available:

> She's available I guess you could say. Available to me is a good term for a manager. Being available…Being there…Available means I'm here for you whatever you need. Not hiding behind a closed door. Not…in a corner somewhere. Not somebody saying 'oh I don't have time for you because I've got this more important thing to do.' Or anything like that. She is available to her

staff. All of them.

Participant 10 reflected on the experience of working with nurse managers who have an open-door policy and who are receptive:

> They are…have an open-door policy. They're receptive too… requests for help…or…questions or anything…I mean it shouldn't even have to be said that they're not demeaning or anything like that. That shouldn't even enter in to it…But the good ones are there in the middle of it. And they're willing to help.

Communicator/Listener was described by nine of the ten participants as an important attribute for nurse managers. The attribute of communicator and listener was described as the ability to talk or articulate to the staff in a way that is concise, understandable, and relative to the problem or issue while soliciting staff input and feedback. Further attributes include being able to provide effective, quality information, and keeping all staff informed. Participant 1 shared the experience of working with nurse managers with effective communication skills:

> …she had excellent communication, she had excellent communication skills…she was very receptive, but it didn't deter her from the original purpose of whatever the task was going to be…she would take into consideration and listen, and then she would say this is what were gonna do…

Participant 3 described an experience of working with a nurse manager who was perceived as having the ability to listen:

> Because she listens to them, and she is attentive when they speak…she's not thinking of a million other things. You can tell she is attentive…She got them to open up and talk about issues that she saw…and really got a lot of information from them…it was nice to watch that…really nice…I think she's good at communicating…they were all talking with her and it was just like having a conversation.

Participant 7 reflected on the importance of working with nurse managers who are effective communicators:

> Here's the thing I think about nurse managers. First of all, communication…you've gotta have an open door policy for those who don't seek you out. Because you have a balance. You can't just listen to those who come to your office. You've got to seek out those who don't come to your office…their stories are just as important as those who seek you out.

Problem Solver/Critical Thinker was a nurse manager attribute described by nine of the ten study participants. Problem solving and critical thinking was described as the ability of nurse managers to help the nursing staff to find solutions to problems or issues, to access resources as needed to correct or prevent problems, and to thoroughly investigate issues and develop creative solutions with those involved to achieve a good outcome. Participant 1 defined critical thinking and problem solving as a process:

> …the definition of critical thinking is you have to be able to think things through as far as the patient can…is concerned. And individualize the process of the medical care to that patient…problem solving would be to take a specific incident that had a negative outcome or an outcome that was not to the standards of operations and being able to take that incident, decipher it, break it down, see where the problem may exist, and then implement ideas and/or policies to try and correct that so that you improve the efficiency of the team.

Participant 4 reflected on the experience of working with a nurse manager with the ability to problem solve:

> …I just know my first director…she was one that if you went to her with a situation or problem you knew that she was gonna help you solve that problem no matter what. It would not be just put on the table, left for another time…you know if anyone is having a difficult time with another staff member she takes it very seriously and wants to get to the bottom of it.

Participant 5 described the ability of the nurse manager to develop creative solutions to problems:

> The good nurse manager recognizes that…takes the best approach with that family. Trying to figure out where they're at, what are they gonna need to this…situation under control… So I think that…anyway, that's a long way of saying if the nurse manager can solve a problem or get a good outcome, some kind of agreement to the problem…I think that's the sign of a good nurse manager

too.

Supporter is the word to describe an attribute of nurse managers noted by seven of the ten participants. Supporter was a nurse manager attribute described by the study participants as the ability to help the nursing staff by providing the resources, education, and time needed to care for the patients while fostering positive relationships with the staff. Participant 4 described the need for nurse managers to be supportive:

> And they know if they hear a patient, something's going on with a certain patient and the family members are unhappy then they kind of need help. I believe they need to help the staff and the nurse on how to deal with that situation before it gets out of hand.

Participant 5 reflected on an experience of working with nurse managers perceived as having the leadership skills to build staff relationships and provide the necessary support needed:

> …I also think some of these nurse managers that I have in mind right now…were very good with employees. And would give the employee the benefit of instructions maybe or counseling. So they can…they need to be able to meet the needs of each person that reports to them…some other good things about these two nurse managers were that…they care about their people.

Participant 8 describes the need for nurse managers to be supportive: "One thing I think would be effective is that they know their job...and if they support their nurses."

Arbitrator was an attribute of nurse managers described by six of the ten participants. An arbitrator was described by the participants as being fair, having the ability to treat people equally, gathering all of the facts before making a decision, and having the same expectations of all staff. Participant 3 described an experience of working with a nurse manager who was perceived as having the ability to be fair:

> I think that fair, to me a manager has to be fair. Which means she has the same expectations of everybody…on the unit. You know, that they all do their jobs.

That they do it to the best of their ability.

Participant 4 described the attribute of fairness as having all of the facts before making a decision:

> So I figured, I thought she was very fair…fair and…honest. I never…she wasn't one to…just jump to a conclusion before she had all of her facts. She always wanted to have all of the facts first before she made a decision.

Participant 9 discussed the need for nurse managers to treat everyone equally:

> But…I think you really need to be in there…with all good intentions of trying to help people and do the best that you can for everyone. Treat everyone equally regardless. Just because the President of the U.S. walked in I'm not gonna treat him any different than I do anyone else. I think everybody should be treated equally.

Advocate is the name of an attribute of nurse managers described by six of the ten participants. An advocate was described by the study participants as the ability of nurse managers to look out and stand up for the nurses and patients. Participant 3 described the experience of working with a nurse manager perceived as speaking up for the nurses:

> Instead of it being at one end of the hall and they're at the other…she's talking to the pharmacists…about wanting to put medications at the bedside…kind of a bedside part-fill type of thing. Of course they balk at that. But she says, "yeah, but you're not the ones walking up and down the hall all of the time"…she's very much an advocate for nurses.

Participant 8 shared an experience working with a nurse manager who looked out for her nurses:

> And then to look out for the nurses themselves to make sure they were taken care of…. you can't take care of the patient…a sick patient…if you're not feeling well yourself. So…so she made sure that we had the insurance so we can take care of ourselves. And in-services like, of course…lifting, handwashing, infection control, she would get customer service. I mean she was way ahead of her game…I'll never forget her.

