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FACTORS THAT ATTRACT AND RETAIN REGISTERED NURSES IN THE FIRST-LINE NURSE MANAGER ROLE

FACTORS THAT ATTRACT AND RETAIN REGISTERED NURSES IN THE FIRST-LINE NURSE MANAGER ROLE

By KAREN CZIRAKI, R.N., B.Sc.N.

A Thesis Submitted to the School of Graduate Studies in Partial Fulfillment of the Requirements for the Degree Master of Science

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TITLE: Factors that Attract and Retain Registered Nurses in the First-Line Nurse Manager Role

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ABSTRACT

In healthcare organizations, the first–line nurse manager role is pivotal. The role links management and employees, and has a direct impact on organizational performance, including quality of care, financial stability, and patient satisfaction (Gallo, 2007). The first-line nurse manager interfaces with a variety of professions including physicians, and is expected to be clinically proficient, and to demonstrate non-nursing knowledge in areas such as labour relations, information technology, financial and business management (Gould, Kelly & Maidwell, 2001). When retirement projections are applied to the first-line nurse manager population, Canada will face a serious nursing management shortage this decade (CNA, 2009). In light of the paucity of research studies pertaining to this subject, an exploratory descriptive qualitative research study was conducted in a large regional health care organization in Central South Ontario to determine the factors that attract and retain Registered Nurses in this role. The findings revealed a discrepancy between the factors that attract and retain Registered Nurses in the first-line nurse manager role, underscored the importance of the mentor role, and confirmed the challenges encountered by first-line nurse managers practicing in the current healthcare environment. Several recommendations are presented at the individual, program, organization and policy levels to inform Registered Nurses who are interested in pursuing a career in nursing management, and to assist healthcare leaders to create environments that attract and support Registered Nurses in this important role.

Keywords: first-line nurse manager, attract, retain

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DECLARATION OF ACADEMIC ACHIEVEMENT

The following is a declaration that the content of the research in this document has been completed by Karen Cziraki and recognizes the contributions of Dr. Colleen McKey, Dr. Gladys Peachey, Dr. Pamela Baxter, Ms. Brenda Flaherty and Dr. Nancy Carter in the research process and the completion of the thesis.

CHAPTER I: BACKGROUND

In healthcare organizations, the first-line nurse manager role is pivotal. This role links management and employees, and has a direct impact on organizational performance, including quality of care, financial stability and patient satisfaction (Gallo, 2007; Lucas & Laschinger, 2008; Shirey, 2006). The first-line nurse manager facilitates the attainment of organizational goals and objectives (Anthony et el., 2005; Oroviogoicoechea, 1996), and impacts work environments by decreasing stress, and increasing communication, job satisfaction and patient safety (Shirey). Effective first-line nurse managers provide support and guidance to staff (Squires, 2004), and are the "glue" that holds hospitals together (Parsons & Stonestreet, 2003).

The first-line nurse manager role has evolved from a head nurse position with responsibility for nursing staff and practice, to a manager role that supervises or interfaces with a variety of professions including physicians. The first-line nurse manager is expected to be clinically proficient, and to demonstrate non-nursing knowledge in areas such as labour relations, information technology, financial and business management (Gould, Kelly & Maidwell, 2001). The evolution of the first-line nurse manager role was influenced by the restructuring efforts during the 1990s, with downsizing of the first-line nurse manager workforce and increased responsibilities for those remaining in the role (Udod & Care, 2011). Previously, the head nurse reported to a nursing supervisor. Today, the first-line nurse manager reports to a director who is a nurse or member of another health care profession.

The transition from head nurse to first-line nurse manager mirrors a shift in recent years from Industrial Age/Classical Newtonian (Miller, 1993) thinking to Quantum or Complexity Science (Capra, 2002). Industrial Age thinking viewed the organization as a machine, where parts of the system were separate and distinct. This contrasts with Quantum or Complexity Science where parts of the system are linked and understood in terms of their relationship to the whole (Porter O'Grady, 1999). Technological advances and globalization have added to the complexity of the healthcare system and organizations, resulting in rapid and relentless change. In order to move forward, first-line nurse managers must understand the complexities of the healthcare environment, and translate change in a meaningful way for staff, partners and patients (Malloch & Porter O'Grady, 2009).

Combined with the complexities and rapid change is the retirement projections of first line nurse managers, which places Canada at risk for a serious nursing leadership shortage (CNA, 2009). In light of the important role that first-line nurse managers play, there is clearly a need for organizations to create environments that attract and retain nurses in this role. Limited research has been conducted in the areas of first-line nurse manager recruitment and engagement, and there is a gap in the literature regarding the factors that attract nurses to this role in the first place (Laschinger & Wong, 2010). Determination of such factors would assist organizations and policy makers to employ strategies that attract and retain nurses in this important role.

Purpose and Overview of Thesis

The purpose and primary objective of this research study was to determine the factors that attract Registered Nurses into the first-line nurse manager role in a regional healthcare organization in Central South Ontario. A second objective was to explore the factors that keep nurses in this role. The third and fourth objectives were to identify the characteristics of Registered Nurses who choose to stay in the role, and the challenges inherent to the role.

Four questions were investigated using an exploratory, descriptive research design:

1. What attracts Registered Nurses to the first-line nurse manager role?
2. What factors promote the retention of Registered Nurses in the first-line nurse manager role?
3. What are the characteristics of Registered Nurses who choose to stay in the first-line nurse manager role?
4. What challenges must be addressed to attract and retain Registered Nurses in the first-line nurse manager role?

The chapters of this report focus on different aspects of this research study. Chapter Two provides an overview of the literature related to the first-line nurse manager role, including demographics, recruitment, retention, and engagement. The purpose of this review was to gain insight into factors that attract and keep nurses in the first-line nurse manager role. Chapter Three outlines the research methodology that was used in this study. Research findings are presented in Chapter Four, followed by a summary of

this study in Chapter Five, with implications for the individual, program and corporate levels of the organization, and health care system at large.