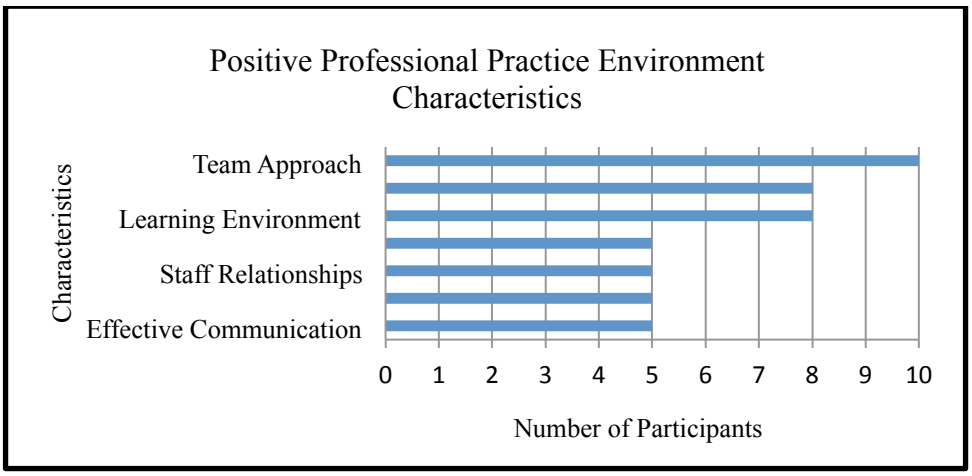
Participant 9 reflected on the importance of nurse managers as patient advocates:

> It is…well first of all, that's what we're there for. To take care of the patient…we should be advocates for the patients, of course, all the time…definitely the patient advocate piece of nursing…is part of being…a good manager.

Positive Professional Practice Environment Characteristics

The attributes or skills of the nurse manager described in the first theme are comparably different to the second theme that emerged: positive professional practice environment characteristics. The characteristics of a positive professional practice environment may be described as the interdisciplinary relationships, practices, philosophy, and culture of an organization and individual departments in which registered nurses work; the relationship between the registered nurse and their nurse manager; and the positive influence these professional practice environments and nurse manager relationships have on job satisfaction and retention of nurses. Seven specific and meaningful positive professional practice environment characteristic themes emerged from the data synthesis as described by five or more of the ten study participants. No sub-themes were identified. The positive professional practice environment themes are summarized in Chart 2.

Chart 2. Positive Professional Practice Environment Characteristics



Positive professional practice environment characteristic themes. *Team approach* was a characteristic of a positive practice environment described by ten of the ten study participants. Team approach was described as a team environment in which staff members worked together to deliver care to the patients by assisting each other using a buddy system, and where there is staff interaction and cohesiveness. Participant 1 described working as a team:

> We all had expectations, we knew what those expectations were, we all worked together to maximize those goals and…had very little friction between the nurse management and the employees and even the physicians worked, we all…worked very well together with the radiologist that…we worked with to do the various procedures…

Participant 3 expressed the experience of working together as a team in a cohesive unit: "You know you've got to have the cohesiveness of the whole unit. I think $%! does that. She brings, she has brought the place together."

Participant 8 described the team environment and its requirement of communication and planning:

> …it was a team. We worked as a team. And I guess they had their little group where people would go to lunch together while one was at lunch or two or three people were at lunch everybody else would be watching their patients and then vice versa. You'd take time. You'd take turns…working as a team. Being able to communicate among the team.

Collaborative was a characteristic of a positive professional practice environment described by eight of the ten study participants. The term collaborative was described by the participants as rounding and working closely with the physicians, a cooperative situation, and working hand in hand with other staff members to accomplish a goal. Participant 3 described a collaborative working environment:

> …I think that it would have to be…an environment where everybody was working together, it was a collaborative environment. One where we could be free to speak of our concerns. Whether it's our concerns for our nurse, nursing ourselves, our practice, whether it's concerns for patient, whether it's related to the care being given by somebody else in the environment.

Participant 10 shared the experience of working in a cooperative situation:

> I mean there was no…it wasn't like she said, you're gonna do this, this and this. It was like we have to do this, who's gonna do it? And everybody was always willing to take on stuff. So, it was very much a cooperative situation. It wasn't like…it wasn't like she was the boss, even…it didn't seem that way.

Learning Environment was a characteristic of a positive professional practice environment described by eight of the ten study participants. A learning environment was described by the participants as having educational in-services, engaging staff and making them think, exposing staff to cultural differences, getting staff involved in preventing negative outcomes, and situational learning. Participant 3 described the experience of working in a learning environment:

> Or we'd just take an RN magazine, we'd start reading out of it…in the afternoon about something that we wanted to learn about. We'd just start taking little things. And we'd just started learning about them…So we all kind of learned all kinds of stuff together. But that's what's so fun about it. Everybody has

something to offer.

Participant 4 reflected on learning about cultural differences:

> So we would have…these cultural days. We would even…she made it where everyone had to be like tolerant and accepting of everyone else. There was…she wouldn't tolerate if one person was…being rude to someone or giving someone a hard time because of their culture. She tried to always make us see the difference but accept...that we were all different.

Participant 8 described the importance of a learning environment in nursing:

> …as far as nursing is concerned, it should be a learning mode. Because you're gonna come across something that you may not ever have experienced before…even if it's with a family member, or with a doctor…you learn from each experience, day by day. So they should always remember that this is a learning experience and not to be judgmental against the nurse if she hasn't …experienced certain things…a good working environment would also include learning, achieving…

Supportive was a characteristic of a positive professional practice environment described by five of the ten study participants. This characteristic was described by the participants as being helpful, concerned, and not feeling alone. Participant 3 described the importance of being supported as a characteristic of a positive professional practice environment:

> …I mean a lot of people leave because of that too. I think people leave because they are not heard…they're not supported which to me are kind of basically the same things...being available is being supportive, being heard, being listened to…

Participant 4 reflected on the experience of working in a positive professional practice environment:

> They were very…concerned about each other. It was a good environment...I was never alone in that environment to where I could see how when I'm on the floor in some of these other environments and after certain things have gone wrong and we've talked with the nurses…I can see they had no idea what to do.

Participant 7 described the practice environment as having a supportive spirit:

> People acted like they liked each other and were willing to help each other. And I'm not saying everything was perfect…you had your cliques and your rivals. Especially night shift against the day shift, that kind of stuff. But, overall it was a very decent environment to be in. And it had an overall supportive spirit to us…

Staff Relationships as a characteristic of positive professional practice environments was described by five of the ten study participants. The idea of staff relationships was described by the study participants as the daily interactions and familiarity with one's co-workers, the existence of friendships, the importance of being loyal to one another, having rapport with the physicians, and enjoying working together. Participant 3 described the experience of having rapport with the physicians:

> …the reason why I liked it was because the physicians…we had built up a rapport with the physicians so that they trusted us to be able to take care of their patients and make decisions that…to do something if we needed to…We never left.