CHAPTER II: LITERATURE REVIEW

A comprehensive literature review was conducted using the electronic databases of CINAHL, MEDLINE, OVID and PsychINFO. The main search terms used were "nurse administrator", "personnel recruitment" and "personnel retention". Other key words that were used included "nurse manager", "nursing management", "personnel selection", "personnel turnover", "organizational culture", "burnout", "stress", "job satisfaction", "workload", and "workplace". To narrow the search, inclusion criteria were established to include all English language full-text articles from 1995 to date. The rationale to support the selection of this timeframe is the increased emphasis on the role of the first-line nurse manager following the restructuring of healthcare in Canada. A search for unpublished studies such as dissertations was conducted using ProQuest, and a search of the grey literature was undertaken using Google and Google Scholar. Professional nursing websites were explored for relevant references, including the Canadian Nurses Association and Registered Nurses' Association of Ontario. Finally, the reference lists of the acquired articles were reviewed for additional literature.

The focus of the first section of the literature review is to define the first-line nurse manager role. This is followed by a discussion about the first-line nurse manager role including span of control, the skill set that is required by first-line nurse managers, and the importance of the role in today's healthcare environment. A synopsis of several national and provincial databases to demonstrate the average age of first-line nurse managers and imminent losses to retirement has been included in this chapter. The final section of the literature review contains current literature to inform the study and research

questions. Information from theoretical and research papers has been included pertaining to the topics of first-line nurse manager recruitment, retention, and engagement.

Defining the First-Line Nurse Manager Role

A review of the literature revealed inconsistent terminology for the first-line nurse manager role. Several authors refer to this role as nurse manager (Coughlin, 2002; Hudson Thrall, 2006; Laschinger, Purdy, Cho, & Almost 2006; Johnstone, 2003; Mackoff and Triolo, 2008; Parsons and Stonestreet, 2003; Shirey, 2006). Some authors use the title first-line nurse manager interchangeably for nurse manager (Andrews & Dziegielewski, 2005; Skytt, Ljunggren & Carlsson, 2007). Other labels for the role are clinical nurse manager (Oroviogoicoechea, 1996), front-line nurse leader (Stevenson-Dykstra, 2003), head nurse/supervisor (Canadian Nursing Advisory Body, 2002), nurse leader (Bondas, 2003), nurse administrator (Rudan, 2002), and first-line manager (Laschinger & Wong, 2007).

Skytt, Ljunggren and Carlsson (2007) define the role of first-line nurse manager as a Registered Nurse holding twenty-four hour accountability for the management of a unit(s) or area(s) within a healthcare organization. This definition is consistent with Andrew and Dziegielewski's (2005), the American Organization of Nurse Executives' (1992), Lageson's (2004), and Shirey, McDaniel, Ebright, Fisher and Doebbeling's (2010) definitions for a first-line nurse manager. A more inclusive definition for the first-line manager has been proposed by Laschinger and Wong (2007). These researchers define the role as "nurses or non-nurses in positions with line responsibility for nursing

and acute care patient units/wards with staff nurses reporting to them. There is no level of management below them; however they may have charge nurses, supervisors or team leaders who report directly to them" (p. iv).

Laschinger and Wong's (2007) definition most accurately reflects the role that is examined in this research study. However, the term non-nurse is included in this definition. Due to the limitations of this small study and focus on the nursing population, this term has been eliminated. In this study, first-line nurse managers are defined as Registered Nurses with line responsibility for nursing and acute care units/wards. Registered Nurses, Registered Practical Nurses, interprofessional team members, Charge Nurses, Supervisors, Team Leaders, Business Clerks and non-professional staff such as Health Care Aides, all report directly to the first-line nurse manager.

This section of the literature review has provided information and a definition to understand the first-line nurse manager population examined in this research study. The next section provides an overview of the literature in order to describe the first-line nurse manager role.

Describing the First-Line Nurse Manager Role

The first-line nurse manager position is described as one of the most challenging in health care due to a broad range of responsibilities (Kramer et al., 2007). The evolution of the role was influenced by program management, increased demand for resources, and the restructuring efforts during the 1990s, with downsizing of the first-line nurse manager workforce and increased responsibilities for those remaining in the role (Udod & Care,

2011). The first-line nurse manager role has evolved from a head nurse position with responsibility for nursing staff and practice (Shirey, 2006), to a management position that interfaces with educators, clinical nurse specialists, financial controllers, and physicians (Laschinger & Wong, 2007). The first-line nurse manager supervises nurses and a variety of non-nursing personnel, and manages all resources associated with specific patient populations, congruent with a program management approach to care delivery (Laschinger & Wong). In the past, the head nurse reported to a nursing supervisor. Today, the first-line nurse manager reports to a supervisor who is a nurse or member of another health care profession.

In a small exploratory study involving fifteen participants from the United Kingdom, Gould, Kelly and Maidwell (2001) claimed that first-line nurse managers are responsible for maintaining current knowledge and experience in their specific area of practice, supporting the education and professional development of junior nursing staff, and acquiring knowledge about information technology, risk management, financial analysis, human resources and labour relations. In a qualitative study from Australia that utilized a feminist approach, Paliadelis, Cruickshank and Sheridan (2007) interviewed twenty nursing unit managers, and reported that nurse managers feel ill prepared and improperly supported to perform their duties. Parsons and Stonestreet's (2003) key findings from their qualitative American study indicated that managers must deal with competing demands from patients, staff and administration, and manage the clinical and business aspects of multiple units with large spans of control. The 28 participants in this study were from one organization only, with a minimum of two years experience in the

role. In addition, type of study, rationale for sample size and determination of data saturation were not discussed, limiting the transferability of findings.

This component of the literature review has incorporated research literature to describe the first-line nurse manager role. It is noteworthy that the studies cited in this section of the literature review were all conducted in settings outside of Canada. This fact, together with the limited information concerning study designs severely limits the transferability of these study findings to the Canadian health care setting.

To gain greater understanding of the first-line nurse manager role, a review of the literature related to span of control is provided in the next section.

Span of Control

During the last decade, interest has grown in span of control and how this impacts the ability of the first-line nurse manager to effectively support and supervise staff (Young-Ritchie, Laschinger and Wong, 2009). McCutcheon, Doran, Evans, McGillis-Hall and Pringle (2009) defined span of control as “the number of people who are supervised by a manager” (p.50). This definition is consistent with the definition utilized by the Ontario Hospital Association (2011).