Participant 6 described the need for building relationships and interacting to get the job done in a positive professional practice environment:

> …building relationships no matter who your customer is…I mean I do that personally in my job. The nurse manager certainly would probably do that on a different level…I'm the Indian and she's a chief…then they would build relationships with the other chiefs that would…make everything flow more smoothly…Definitely building relationships is key, with other people…that interact with you to get the job done.

Participant 7 reflected on the experience of working on a unit that was like a family:

> We were kind of like a family…we were all loyal to one other. I just know that any time anyone had a birthday, they had a baby, they got married she was always there for every celebration.

Resource Availability was a characteristic of a positive professional practice environment described by five of ten study participants. Resource availability was a characteristic described by the participants as the tools needed to do one's job: information, education, supplies, equipment, and knowledge. Participant 1 described the

availability of resources as being a critical component in nurse management and staff retention:

> …another critical component in nurse management and staff retention is the availability of resources, and resources that can be used by not just management but also the nursing staff to have information that they need at the tip of their fingers or to have policies in place that they can access and refer to, to help guide through their decision making processes when they're in patient care or on the floor.

Participant 4 reflects on the importance of having resources available on the units:

> I transferred out of there…I did not wanna go back to that. It's just not that way…and my director saw how it was. Because she had to like go to other floors to get the supplies. Like the doctor was wanting these supplies or stuff that we didn't have. And someone else needed something else. And nothing was available in their supply room.

Participant 5 describes a positive professional practice environment as one that has resources available:

> I think in the positive professional practice environment you have the tools you need or the supplies you need. So, in terms of the nurse manager, they need to be aware of supplies and gadgets and equipment. The need to be aware when supplies change so that their staff gets the proper education on how to use the new brand…There's nothing worse than being a nurse and your supplies don't work or they're missing or you have a brand that you don't care for.

Effective Communication was a characteristic of a positive professional practice environment as described by five of the ten participants. Effective communication was described by the participants as being a good listener, giving appropriate responses, displaying pleasant mannerisms, understanding, and sharing information. Participant 4 described the importance of communicating information:

> …I think the nurses have to find a way to give them the information they need without being judgmental…you know making them feel like they aren't a part of their own care. And some of them do that when they ask a lot of questions. If the nurses don't answer their questions or find a way to give them the information that puts them in a vulnerable position…

Participant 5 described the characteristic of a positive professional practice environment as having the ability to listen:

> …it's the same image that when you tell them something they're listening. They act like they're gonna respond. I think that's very important because it not only keeps the lines of communication open where you can come back to them and tell them something again, but it also creates an environment where you feel like things are gonna be handled.

Participant 6 described an environment with pleasant communication:

> …like you walk in and you don't feel like a…tension with a knife that you could cut…that you generally hear people communicating pleasantly to each other. And I love to hear like, can I…is there something I can do to help you because I'm caught up right now? Or, things like that… that's a big thing for me.

Retention, recruitment, and job satisfaction. The third of the three categories that emerged was retention, recruitment, and job satisfaction. In contrast to the first two themes, retention, recruitment, and job satisfaction embodies the overall perspectives of the participants relative to holistic problems associated with job satisfaction and retention. Frequently, the participants identified multi-factorial influences associated with registered nurse job satisfaction and retention that may have included nurse manager attributes and practice environment characteristics, along with socio-economic and fiscal factors. The category was described by ten of the ten study participants. A comparison and review of the responses to determine contextual interrelations for each element of the category was conducted. No identifiable themes or sub-themes were noted during the review process. A synthesis of the most compelling passages characteristic of the experiences described by the study participants was generated. Participant 6 reflected on the importance of job satisfaction to prevent burnout and career choices:

> I definitely think it has an impact. Because people tend to get burnt out on jobs

> that are not fulfilling to them. And…after they're burnt out they may go look for something else to see, is it gonna be as bad or not? And…so…for retention I would think that the people…places who have offered the most job satisfaction because of the environment, the management style and whatever seems natural that they would keep…it would stand to reason that those people would have longer retention than places that don't offer that…

Participant 7 discussed the experience of working in a hostile work environment:

> And so I really think the nurse manager could be...could really be a person that could change everything. That's if her superiors understand the need for her to implement that program to make the place have better retention, a nicer...a nicer working environment…some working environments to me are very hostile.

Participant 10 reflected on the problems associated with nurse burnout and the abuse of nurses:

> Nurses leave. Nurses get unhappy. Nurses get burned out. And they move on to another situation. They hire some other young thing who doesn't have any idea what's going on. And then they do the same thing to her and work her until she's burned out…obviously nurse retention will depend on the people over them. And you know what goes on with administration in hospitals and how much they use or abuse their nurses.

Summary

The data analysis presented in Chapter 4 detailed the findings of the 30 in-depth interviews conducted with ten registered nurse participants who work in acute care hospitals using a general qualitative approach. Using a thematic analysis process and a cross-interview analysis, three categories and fifteen major themes emerged. Descriptive meanings emerged from the data synthesis process for the nurse manager attributes and positive professional practice environment characteristics themes. All of the participants reflected on the issue of retention, recruitment, and job satisfaction, but no identifiable themes were noted. Contextually, the individual issues noted concerning retention,

recruitment, and job satisfaction were significant to the overall research questions posed during the interviews and the analysis process.

In summary, the nurse manager attributes and characteristics of the positive professional practice environment described by the ten registered nurse participants were reflective of current research literature in middle management and nursing leadership and the leadership approach posed by complexity leadership theory, which provided the framework for this study. The descriptive meanings for the 15 themes that emerged were strongly evident in the experiences described by an average of 68 percent of the registered nurses interviewed.

Ninety-five percent of the participants described team approach, collaboration, and learning environment as the most critical characteristics of a positive professional practice environment. Ninety-two percent of the ten participants described the most important attributes of an effective nurse manager as expert, mentor, participant, communicator/listener, and problem-solver/critical thinker. The ability of nursing leaders to manage the dynamic relationships between traditional bureaucratic forces and the complex, informal emergent social systems where creative, adaptive, and learning behaviors emerge is supported by the experiences of the ten registered nurses who participated in this study.

The rationale for this study was to gain a greater understanding of the role of mid-level nursing leadership associated with the escalating national nursing shortage. As a registered nurse, I have a vested interest in exploring the problems associated with the national nursing shortage and the future of healthcare. Exploring the experiences of acute care registered nurses could possibly provide insight into the attributes of nurse managers

who have been successful in creating positive professional practice environments that impact the retention, recruitment, and job satisfaction of registered nurses. The research question posed was supported by the research findings of this exploratory study.

Implications from this research study of mid-level and nursing leadership for professional psychology include the need for the creation of emergent learning environments that foster a team approach, collaboration, support, interdisciplinary relationships, resources, and effective communication. The attributes of leaders at all levels are critical to the ability of organizations to foster learning environments. The ability of leaders to develop adaptive responses to stressful and chaotic environments with the formation of informal, nonlinear, heterogeneous social networks may result in effective and meaningful change as a result of creativity, learning, and adaptive change.