Hechanova-Alampay and Beehr (2001) studied the negative effects of wide spans of control in an American chemical plant. Significantly higher rates of unsafe behaviours and work safety accidents were reported in this quantitative research study when managers had wide spans of control (Hechanova-Alampay & Beehr). Unfortunately, limited information was provided concerning the recruitment process of the 531

participants and methods used to analyze the data; however, the study provides a useful comparison to the healthcare environment, where patient and health care provider safety are paramount concerns. In contrast, narrow spans of control in the airline industry improved performance as a result of the manager's intensive coaching and feedback (Gittell, 2001). Gittel's mixed methods study was conducted in the United States and involved measures of quality performance such as customer complaints, baggage handling and late arrivals. Gittell described observational experiences totalling 13 days, and interviewed 48 participants to gather qualitative data. Convenience and theoretical sampling techniques were identified for participant selection; however data analysis techniques were not discussed. Other researchers have supported narrow spans of control with as few as 8-12 employees (Urwick cited in Pabst, 1993).

In a discussion paper concerning the United States healthcare setting, Pinkerton (2003) stated that the number of employees supervised by the first-line nurse manager ranged from 23 to 215, with an average of 83 staff. The number of supervised employees in seven Canadian teaching and community hospitals was recently reported by McCutcheon, Doran, Evans, McGillis Hall and Pringle (2009). This descriptive correlational research study involved a large sample size of 41 nurse managers and 717 nurses from 51 patient units, with an excellent survey response rate that exceeded 90%. The study methodology was appropriate given the inductive nature of the research questions and requirement to test relationships between span of control and unit outcomes. One of the strengths of this study was that the actual sample sizes exceeded requirements for the selected statistical tests. Conversely, Cronbach's alpha tests for the

instruments that were used in the study did not consistently reach 0.8 (Streiner & Norman, 2003). As well, the use of convenience sampling limits the generalizability of findings (Polit & Beck, 2004).

McCutcheon, Doran, Evans, McGillis Hall and Pringle (2009) purported that the range of supervised employees for 41 first-line nurse managers was 36 to 258 staff, with an average of 81 employees. When the first-line nurse manager with 258 staff was identified as an outlier and removed from the database, the average number of supervised employees remained high at 71. These results are similar to previous Canadian studies by Lucas and Laschinger et al. (2008), and O'Brien-Pallas, Tomblin Murphy, Laschinger, White and Milburn (2004), and noticeably higher than the numbers of supervised employees cited in the management literature outside of healthcare.

In this first nursing research study to explore the relationship between the effects of leadership and span of control on unit outcomes, McCutcheon, Doran, Evans, McGillis Hall and Pringle (2009) found that larger spans of control negatively impacted nurses' job satisfaction. As the number of supervised employees increased, first-line nurse managers did not exhibit the characteristics of transformational or transactional leadership styles which are known to increase nurses' job satisfaction. Instead they utilized management by exception or laissez-faire leadership styles, which do not consistently meet the needs of employees (McCutcheon, Doran, Evans, McGillis Hall and Pringle).

McCutcheon, Doran, Evans, McGillis Hall and Pringle (2009) recommended that organizations invest in the development and implementation of training programs for

first-line nurse managers that focus on the development of transformational and transactional leadership styles. They also advocated for further nursing research to determine the optimum span of control for first-line nurse managers that incorporates factors such as work complexity, geography, degree of worker direction and control, supports and unit predictability. McCutcheon, Doran, Evans, McGillis Hall and Pringle argued that guidelines to determine the optimum span of control would assist organizations to determine an appropriate number of supervised employees and workload for each first-line nurse manager.

In 2011, the Ontario Hospital Association (OHA) supported a study to identify key and practical leading practices in order to ease the negative impacts associated with large spans of control. Tools to measure span of control were included in this study. The Ottawa Hospital Span of Control Assessment Tool is currently being tested for reliability. Results of the reliability testing and recommendations for practice will be communicated by the OHA in late 2012 (OHA, 2011).

This section of the literature review has included a definition for span of control, and an overview of research and current activities to gain greater understanding of the first-line nurse manager span of control. The next section of the literature review discusses the skill set that is required by the first-line nurse manager to manage in the current healthcare environment.

The First-line Nurse Manager Skill Set

The advent of technology and globalization has further added to the complexity of the healthcare environment (Malloch & Porter O'Grady, 2009), creating rapid and relentless change. The first-line nurse manager must understand the complexities of the healthcare environment and translate changes in a meaningful way for staff, partners and patients (Malloch & Porter O'Grady). Malloch and Porter O'Grady emphasize the importance of healthcare leaders focusing on relationships, and creating environments that evolve and produce creative outcomes. Consistent with Malloch and Porter O'Grady's principles, first-line nurse managers must develop relationships and work collaboratively with partners inside and external to their organizations. In a descriptive exploratory study designed by Jones and Cheek (2003), findings indicated that first-line nurse managers must be involved in practice development, and nurture partnerships among tertiary facilities, healthcare and educational providers to improve quality of care, patient flow and the educational experiences of students. Semi-structured interviews with a purposive sample of at least one Registered Nurse and one Enrolled Nurse from 17 settings, including acute hospital, psychiatric hospital, nursing home, and community health, yielded rich data in this research study. However, a significant limitation lies in the transferability of findings from the Australian healthcare setting to the Canadian healthcare environment. Funding arrangements and the degree of private health insurance and privatization are two fundamental differences between the two settings that influence how external relationships are formed.

The principles identified by Malloch and Porter O'Grady (2009) provide a useful framework for the novice first-line nurse manager who must learn how to lead, manage, and interact in the current healthcare environment. The inclusion of non-nursing knowledge in an orientation program for the new first-line nurse manager such as labour relations, information technology, financial and business management (Gould, Kelly & Maidwell, 2001) would facilitate the development of the skills necessary to manage the business aspects of the role. A comprehensive list of competencies for the nurse leader was proposed by Huston (2008) and supported by the CNA (Laschinger & Wong, 2010). The competencies build on Malloch and Porter O'Grady's work and provide a concrete inventory of the key skills that are required in the first-line nurse manager role. The competencies include the ability to vision and adapt in a rapidly changing chaotic environment, a global mindset concerning healthcare and professional nursing issues, use of technology to support communication, relationships, and business operations, evidenced-informed decision-making, creation of quality and patient safety cultures, the ability to understand political processes and intervene when necessary, collaborative and team building skills, and the ability to balance personal values with performance expectations (Huston).