Chapter 5 includes a reflection of the research process for this study, focusing on what achievements were intended and what actually occurred in the study. A summary of the contents of Chapters 1 through Chapter 3 and the findings from Chapter 4 will be presented along with concluding comments, including an interpretation of the problem statement and research question, the generalizability of the findings, and a comparison of the findings to the literature review. The significance of the findings and recommendations for future research will conclude Chapter 5.

Chapter 5: Summary, Conclusions, and Recommendations

Chapter 5 provides a summary of the purpose of this general qualitative study of nursing leadership, a review of literature, the methodological approach, study findings, and concluding comments. A synthesis of the study findings are integrated with the major points from the previous four chapters. The chapter will conclude with recommendations for future research.

Statement of the Problem

Nursing and the healthcare industry in general are experiencing unprecedented demands from an aging population of acutely ill patients who were born in the post-World War II era—the baby boomers. An older population of registered nurses is retiring in record numbers while others are choosing to leave the profession all together. Discontent with the nurse practice environment is leading to a decline in nurse job satisfaction levels, which may be contributing to problems associated with the retention and recruitment of registered nurses (Zori, Nosek, and Musil, 2010).

Projections indicate that the growing deficit of nurses is expected to reach more than one million nurses by 2020 (American Association of Colleges of Nursing, 2010). Rising discontent with the nurse practice environment is leading to an overall decline in job satisfaction with concerns over safety and quality of care, dissatisfaction with managerial and organizational practices, ineffective communication, and the lack of

professional development programs (Zori, Nosek, and Musil, 2010; Lemire, 2001; Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Duffield, Roche, O'Brien-Pallas, Catling-Paull, and King, 2009).

Studies have shown that there is a positive correlation between a nurse manager's ability to establish a perceived positive practice environment and the retention of registered nurses (Zori, Nosek, and Musil, 2010). The hallmark of a positive practice environment includes: recognizing the contribution of nurses' knowledge and expertise, empowering nurses' participation in clinical decision-making, demonstrating professional development support, and creating collaborative relations (American Association of Colleges of Nursing, 2002). The ability of nurse managers to create positive professional practice environments as perceived by registered nurses impacts the nursing industry because the nurse manager frequently is in an influential position to effect the practice environment. Attributes of an effective nurse manager may directly influence the ability of these managers to solve problems, make decisions, develop professional relationships, and communicate.

Purpose of the Study

The purpose of this general qualitative study was to explore the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals. This study contributed to the body of knowledge needed to address this problem by exploring the experiences of registered nurses working with nurse managers whose perceived leadership attributes enable the creation of positive professional practice environments, thus influencing the

retention and recruitment of registered nurses.

Research Question

Leadership attributes of nurse managers may directly influence the ability of these managers to create positive professional nurse practice environments that impact nurses' job satisfaction and the retention of nurses. An exploration of the perceptions of registered nurses in acute care hospitals provided a more in-depth understanding of the key leadership attributes of nurse managers and the practice environment. The following research question was posed: What are the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals?

Summary

The rapidly changing, globalized free-market economy in the 21st century has led to the re-engineering of organizational structures (McCann, Hassard, and Morris, 2004). With advancements in information technology, traditional bureaucratic businesses are finding it difficult to support the needs of the knowledge worker. Mainstream leadership theories are being scrutinized as the role of the middle manager changes. An alternative approach to leadership offered by complexity leadership theory (CLT) considers the spontaneous and unpredictable environments in which workers are immersed (Uhl-Bien, Marion, and McKelvey, 2008). The role of the leader may be to create environments that support the emergent adaptive behaviors of social networks that form in response to chaos and stress, and that result in creativity and learning.

Skilled in social networking and positioned between the upper echelons and front-line staff, middle managers are seen as valuable conduits of information. The nurse manager may be effective in influencing operations and outcomes of healthcare business-units by aligning strategic goals with the organization's mission and vision, and promoting adaptive behaviors that advance these goals. The Leadership Education Model (LEM) is a continuous learning construct based on a holistic approach to understanding issues in nursing. The LEM poses six fundamental leadership attributes: visionary, achiever, critical thinker, communicator, mentor, and expert. The American Association of Colleges of Nurses (AACN) published the *Hallmarks of the Professional Practice Environment* (2002) in response to escalating concerns over the quality of patient care delivery systems and a looming national nursing shortage.

There is a gap in leadership literature relative to the role of the nurse manager in complex and unpredictable professional practice environments of the 21st century. Current leadership theories are premised on macrolevel theories grounded in bureaucratic concepts of centralized power prevalent in top-down hierarchical structures (Uhl-Bien, Marion, and McKelvey, 2008). Nurse managers may be in a key position to influence registered nurses' perceptions of the professional practice environment resulting in increased job satisfaction and retention of nurses. Exploring the experiences of registered nurses who work with nurse managers who are perceived as demonstrating leadership attributes that create positive professional practice environments may influence the retention of registered nurses in acute care hospitals. A general qualitative method of inquiry was used to explore the experiences of registered nurses who work with nurse managers who are perceived as having the leadership attributes which enable the creation

of positive professional practice environments.

The companion dissertation process used for this study generated a more in-depth understanding of the middle management literature and a richer research experience than if the study had been conducted independently. Working with a fellow organizational leadership doctoral student broadened my perspective of the middle management literature that resulted in the need to develop a unified definition of middle management. Two key leadership attributes common among multiple industries were identified from the exhaustive literature review and detailed discussions: two-way communicator and strategic contributor. In collaboration with my companion dissertation partner, a middle manager definition emerged: an employee positioned between front-level supervisors and top management who functions as the one responsible for a particular business-unit.

The description of the attributes of the nurse manager and characteristics of the positive professional practice environment that emerged from the interviews of the ten registered nurses demonstrated the importance of understanding the knowledge worker and the role of leaders to create well-structured and supportive professional practice environments (Hackman, 2010). The registered nurses of today appear to be highly interactive and adaptable to change as evidenced by the characteristics of a positive professional practice environment that emerged. Participant 3 described the experience of working in a highly interactive and adaptable nursing unit:

> They loved being there with her…part of it wasn't just her. It was because we were very professional. We were all on top of our game and the surgeons and the anesthesiologist trusted us…they knew that if there was something that they needed to tend to and we called them they better get there. Anesthesiologists would let us do stuff that we needed to because they saw how well we worked together.