This section of the literature review has identified the skills that first-line nurse managers must acquire to perform in the current complex healthcare environment. The next section reviews the importance of the first-line nurse manager role.

Importance of the First-line Nurse Manager Role

First-line nurse managers play an important role in creating the health care environment and modeling the way for staff nurses (Shirey, 2006) by challenging the process, inspiring a shared vision, enabling others to act, and encouraging the heart (Kouzes & Posner, 2002). First-line nurse managers play an important part in ensuring that nursing has a voice in decision making concerning patient care (Laschinger & Wong, 2007). They contribute to the provision of nursing care by maintaining high standards and a safe environment for care delivery (Gould, Kelly & Maidwell, 2001).

The impact of the first-line nurse manager role on staff, patient and organizational outcomes has been demonstrated in the magnet hospital studies conducted in the United States between 1985 and 2001. Magnet hospitals exhibit characteristics that draw nurses to want to work in those organizations, including reduced patient mortality rates, increased nurse satisfaction scores, and increased recruitment and retention rates (Aitken, Smith & Lake, 1994). In a comparative analysis of 16 magnet hospitals across the United States, Kramer and Schmalenberg (1988) conducted interviews and focus groups with 273 head nurses, 247 clinical experts and 16 Chief Nursing Executives from 16 hospitals that demonstrated magnet characteristics. These organizations were representative of a larger sample of 41 hospitals; however, selection criteria for the final sample were not discussed in the paper. Kramer and Schmalenberg concluded that a supportive nurse manager was an essential component of magnetism and creation of trust in the workplace.

Relationships between first-line nurse manager behaviour, staff nurse job satisfaction, productivity, and organizational commitment have been reported by two

researchers (Force, 2005; McNeese-Smith, 1997). Upnieks (2003) confirmed that greater access to magnet nurse leaders and support for autonomous clinical decision-making by these leaders positively impacted nurse satisfaction scores. In a descriptive cross-sectional research study in 23 American hospitals by Lageson (2004), a focus on quality by the first-line nurse manager that related to customer service and satisfaction, was a significant predictor variable for staff nurse satisfaction scores. 53 Nurse Managers, 221 Registered Nurses, 146 other nursing personnel, and 78 Physicians representing 23 hospitals participated in the study, representing a 47% response rate. A Pearson's correlation coefficient was calculated to determine the relationship between a quality focus by the nurse manager and staff satisfaction scores. The calculation yielded a positive value, $r = 0.467$ (Norman & Streiner, 2006).

These studies demonstrate the impact of the first-line nurse manager on patient and nurse outcomes; however, it is unclear whether these American studies can be generalized to the Canadian healthcare setting. In Canada, Laschinger, Finegan and Wilk (2009) examined the contextual effects of unit leadership on individual nurse outcomes, and concluded that leadership was an important factor for creating environments that result in engaged and committed employees. Using a multistage stratified cluster sampling design, 3,156 nurses from 21 hospitals with 300 beds or more participated in the study by completing a questionnaire. The findings from this study are generalizable to Canadian hospitals; however, caution must be taken when applying findings to organizations with different numbers of beds and resources.

This section of the literature review has illuminated the impact of the first-line nurse manager role on staff outcomes and the delivery of quality care. The next section of the literature review focuses on the demographics of the first-line nurse manager population at the national, provincial and local levels of the healthcare system to highlight the potential imminent losses due to retirement.

First-Line Nurse Manager Demographics

This section of the literature review focuses on national, provincial and organizational statistics to demonstrate the potential shortage of first-line nurse managers due to retirement in the next decade. A critical review of the RN data is followed by a review of first-line nurse manager statistics to provide the context for this study. These data are summarized in Appendix A.

RN Data – Canada

In a national study to project RN retirement in Canada, O'Brien-Pallas, Alksnis and Wang, (2003) reported that greater than thirty-per-cent of RNs in the workforce were fifty years or older in 2001. This was an increase of greater than five-per-cent since 1997. O'Brien-Pallas, Alksnis & Wang also reported the average age of retirement for Canadian RNs as 56 years, with an increasing proportion retiring before 56 years.

More recently, the Canadian Institute of Health Information (CIHI) (2011) database demonstrated the average age of RNs to be 45.4 years in 2010. This was an increase of 0.5 years from 2006. The CIHI database also indicated that there were larger

numbers of RNs in the 55-59 age range compared to RNs in the 30-34 age range. In fact, 25.5 per-cent of RNs were over 54 years and close to retirement age (CIHI, 2011).

RN Data – Ontario

Ontario RNs are older than the Canadian RN workforce. The percentage of Ontario RNs who are aged 50 years or older is 42.9, compared with 40.3 percent of Canadian RNs (CIHI, 2011). The most recent data for the province of Ontario indicates that the average age of RNs in 2010 was 46.7 years (College of Nurses of Ontario, 2011). This statistic has increased from an average age of 44.8 years in 2002 (College of Nurses of Ontario).

First-line Nurse Manager Data – Canada

In a study of nursing leadership structures in Canadian hospitals, Laschinger and Wong (2007) reported that in their sample of 1164 participants, 788 (68%) were first-line managers. The average age range of all participants was 47-50 years and higher than the average age of 45 years for all Canadian nurses (CIHI, 2007). A year earlier, Laschinger, Purdy, Cho & Almost, (2006) stated the average age for nurse managers was 49 years. In 2011, the Canadian Institute for Health Information reported the average age of administrators as 49.8 years. These statistics confirm the increasing average age of this cohort and potential imminent losses to retirement.

Other sources have reported decreasing numbers of first-line nurse managers due to restructuring. A report by the Canadian Nurses Association (2006) claimed the

number of regulated nurses working in managerial positions in Canada decreased from 13,624 (5.9%) in the year 2000, to 12,868 (5.1%) in 2005. The "Toward 2020: Visions for Nursing" report by Villeneuve and MacDonald (2006) included an examination of peer reviewed literature from 1999 to 2005 as one of the project methodologies. This report purported an earlier loss of 5,500 Canadian nurse managers due to restructuring in the 1990's. Laschinger and Wong (2007) also reported that nursing leadership positions in general decreased by 6,849 (29%) due to hospital restructuring during this timeframe. More recently, the Canadian Institute for Health Information (2011) confirmed a decrease in manager positions of 2.3% across Canada, and 1.6% in Ontario.