Threats noted in the literature associated with the national nursing shortage were reflected in the retention, recruitment, and job satisfaction stories shared by each of the ten registered nurse participants and throughout Chapter 4. In response to growing concerns over the nurse practice environment and the nursing shortage, the AACN (2002) published the *Hallmarks of the Professional Practice Environment*. The characteristics of the professional practice environment—philosophy, nurse leadership, empowerment, clinical advancement, professional development, collaborative relationships, and utilization of advancements—were evident in the study findings.

Data outcomes coincided with the AACN White Paper (2002) publication. A positive professional practice environment as described by an average of 53 percent of the participants included a team approach, collaboration, a learning environment, a sense of support, positive relationships, resource availability, and strong communication. Ninety-five percent of the participants stated that a team approach, collaboration, and a learning environment were important characteristics of a positive professional practice environment. Participants described a positive practice environment as the ability to work together with other healthcare providers and organizational leaders in a collaborative manner to deliver quality patient care while learning to prevent negative outcomes and improve their clinical practice.

Complexity leadership theory (CLT) poses the role of leadership as a dynamic, emergent, and interactive process that enables the adaptive and creative processes to emerge during times of stress and chaos through resource allocation, coordination and planning activities, crisis management, and vision building (Uhl Bien, Marion and McKelvey, 2008). Fifty percent of the registered nurses interviewed described support,

staff relationships, resource availability, and effective communication as important characteristics of a positive professional practice environment. Eighty percent of the registered nurses stated that a learning environment is a significant characteristic. The descriptions of a positive professional practice environment that emerged from the registered nurse interviews reflect the leadership approach posed by CLT.

The very nature of acute healthcare environments may be considered spontaneous, unpredictable, and chaotic. CLT postulates that the localized tension created by these types of environments result in creativity, nonlinear learning, and adaptive change. The leaders who enable adaptive and creative responses during times of stress and chaos may be more effective. Participant 4 described the issue facing healthcare organizations today:

> …I believe that now you're getting reimbursed on your satisfaction skills and certain...the H-CAPS. And so when the H-CAPS go low I feel like management's gonna be pressing down on the areas that are reporting low ones…they won't get paid…it's gonna put more stress on the nurses. Then if they don't...if nothing's changing to help them and give them the tools they'll be quitting. It will be more of a turnover.

Built on a continuous learning construct, the fundamental leadership attributes outlined in the Leadership Education Model (LEM)—achiever, critical thinker, communicator, mentor and expert—were evident in the data synthesis. Eighty percent of the registered nurses interviewed described a learning environment as an important characteristic of a positive professional practice environment. Eighty-eight percent of the participants described the attributes of effective nurse leaders as expert, participant, mentor, communicator/listener, problem-solver/critical thinker, and supporter. As the role of the nurse expands in response to emerging national economic and social pressures, the

role of the nurse leader is being scrutinized and challenged. The leadership skills needed in today's dynamic and uncertain healthcare environment are reflected in the stories shared by the registered nurses interviewed. Participant 1 described the future of healthcare and the changing role of nurse managers:

> ...what is going to have to happen is that the institutions who are hiring these nurse managers are really going to have to pull from a pool of RNs that want to advance themselves…from a pool of RNs that not only want to advance themselves, but are, are professionally trained to be able to work in the environment that they are going to be in. It will not do any good, I don't see any advancement if you hire a person who has the credentials but does not have the management skills.

Nursing leaders need to make sure that nursing departments are well structured, organizational context supports the work of nurses, and skilled coaching is available to help the staff maximize their performance (Hackman, 2010). Participant 8 described the future for nurse managers and the need for a learning environment:

> ...it should be in a learning mode…you learn from each experience, day by day. So they should always remember that this is a learning experience and not to be judgmental against that nurse if she hasn't...experienced certain things...I think that...education is going to be an ongoing process for the Nurse Managers...the pressure might be increased for the Nurse Managers…in the coming...our future…so...it's gonna get more difficult for the Nurse Manager in the future. They're not gonna be able to pass the buck. They are gonna be accountable.

Underscored by general systems and continuous learning theories, LEM encompasses the behaviors, systems, and symbols of the organization as a whole. Systems leaders help others see the big picture while creating a deeper understanding of the issues (Hickman, 1998; Lemire, 2001). Strong and effective nursing learning is needed to create a positive practice environment that is healthier and safer for nurses (Dierckx de Casterle', Willemse, Verschueren, and Milisen, 2008; Rouse, 2009). Participant 10 reflected on the importance of leaders seeing the "big picture" and the need

for healthier and safer work environments for nurses:

> …obviously nurse retention will depend on the people over them. And you know what goes on with administration in hospitals and how much they use or abuse their nurses. Not just...I don't really see there being a trend to change the way they do with nurses. And I've never been able to figure out why they...I mean I feel like I see a big picture.

Participant 4 described the experience of working with a nurse manager who could see the "big picture":

> I think she sees the big picture of where we need to be…she sees the issues as they are. She's very good at kind of surveying it. That's kind of the way I am. You go in and kind of survey what's going on and you can pretty well pick up what the issues are pretty quickly, you know, about what's going on. So, she's got a good idea and she picked up on it pretty quick when she came to the facility. Both issues and managers and various not just in nursing but in other areas she saw that there were issues.

As baby boomers reach their sixties, a combination of a dispirited and aging nursing workforce suggests that the nursing shortage may be a result of structural and economic re-engineering efforts to decrease operational expenses, increasing health and safety concerns, and an increasingly medically-complex patient population (Pipe, 2008; Andrews and Dziegielewski, 2005; Wong and Cummings, 2007). Participant 8 described the aging population of nurses and foreseeable operational influences:

> Well as far as I see it as far as the future my concern is that I think it's gonna be more political...it's gonna be more about making a profit instead of really caring about the patient's insurance or their ability to pay or something like that. I just see that's it's gonna be more of the angle of being for profit…And if you're not able to, like, keep up it's really gonna be age discriminatory…if you've been practicing nursing but wait too long you're not gonna be trainable.

Participant 2 reflected on the economic and healthcare concerns facing our nation:

> …there's gonna be more sickies. There are more sickies now. They're chronic sickies. And there's gonna have to come a point here…Is that there's gonna come a point where you gotta cut it off somewhere…Why should I continue to keep

> putting an 80 year old or 90 year old back and forth in the hospital for their chronic problems? Their chronic heart failure.