First-line Nurse Manager Data – Ontario

In the province of Ontario, 5.8% of nurses practiced in an administrative position during 2010 (CIHI, 2011). This represents a small decrease from 2010 when the percentage was 6%, and a more significant decrease from 6.3% in 2006 (CIHI). It is noteworthy that the percentage of 5.8% nurses working as managers in 2010 falls short when compared to the national average of 6.9% (CIHI).

Alameddine et al. (2009) analyzed the career trajectories of nurses one year after leaving hospitals in Ontario, during the period 1993 to 2004. These researchers claimed that a year after leaving the hospital, nurses were more likely to leave the profession of nursing completely, than to remain employed as a nurse in a non-hospital setting. For every three nurses who chose to work in other nursing jobs in Ontario, four left the Ontario nursing workforce altogether. Clearly, loss of hospital jobs that includes

downsizing first-line nurse manager positions has negative consequences on the nursing workforce, and specifically the first-line nurse manager population. Ongoing restructuring and resulting perceptions of instability may negatively influence a nurse's decision to consider applying for a first-line nurse manager position in the first place.

First-line Nurse Manager Data – Organizational Level

The impact of retirement on first-line nurse manager positions for a regional healthcare organization in Central Southern Ontario was studied in 2008. Cziraki (2008) reported that the average age of first-line nurse managers at this organization was 48.5 years. This was higher than the average age of Canadian and Ontario RNs at 45.4 years (CIHI, 2011) and 46.1 years (CNO, 2011), respectively. Further, first-line nurse managers at this regional facility were at risk for attrition, as 25% of this group were 55 years or greater and eligible to retire. In the next five years, this percentage will increase to 41.07% in this regional facility (Cziraki, 2008).

The statistics for the average age of nurses across Canada and within Ontario are disconcerting. Even more alarming are the retirement projections for Canadian and Ontario first-line nurse managers, and the five year projection for first-line nurse managers at the regional healthcare organization in Central Southern Ontario. Finally, the number of first-line nurse manager positions lost to restructuring and perceived lack of security may act as disincentives to nurses considering this role as a career option. This section has provided an overview of the demographics of Registered Nurses and first-line

nurse managers at the national, provincial and local levels. The following section provides an overview of literature related to the recruitment of first-line nurse managers.

Recruitment of First-Line Nurse Managers

The search for literature related to the recruitment of first-line nurse managers yielded only three citations which confirmed the need for research work in this area. Allen (1998) identified factors that contribute to the decision to pursue a career as a nurse manager. Bondas (2006) described the various ways nurses assume the first-line nurse manager role. A third paper by the American Organization of Nurse Executives that was published in 1994 provides a list of reasons why nurses who were eligible to assume a managerial role were disinterested in this position. Papers that addressed the experiences of non nurse professionals applying for a healthcare manager role or currently practising in the role could not be found.

Factors impacting the decision to pursue nursing leadership as a career

Allen (1998) interviewed 12 nursing leaders in the United States to explore their perceptions and beliefs about pursuing nursing leadership as a career. Five important factors emerged that contributed to their decision: self confidence, innate leadership qualities, progressive experience and successes, and personal factors such as the need to seek a day-time or less physically demanding job (Allen). Unfortunately, very limited information was provided regarding the research design, data collection methods and analysis which severely limits the transferability of findings.

Paths to Nursing Leadership

Bondas (2006) conducted a qualitative study in Sweden using a semi-structured, self reported questionnaire that explored the experiences of 68 nurses entering leadership. Unfortunately, it is not clear from this paper whether the participants were Registered Nurses or Registered Practical Nurses. All participants were in leadership positions as ward sisters or nurse executives in rural or urban, private and public healthcare organizations and engaged in graduate studies. Very limited information was provided concerning the study design. The sampling method was "strategic" (p. 332); however, it is not clear how the participants were recruited. The paucity of information concerning the study design and methods as well as the inclusion of nurse executives in the sample severely limits the transferability of the findings from this Swedish research study to first-line nurse managers in the Canadian healthcare setting.

Bondas concluded that nurses apply for management positions in various ways, based on the nurse's education, primary commitment and situational factors. The metaphorical paths that arose from the themes in this study were labeled the *Path of Ideals*, the *Path of Chance*, the *Career Path* and the *Temporary Path* (Bondas). Sixteen of the 68 participants journeyed along the *Path of Ideals*. This path was characterized by a personal drive to become a first-line nurse manager, and wish to create a culture where patients regain their health and will to live, where relatives are welcome, and nurses have the resources they need to provide excellent nursing care. For these first-line nurse managers, there was a period of self examination prior to making the decision, and a desire to make a positive difference for patients, families and staff. Eleven participants in

this study took the *Career Path*. They tended to present themselves as self-anchored and self-centred, did not find the staff nurse role fulfilling or sufficiently interesting, and found the workload too heavy. These first-line nurse managers associated financial benefits and the possibility of increased personal visibility in the organization with this role.

A more passive route was the *Path of Chance* (Bondas, 2006). These participants did not articulate any ambition to assume the first-line nurse manager role. A decision made by others resulted in an opportunity for the participant to assume the role. Several participants mentioned that other nurse managers had mentored them and convinced them to apply for the role. Five participants became first-line nurse managers because it was the only position available or felt that they had coasted into the position, implying a laissez faire mindset. Only four participants identified with the *Temporary Path*. This path presented an opportunity for the nurse to apply for a temporary position. Bondas reported these nurses tried out the position, understanding they could return to their previous nursing position if the role did not work out. Participants believed that this was an acceptable, safe way to trial the role.

The first two papers by Allen (1998) and Bondas (2006) shed light on the reasons nurses choose to pursue a nursing leadership role, and the different routes they may take to reach this goal. The remaining paper in this section of the literature review illuminates reasons why nurses do not wish to pursue the first-line nurse manager role.

Reasons why Nurses were disinterested in a Managerial Role

In response to a survey of the national nurse manager vacancy rate (6.8%), the American Organization of Nurse Executives (AONE, 1994) conducted focus groups across the United States in five different cities. 155 nurses, who were eligible to assume a managerial role, consistently indicated their disinterest in the role. Reasons for their lack of interest included inadequate and inequitable compensation, lack of role autonomy, accountability without authority, excessive paperwork, inadequate resources, and lack of support from administration, physicians and peers (AONE).

In summary, the studies that were conducted by Allen (1998) and Bondas (2006) provide a starting point in understanding the factors that influence the decision to embark on a career as a first-line nurse manager; however, both studies were conducted in very different settings severely limiting the transferability of findings to the Canadian healthcare setting. The first study by Allen was conducted in the United States. The second study by Bondas was conducted in Sweden, where first-line nurse managers report to chief physicians. This reporting relationship is significantly different to the reporting structures in Canadian hospitals where first-line nurse managers generally report to a director with a nursing or healthcare background. Bondas' and Allen's work illuminated environmental factors that influence nurses' decisions to pursue a first-line nurse manager role. These included positive growth and development experiences, a regular day-time schedule, desire to work in a less physically demanding role, financial benefits, increased visibility in the organization, and the opportunity to try out a temporary role were all identified as influencing factors.

The third paper by AONE (1994) provided insight as to the disincentives associated with pursuing a career as a first-line nurse manager. The findings generate questions regarding the work environment and expectations for future research studies. Would increased levels of support by first-line nurse managers during times of increased workload attract nurses to the first-line nurse manager role? Is clarity required in job postings and role descriptions to clearly outline the involvement and role of the nurse manager in political matters, as well as expectations for hours of work, opportunity for flexibility, and compensation levels?

A review of the literature to determine the factors that attracted individuals to the profession of nursing is explored in the next section of the literature review. Understanding why nurses enter the profession of nursing may illuminate factors as why a nurse might wish to pursue a first-line nurse manager role.

Factors Influencing the Decision to Pursue a Nursing Career

Several studies examined the reasons students chose nursing as a career. In a Canadian study involving 626 students, job opportunity and job security were the most frequently cited reasons, followed by helping others and working with people (Williams, Wertenberger, & Gush-uliak, 1997). A previous interest in science, family influences and previous health care employment were the next most frequently cited reasons for choosing nursing as a career. The strong desire to help people was reaffirmed in a phenomenological study by Beck (2000). Caring for others was identified as a major motivational factor for men and women in a subsequent study by Boughn (2001).

A study by Larsen, McGill and Palmer (2003) explored the factors and characteristics of the nursing profession that influenced the decision to pursue nursing. Past experience with a loved one or the personal experience of being ill or hospitalized, healthcare work experiences, and having a family member or friend who is also a nurse were identified as motivating factors. Characteristics that attracted students to the nursing profession and influenced the decision to pursue nursing were care and concern for others, job security, and the variety of work settings.

From this literature, it appears that nursing students have altruistic reasons for pursuing a nursing career. A strong desire to help others was frequently reported by researchers, as well as job opportunities and security. This aligns with only a small subset of first-line nurse managers who journeyed along Bondas' (2006) Path of Ideals. Studies that examined why students chose to pursue a nursing career consistently identified factors that were practice related. Exposure to a friend or relative who practiced as a nurse, past experiences in a health care environment, or personal experience as a patient were commonly cited as motivating factors. This contrasts with the literature for the recruitment of first-line nurse managers. Practice related factors such as a personal relationship with a first-line nurse manager, exposure to a role model in the clinical environment, or opportunities such as job shadowing were not identified as motivating factors to become a first-line nurse manager.

Given the limited papers, quality of studies and discrepancies in the literature between the recruitment of first-line nurse managers and nurses, further research is warranted to understand what factors attract nurses to the first-line nurse manager role.

Retention and Engagement of Nurses and First-Line Nurse Managers

Identification of factors that retain and engage first-line nurse managers and nurses may illuminate factors that attract individuals to the first-line nurse manager role. Factors influencing the retention and engagement of nurses will be explored first.

Retention of Nurses

The retention of nursing staff is multifaceted. It begins with the nurse's first experiences with the organization, and includes relationships with colleagues, physicians, managers, administration, patients and families (Hart, 2006). The relationship between management style and staff nurse turnover has been demonstrated in many magnet hospital studies (Scott, Sochalski, & Aitken, 2002; Shobbrook & Fenton, 2002). These studies identified key factors for the retention of nurses (Kleinman, 2004). Key factors included visible management with town hall meetings, staff participation in patient care decisions, excellent formal and informal communication at every level of the organization, flexibility with scheduling, perception of fairness related to floating and overtime, appropriate nurse-patient ratios, recognition programs, opportunities for staff to discuss practice issues, and perceptions of fairness related to career advancement and educational opportunities (Hart, 2006; Scott, Sochalski, & Aitken, 1999; Shobbrook & Fenton, 2002).

Anthony et al., (2005) examined the impact of first-line nurse manager behaviours on nurse retention. These researchers found that when first-line nurse managers are able to fulfill their professional and administrative roles, they create environments that

influence patient care, the practice of nursing and retention. A strength of this qualitative study was the participation of 32 first-line nurse managers from 7 sites. Unfortunately, the type of design was not discussed, and a limitation of the study was the use of a convenience sample. The first-line managers who chose to participate in the study may not have been representative of the first-line nurse manager population, limiting the transferability of findings.

In a large quantitative descriptive correlational study involving 80 medical and surgical patient units in Australia, Duffield et al. (2009) examined the impact of the first-line nurse manager on staff satisfaction and retention. Study findings indicated that there is a direct relationship between nurses' job satisfaction, intention to leave and the presence of strong nursing leadership at the unit level. This relationship was demonstrated using hierarchial linear modeling (beta weight 0.107). Particularly important was the ability of the first-line nurse manager to ensure a safe and unified team. A strength of the study was the 80.9% response rate to the completion of the survey tool by Clinical Nurse Specialists, Registered Nurses, trainee Enrolled Nurses and nursing assistants. Information to determine transferability of findings was lacking, including the study design, data collection and analysis. In addition, the Australian setting limits the applicability of the findings to the Canadian healthcare setting.