Recognized as leaders, the role of nurse managers as two-way communicators and strategic contributors are evident in relationships between nurse managers, the line-staff, and top-level management, as is the need for positive professional practice environments. The nurse leader encourages communication by delivering concise and clear messages, developing meaningful interpersonal relationships, supporting the development of a culture conducive to open communication, and establishing rapport with individuals and groups (Lemire, 2001). Ninety percent of the registered nurses interviewed described communicator/listener as an important nurse manager attribute. Fifty percent of those interviewed identified effective communication as a critical characteristic of a positive professional practice environment. The need for nurse managers to be effective two-way communicators is evident in the passage shared by Participant 4:

> I was there all day long and it was fabulous watching her. She did not stand. She got in a chair. Sat down and really not up in front of them, either, kind of alongside them almost. You know, they were down so the front ones she was kind of even with them. And she just started talking with them with such ease. And she really got them engaged. She got them to open up and talk about issues that they saw, you know, um. And...and really got a lot of information from them. That was...it was...it was nice to watch that. Yeah, really nice.

Nurse managers as strategic contributors are expected to have mature interpersonal, critical thinking, problem-solving and decision-making skills necessary to achieve patient care and organizational goals (Jones and Sackett, 2009; Zori, Nosek, and Musil, 2010). Frequently, the nurse manager is involved in strategic matters pertaining to the planning, fiscal, human resources, technological, and new initiatives of the organization (Carney, 2006). The nurse manager is expected to have the leadership

skills—interpersonal, critical thinking, problem-solving, and decision-making—to achieve cost-effective and safe patient care and organizational goals.

Ninety percent of the registered nurses interviewed described problem-solver/critical thinker as a critical attribute of effective nurse managers. Fifty percent of those participants interviewed described the characteristics of a positive professional practice environment as being supportive and having effective staff relationships. Participant 3 described the importance of nurse managers to understand generational differences and the need to build relationships based on the understanding of these differences in order to achieve organizational goals:

> I mean a lot of the older ones that I know that are like me...actually I'm more of a Gen Xer than a Baby Boomer in my attitudes…all the Baby Boomers seem to be very regimented…They seem to like my way or the highway kind of thing…And it's because the environment that we were raised in…we were born in the 60s…And you expect other people to fall in line that way…Or give them a reward system to get them to go…what motivates some folks…you learn...what motivates them. And then you start using those techniques to get them to do what you wanted them to do.

The identification of factors shown to influence the retention and recruitment of nurses is resulting in an increased interest in the role of nurse leaders and the characteristics of the professional practice environment (Zori, Nosek, and Musil, 2010). The role of the nurse manager to minimize the obstacles in formal organizational structures and to harness the generative forces (tension and stress) created by emergent adaptive behaviors in response to chaos is evident in the leadership attributes and characteristics of positive professional practice environments that emerged from this study.

Limitations

Each participant currently lives and works in the same geographical region of southeast Texas, a factor that may have limited the degree of generalizability. The extensive work history of the participants did include registered nurses who had lived and worked outside of the southeast region of Texas prior to their current employment situation. The depth of the interviews generated by the use of the three-interview structure allowed the participants the opportunity to reflect on multiple registered nurse experiences minimizing potential bias of the study results.

The experiences of the participants selected for the study included registered nurses with extensive experience in a broad range of clinical specialties, which added depth and richness to the stories described during their interviews. The study included ten acute care registered nurses with ten or more years of experience in the healthcare industry. The small number of participants does minimize the generalizability of the study results.

The historical approach used in this study limited the inclusion of participants to those having ten or more years of experience. The value of including only seasoned registered nurses provided vast experiences from which to collect and analyze data. The number and types of diverse experiences shared by the participants added depth to the findings. Not including registered nurses with less than ten years of experience is a limitation of this study. New nurse graduates research suggests that there is a 30 percent turnover rate in the first year of employment and a 57 percent turnover rate after two years (Spence Laschinger, Finegan, and Wilk, 2009).

The factors associated with the high turnover rate in new nurses may be isolated

to their limited experience, their need to develop professional and practice skills, the entry-level workplace demands, the age of the nurses, or the current work environments that they enter. These factors may be contributing to the overall state of the nursing industry impacting both seasoned and new nurses regardless of career experience. The inclusion of new nurses may have resulted in different study findings, while simultaneously limiting the historical perspective offered by the seasoned or more experienced nurse participants.

Recommendations for Future Research

This study explored the experiences of registered nurses who worked with nurse managers perceived as having the leadership attributes to create positive professional practice environments in acute care hospitals that impact nurses' job satisfaction and retention. The registered nurses selected for this study currently live and work in the southeast region of Texas. A random sample of nurses from around the United States may be a more generalizable study representative of the field of nursing as a whole.

A subsequent study from the perspective of the nurse manager may provide even greater insight into the problems associated with the national nursing shortage or current nursing leadership theories. The experiences of nurse managers who report to executive level leaders within acute care hospitals may help clarify specific problems associated with Medicare reimbursements, fiscal responsibilities, human resource pitfalls, or systems issues. Upper-level administrators may benefit from further studies to gain a better understanding of the problems associated with the national nursing shortage and the role of the nurse manager as a leader.

Institutes of higher education may benefit from an exploratory study of the perceptions of graduates and nursing leadership skills. Educational curriculums may be impacted by the leadership experiences of graduates and the need to better prepare nurses for leadership positions in today's healthcare environment. Understanding the generational differences among fellow nurses and patients may create a more positive professional practice environment for nurses and improved quality of care for patients.

Additional studies should be conducted that focus on registered nurses with less than ten years of experience. The results of the study could be compared to the results of this study to determine if the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments of seasoned registered nurses differ from newer registered nurses. The decision-making abilities, critical-thinking skills, and professional behaviors of seasoned nurses gained through career longevity may better equip these nurses to deal with practice environment issues. The skills gained over time may result in lower absentee rates, less workload stress, and lower incidences of turnover as compared to that of newer nurses. The future of nursing may depend on the ability of researchers, educators, and leaders to create professional work environments that minimize burnout, turnover, and absenteeism for both seasoned and new nurses.

Recommendations for Practice

The experiences shared by the registered nurses in this study provided insight into some of the problems facing nurses in today's tumultuous healthcare climate. Escalating concerns over a growing national nursing shortage are leading to further questions about

the role of the nurse manager and the problems associated with nurse job satisfaction and retention. The results from this exploratory study of acute care registered nurses may provide researchers in nursing leadership with an overview of the relationship between the leadership attributes of nurse managers, the characteristics of a positive professional practice environment, and nurse job satisfaction and retention.

Compounded with an aging population of critically ill patients, the emerging perception of problems associated with an aging population of nurses is revealed in this study. The stories shared by the participants in this study about the abuse and stress that nurses are frequently exposed to suggest that the nation is on the cusp of the national nursing shortage. The full impact of a nursing shortage may result in a degree of decay that is detrimental to the overall quality of the national patient care delivery system. The nursing education system and nursing leadership researchers may benefit from the data produced from this study to better understand how to prepare nursing leaders with the skills needed to create positive professional practice environments that enhance job satisfaction, retention and recruitment, and why such action is necessary.