In the United States, Hader, Saver, and Steltzer (2006), reported that magnet hospitals continued to provide more support to their nursing staff than non-magnet facilities in the areas of technology and equipment, flexible scheduling, and education and training. The authors applauded the efforts of the magnet hospitals to retain nurses as

a result of these strategies. In addition, they strongly encouraged organizations to explore ways to retain nurses past retirement. Suggestions included dividing extended shifts, developing programs for nurses with functional restrictions, and providing benefits even when hours are reduced (Hader, Saver, & Steltzer).

In the last ten years, two major Ontario reports focused on the recruitment and retention of nurses. The "Report of the Nursing Task Force – Good Nursing, Good Health: An Investment for the 21st Century" (Grinspun et al., 2000) contained eight recommendations concerning nursing in Ontario. Recommendations were directed to nurses, nursing organizations, employers as well as provincial and federal governments. The fifth recommendation in the Grinspun et al. report addressed the need for a sustainable and healthy work environment to recruit and retain nurses. Strategies included: orientation, preceptorship, mentorship, participatory hiring, professional development opportunities, career advancement, staff recognition, illness and injury prevention, collaborative practice and leadership programs. These authors recognized the need to ensure adequate staffing levels and competitive salary scales, and recommended that incentives be introduced to retain nurses in the workforce beyond retirement age. Implementation of a clinical laddering system was also recommended, due to associated higher recruitment and retention rates (Grinspun et al).

A year later, Baumann et al. (2002) identified the need to address several issues impacting the environment in order to attract and retain nursing staff, including: work pressure, job security, workplace safety, support from managers and colleagues, control over practice, scheduling, stronger leadership roles for nurses, and rewards. These

authors reinforced the need to implement strategies at several levels, from the level of government to the smallest clinic in the community.

Several studies have linked the environment to the retention of nursing staff (Aitken et al, 2001; Aitken, Clarke, Sloane, Sochalski & Silber, 2002; Urich, Buerhaus, Donelan, Norman & Dittus, 2005). In a Canadian study by Baumann et al. (2002), the Quality of Nursing Work life model identified internal influences and external factors that impact the well being of nurses. Internal influences include organizational policy, integration of policy into practice, physical and social aspects of the work environment, and factors relevant to the nurse as an individual. External factors referred to broader healthcare system issues, such as policy, the nursing labour market, as well as demands on the system (Baumann et al.).

Several studies and reports have focused on the retention of nurses. The issue is multifaceted. Internal influences and external factors impacting the individual, practice setting and broader healthcare environment all play a role in the retention of nursing staff. Next, a review of the literature specific to the retention and engagement of first-line nurse managers has been conducted to determine environmental factors that influence the retention and engagement of nurses in this position.

Retention and Engagement of First-Line Nurse Managers

Findings from a qualitative study by Parsons and Stonestreet (2003) identified the availability of the nurse manager's supervisor to listen, provide guidance, and provide clear expectations and feedback as the most important factors contributing to nurse

manager retention. These factors were followed by nurse manager involvement in planning and decision-making, effective management systems (staffing, professional development, compensation), achieving work life balance, provision of quality of care, and retention rewards and incentives (Parsons & Stonestreet). The researchers acknowledge significant limitations to their study and caution regarding the transferability of findings to other populations. The 28 participants were from one organization only, with a minimum of two years experience in the role. In addition, type of study, rationale for sample size and determination of data saturation were not discussed. The findings related to a supportive supervisor were supported by Laschinger and Wong's (2007) Cross Canada Study, where transformational leadership styles and satisfactory supervisor communication impacted lower level managers' satisfaction and patient care quality.

A descriptive correlational survey design by Laschinger, Purdy, Cho, and Almost (2006) supported Parsons and Stonestreet's (2003) findings regarding retention, and provided recommendations for improvements to the work environment that increase perceptions of support. Suggested strategies included: involving first-line nurse managers in strategic planning processes, creating structures and processes for feedback and opinions, equitable distribution of resources, as well as time and supervisory support to manage challenging workloads. This large study employed a random sample of 346 full time nurse managers working in Ontario acute care hospitals, with a final sample of 202 returned surveys. Laschinger, Purdy, Cho and Almost caution that the findings must be considered in light of the cross-sectional nature of the design. Study findings supported

earlier work by Eisenberger, Huntington, Hutchinson and Sowa (1986) related to Perceived Organizational Support (POS). This concept is defined as the employees' generalized beliefs about the extent the organization values their contributions and cares about their well-being. When employees perceive high levels of support, greater efforts are made to attain organizational goals.

In a comprehensive review of the literature from the United States and United Kingdom, Gould, Kelly and Maidwell (2001) found that effective support was the strongest predictor of job satisfaction, and the main factor influencing retention of nurse managers. The attributes that influenced clinical nurse managers' perceptions of support were feeling valued, receiving important information and feedback on performance, contributing to organizational decision making, and adequate resources to maintain clinical involvement. In the small-scale exploratory study that was conducted by these researchers, a major finding from the 15 first-line nurse managers that were interviewed, was the need for additional preparation and training to manage human resource and financial issues (Gould, Kelly & Maidwell). Although small, the study was methodologically sound from a sampling perspective. A randomized sample was drawn from the total population of 197 first-line nurse managers from four participating trusts in the United Kingdom. Employment status as a full time or part time first-line nurse manager was not provided for the sample. Participants were interviewed using open ended questions to obtain full and rich data. Unfortunately, information concerning data analysis methods was omitted from the study report.

More recently, Shirey, McDaniel, Ebright, Fisher & Doebbeling (2010) explored first-line nurse manager stress and coping experiences in a qualitative, descriptive study. A purposive sample of 21 first-line nurse managers completed a demographic questionnaire and participated in a 14-question interview. Shirey reported that experienced first-line nurse managers (defined as 3 years of experience or more in the role) used more effective problem focused coping strategies and had fewer negative health outcomes than novice first-line nurse mangers. This was enhanced in the co-manager group, where two first-line nurse managers worked collaboratively to manage one patient unit. Shirey contends that a co-manager model may be a succession planning strategy to attract younger nurses into the role. This strategy also provides a way to support and meet the development needs of the novice first-line nurse manager.