Conclusions

The central research question for this general qualitative research study postulated that leadership attributes of nurse managers may directly influence the ability of these managers to create positive professional nurse practice environments that impact nurses' job satisfaction and the retention of nurses. An exploratory study of the perceptions of registered nurses in acute care hospitals did provide a more in-depth understanding of the key leadership attributes of nurse managers and the characteristics of a positive

professional practice environment as evidenced by the research findings.

Three major categories emerged from the data synthesis of the 30 interviews: nurse manager attributes, positive professional practice environment characteristics, and nurse retention, recruitment, and job satisfaction. A total of 15 themes emerged in two of the categories: nurse manager attributes and practice environment characteristics. No sub-themes were identified. The ten acute care registered nurse participants in this study described seven nurse manager attributes as being important to the effectiveness of nurse managers: expert, mentor, participant, communicator/listener, problem-solver/critical thinker, supporter, arbitrator, and advocate. Seven characteristics of a positive professional practice environment emerged from this study: team approach, collaborative, learning environment, supportive, staff relationships, resource availability, and effective communication. All ten of the participants described issues associated with the third category—retention, recruitment, and job satisfaction—all of which were significant to the overall context of the research question. No themes emerged in the third category.

The role of nursing leadership as a dynamic, emergent, and interactive process that enables the adaptive and creative processes to emerge in times of stress and chaos through resource allocation, collaboration, learning, strategic planning, and communication is evident in the concepts of leadership postulated by complexity leadership theory. The description of the nurse manager attributes and the characteristics of a positive professional practice environment that emerged from this general qualitative study demonstrated the importance of understanding the knowledge worker and the role of leaders in the 21st century to create well-structured and supportive professional practice environments for registered nurses. The fundamental leadership attributes

described by the participants corresponded with the nurse leadership attributes delineated by the Leadership Education Model. The characteristics of the professional practice environment as described by the AACN White Paper (2002) were evident in the study findings. The outcomes of the study supported the companion dissertation definition of middle manager, which suggested that the two key leadership attributes common across multiple industries are those of two-way communicator and strategic contributor.

The descriptions that emerged from this exploratory study of middle management and nursing leadership provided a more in-depth understanding of the key leadership attributes of nurse managers that influence the ability of nurse managers to create positive professional practice environments that impact nurses' job satisfaction and retention. The findings from this study support current nursing leadership literature that suggests that discontent with the nurse practice environment is leading to a decline in nurse job satisfaction levels, which may be contributing to problems associated with the retention and recruitment of registered nurses (Zori, Nosek, and Musil, 2010).

The exploration of the leadership attributes of acute care nurse managers does contribute to the growth and effectiveness of the nursing profession amidst an uncertain and chaotic national healthcare climate. The stories told by the participants and the themes that emerged from this study helped fill the gap in current nursing leadership literature relative to the role of the nurse manager in complex and unpredictable professional practice environments. The leadership attributes that are needed to establish continuous learning environments are critical to the role of the nurse manager.

Current leadership theories are built on macrolevel theories grounded in bureaucratic concepts of centralized power in top-down hierarchical structures (Uhl-Bien,

Marion and McKelvey, 2008). Complexity leadership theory (CLT) provides an alternative approach in the study of nursing leadership, specifically the leadership attributes of nurse managers to create emergent practice environments amid the chaos, stress, and tension frequently experienced by registered nurses working in current professional practice environments. This exploratory study concluded that the attributes of nurse managers who enable the creation of positive professional practice environments do influence registered nurse job satisfaction and retention.

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Appendix A: Companion Dissertation Personal Statements

Lance Raymond is a member of Cohort II at The Chicago School of Professional Psychology's Organizational Leadership program. I worked collaboratively with Lance to gather and interpret the existing literature on middle management. Lance's qualitative, phenomenological research explores the experience of a middle manager as a cross-functional team leader.

Lance lives in Woodbridge, VA, and grew up in Walnut Ridge, Arkansas. He is married and has one child. He received a bachelor of arts in criminal justice and sociology from The University of Arkansas and a Master of Business Administration from National University. Lance's professional experiences include retail management, military involvement as an officer, and financial management in the federal government. Lance's professional interests include middle management, team leadership, cross-functional teams, empowerment and diversity.

I am also a member of Cohort II at The Chicago School of Professional Psychology's Organizational Leadership program. I worked with Lance in a collaborative effort to saturate the existing middle management literature. My general qualitative research explores the experiences of acute care registered nurses working with nurse managers whose perceived leadership attributes enable the creation of positive professional practice environments influencing the retention and recruitment of registered

nurses.

I reside in League City, Texas with my husband of 24 years and three children. Both my husband and I are registered nurses. I have practiced nursing for more than twenty-five years, initially as a Licensed Vocational Nurse (1986) and then as a Registered Nurse (1990). I attended Texas A&M University in undergraduate studies, received a Bachelor of Science in Nursing from The University of Texas Medical Branch (1990), and a Master of Business Administration in Healthcare Management from The University of Phoenix (2006). My professional experiences include work as an adult, acute care clinician, research study coordinator, certified Infection Control Practitioner (CIC), Quality/Risk Management Director, Chief Clinical Officer, Chief Executive Officer, and corporate Clinical Services Director for long-term acute care, rehabilitation, and behavioral health hospitals. I am interested in pursuing further studies in healthcare leadership at multiple organizational levels, as well as nursing leadership education and practice.

Appendix B: Eligibility Screening Questionnaire

1. Are you a registered nurse with a current license to practice nursing?
2. How long have you practiced as a registered nurse?
3. Do you currently work in an acute care healthcare setting?
4. How long have you worked in an acute care healthcare setting?
5. What clinical specialty area do you currently work? (ie; adult medical/surgical, adult intensive care, emergency services, pediatrics, surgical, oncology)
6. Do you currently work directly with a nurse manager?

Appendix C: Letter of Invitation

Name
Street Address
City, State
(Insert Date)
(Insert Participant's Contact Information)

Dear (Insert Name),

I am a student at The Chicago School of Professional Psychology completing my doctoral studies in organizational leadership. I am conducting a research study entitled *Exploratory Study of Nursing Leadership: An Inquiry of Leadership Attributes of Nurse Managers in Acute Care Hospitals and the Professional Practice Environment*. The purpose of the study is to understand the experiences of registered nurses working with nurse managers whose perceived leadership attributes enable the creation of positive professional practice environments influencing the retention and recruitment of registered nurses in acute care hospitals.

Your participation will include three 90-minute audio taped interviews conducted during a three–six week period of time. Participation is voluntary and you may terminate the interview at any time. You are under no obligation to complete the interview, to answer any question, or discuss any topic. There is no monetary reward given to you for participating, however, you may benefit from just being listened to and having your stories told. Understanding the experiences and perceptions which may have influenced your professional practice environment may allow healthcare and educational organizations to address nursing leadership training, education, and practice. Your assistance may contribute to the advancement of the nursing profession, improvements in the healthcare delivery system, and the quality of patient care.

While there are no foreseeable risks for participating in this research study, you may experience emotional, mental, or physical risks as a result of the interviewing process and the reconstruction of your lived experiences and perceptions within your life history. The time commitment for participating in the interviews may cause added stress or concern to you. Your anonymity and confidentiality will be protected throughout the research study. All confidential information will be secured in a locked cabinet, and electronic information will be password protected and maintained on my personal computer located in my home office. All information gathered from the interviews will be maintained securely for five years, and will be destroyed at the end of this time.

If you are interested in participating in the study, or have any questions regarding the

study, please call me at 281-798-8675 or email jmh9349@ego.thechicagoschool.edu.

Sincerely,

Janet Henriksen

Appendix D: Informed Consent

Title: Exploratory Study of Nursing Leadership: An Inquiry of Leadership Attributes of Nurse Managers in Acute Care Hospitals and the Professional Practice Environment

Investigators: Janet Henriksen, Primary Investigator

We are asking you to participate in a research study. Please take your time to read the information below and feel free to ask any questions before signing this document.

Purpose: The purpose of this general qualitative study is to explore the perceived leadership attributes of nurse managers who enable the creation of positive professional practice environments for registered nurses in acute care hospitals. Nurse managers are frequently in influential positions to effect the practice environment. This study will contribute to the body of knowledge needed to understand rising discontent with the nurse practice environment, an overall decline in registered nurse job satisfaction, and problems associated with the retention and recruitment of registered nurses.

Procedures: A series of three separate, 90-minute audio taped interviews will be conducted by the researcher with each of the participants. The interviews will be scheduled and conducted at the convenience of the participants and will be conducted over a three–six week period of time. A set of pre-determined, open-ended interview questions will be used to explore the participants' perceptions and experiences. Participants will be encouraged to openly express themselves and share their perspectives of the world through the reconstruction of earlier life experiences up to the present time.

Risks to Participation: Study participants may be at emotional, mental, or physical risk as a result of the interviewing process and the reconstruction of their lived experiences and perceptions within the participants' life history. The time commitment for participating in three 90-minute interviews over a three–six week period of time may cause added stress or concern for the participants.

Benefits to Participants: You will not directly benefit from this study. However, we

hope the information learned from this study may benefit society in our understanding of how the leadership attributes of nurse managers may directly influence the ability of these managers to create positive professional practice environments that impact nurses' job satisfaction and the retention of nurses.

Alternatives to Participation: Participation in this study is voluntary. You may withdraw from study participation at anytime without any penalty.

Confidentiality: Information gathered from study participants will be de-identified using a coding system developed and known only to the researcher, names or other identifying information will not be used in the dissertation. All tape recordings, confidential documents, and a portable flash drive will be located in a locked cabinet in the researcher's home office for a minimum of five years per APA guidelines. At the end of five years, all confidential documents will be shredded and the flash drive destroyed. Information uploaded to a qualitative research data base will be maintained on a personal computer located in the researchers personal office and will be password protected at all times with access limited solely to the researcher. Backup files will be password protected and stored in a secure location accessible to the researcher.

Questions/Concerns: Please contact Janet Henriksen, Primary Investigator at 281-798-8675 (cell) or by email at jmh9349@ego.thechicagoschool.edu for any study-related questions. Dr. Nancy Davis, dissertation chair, may be contacted at ndavis@thechicagoschool.edu. If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research project. You may reach the IRB office Monday–Friday by calling 312-467-2343 or writing: Institutional Review Board, The Chicago School of Professional Psychology, 325 N. Wells, Chicago, Illinois, 60654.

Consent

Subject

The research project and the procedures have been explained to me. I agree to participate in this study. My participation is voluntary and I do not have to sign this form if I do not want to be part of this research project. I will receive a copy of this consent form for my records.

Signature of Subject: _____

Date: _____

Signature of the Person Obtaining Consent: _____

Date: _____

Appendix E: Three-Interview Structure Questions

Interview One:

- Oftentimes the best way to learn about how you have experienced working with nurse managers who enable the creation of positive professional practice environments in acute care hospitals is to reflect on earlier experiences. At times I may ask you to provide further detail about things you may say or events that you describe from your past. You may tell me as much as you feel comfortable in light of the topic up to the present time.
- Today, I would like to ask you how you came to be a registered nurse. I want to focus on significant relationships, changes in your life, and events that occurred that may have influenced your decision to become a nurse. Let's begin with your childhood. Tell me about your relationships with your parents, family members, and friends. Tell me about these relationships, what they meant to you, and how they may have influenced you up to the time you became a nurse. You may want to tell me about life changes and events at the same time you talk about these relationships or you may choose to do so separately. Telling a story about an event or relationship may be helpful to you. I would like to start from your childhood and move forward until the time you became a registered nurse.

Interview Two:

- Last time we spoke, we talked about your relationships, life changes, and past events in your life that may have influenced your decision to become a nurse. Is there anything

else you would like to share with me? Or anything you would like to talk about that you did not talk about the last time we met? During our time today, I would like to concentrate on the details of your present experience as a registered nurse working with nurse managers you perceive as having the leadership attributes to enable the creation of positive professional practice environments in acute care hospitals. I would like you to talk about your relationship with these nurse managers, the leadership attributes they display, and the practice environment as it relates to registered nurse job satisfaction and retention.

- I would like you to describe in detail the characteristics of the leadership attributes displayed by the nurse managers such as critical thinking, problem solving, communication or mentoring, and characteristics of the professional practice environment such as quality, safety, interdisciplinary collaboration, continuity of care, and accountability. Please describe any significant events that have occurred in relation to working with these nurse managers in acute care hospitals. You may wish to reconstruct a day at work from the time you arrive until the time you leave your work.

Interview Three:

- The last time we spoke we talked about your present experience as a registered nurse working with nurse managers you perceive as having the leadership attributes to enable the creation of positive professional practice environments in acute care hospitals. Is there anything you would like to add that you did not talk about last time? Today I would like you to reflect on the meaning of your experiences as a registered nurse working with nurse managers you perceive as having the leadership attributes to enable the creation of

positive professional practice environments in acute care hospitals. Given what you have said about your life before becoming a registered nurse and given what you said about your work now, how do you understand the leadership attributes of nurse managers who enable the creation of positive professional practice environments? What sense does it make to you? Given what you have described during these interviews, where do you see nursing going in the future? How will registered nurse job satisfaction and retention be impacted?