The motives of first-line nurse managers who left their positions were explored in a descriptive, retrospective study by Skytt, Ljunggreen, and Carlsson (2007). Of the 30 Swedish respondents, 11 first-line nurse managers resigned due to reorganization, and 19 left the position of their own accord. Reasons for leaving were categorized as personal, organizational, and lack of support and good relations with the head of the department. Of interest, the relationship with the head of the department influenced the first-line managers' overall work situation and decision to resign (Skytt, Ljunggreen, & Carlsson). A limitation of this study is that the timing of data collection may have impacted recollection of the course of events leading up to resignation, resulting in questions regarding the accuracy and transferability of study findings.

In New South Wales, a study by Johnstone (2003) found that of the 803 first-line nurse managers studied, seventy percent (70%) were planning to stay in their roles because: the job suited their skills and qualifications, job satisfaction, relationships with their co-workers, or the hours of work met their needs. The main reason first-line nurse managers changed their jobs was for career development (usually a promotion). The second reason was due to dissatisfaction with aspects of their job or the work environment. Johnstone states the findings in this study are not consistent with the literature on staff nurse retention. Staff nurses changed their jobs due to job dissatisfaction and low morale, attributed to nursing shortages, shift work, management style, problems with communication, and flexibility with scheduling and leaves of absence to address family issues. First-line nurse managers' primary reason for leaving their job is for career development, despite the evidence in the literature concerning span of control and workload concern. Unfortunately, no information was provided by the authors concerning the research study design, recruitment, data collection or analysis methods, severely limiting the transferability of the study findings. The study was conducted in an Australian setting, further compounding concerns regarding transferability to the Canadian healthcare setting.

The research literature pertaining to the retention of nurses sheds light on environmental factors that also apply to the retention of first-line nurse managers. Commonalities include workload, relationship with supervisor, and the need for organizational programs such as orientation and educational programs. However, there are differences between the two groups. For example, visibility of the first-line nurse

manager is important for the bed side nurse in order to feel supported. Literature for the first-line manager indicates that the supervisor needs to be accessible, but not necessarily visible. Although the research findings are similar between the two groups of nurses, they cannot be generalized. Registered Nurses are not homogeneous, therefore they must be examined separately and distinctly.

Summary of Literature Review

The impact of retirement on first-line nurse manager positions has been articulated in several national, provincial and local reports. Consistently, authors and researchers warn of a significant shortage of first-line nurse managers during the next decade. The first-line nurse manager role has evolved from a head nurse with responsibilities for patient care on a single unit, to a management position with a large span of control, including large numbers of supervised employees, multiple units and participation in projects at multiple levels of the healthcare system. The first-line nurse manager role is repeatedly described as pivotal to healthcare organizations, because the role is the interface between management and staff, one that impacts quality of care, patient safety, staff retention, and the attainment of organizational goals.

Limited papers for first-line nurse manager recruitment identified a preference for day time hours, desire for a less physically demanding job, improved rates of compensation, increased visibility in the organization, being “tapped on the shoulder” by a first-line nurse manager, and the opportunity to assume a temporary role, as factors influencing the decision to assume this role (Allen, 1998; Bondas, 2006). Disincentives

included: inadequate and inequitable compensation, lack of role autonomy, accountability without authority, excessive paperwork, inadequate resources, and lack of support from administration, physicians and peers (AONE, 1994). The nursing recruitment literature revealed that individuals pursue a nursing career based on practice related factors. This is in contrast with the first-line nurse manager literature, which does not identify such motivating factors. The paucity of literature pertaining to the recruitment of first-line nurse managers and limited transferability of findings due to study age, setting, design or methodology have reinforced the need for focused research work in this area.

Factors impacting the retention and engagement of nurse managers have been explored in the literature review. It is clear that organizational supports in the form of formal programs to support nurse managers, and clear communication and support from the nurse manager's supervisor are crucial to retention. Other factors that promote retention include an environment that promotes involvement of first-line nurse managers in planning and decision-making with established mechanisms to provide feedback, resources and supervisor support to manage challenging workloads, opportunities for professional development, and retention rewards and incentives.

A review of the literature related to the job satisfaction of nurses revealed that this issue is multifaceted. Tomey (2009) concluded that correlations among many aspects of the work environment exist, including job satisfaction of nursing staff. The impact of a positive leadership style such as the transformational leadership style on nurse job satisfaction has been demonstrated in many studies. Further, when nurses are provided with an environment that promotes autonomy and control over nursing practice, job

satisfaction increases. In situations where first-line nurse managers are spread too thin due to the effects of restructuring and resulting wide spans of control, relationships with staff may be negatively impacted. Unfortunately, these factors may also have deleterious effects on a nurse's decision to pursue a career in management (Laschinger, Purdy & Almost, 2007).

The literature related to nurses' job satisfaction is congruent with the first-line nurse manager literature regarding the importance of the relationship with the supervisor. Nurses' job satisfaction is enhanced when their first-line nurse manager is accessible, promotes autonomous decision-making and engages in political activities. First-line nurse manager job satisfaction is also linked to a good relationship with their supervisor, and is enhanced when they perceive organizational support. Other levels of nursing management, such as the middle manager have been impacted by restructuring efforts. Attention must be paid to all aspects of the first-line nurse manager environment in order to improve their work experience. This includes improving the work life of the supervisors they report to.

A summary of the literature concerning first-line nurse manager recruitment, retention, and engagement has been provided to inform this research study. There is a paucity of research studies that address the recruitment of first-line nurse managers. Furthermore, the lack of information concerning study design and methods in many of the cited papers, particularly for those studies conducted in settings outside of Canada, severely limits the transferability of findings to the Canadian health care setting. Further research is warranted. Understanding the factors that attract nurses to the role of first-line

nurse manager will assist organizations to implement strategies to recruit nurses into this important role. An exploratory descriptive research study was conducted to further explore this subject. Details concerning the study methodology are provided in Chapter Three.

CHAPTER III: METHODS

This chapter discusses the research design and related methods that were employed to address the following research questions:

1. What attracts Registered Nurses to the first-line nurse manager role?
2. What factors promote the retention of Registered Nurses in the first-line nurse manager role?
3. What are the characteristics of Registered Nurses who choose to stay in the first-line nurse manager role?
4. What challenges must be addressed to attract and retain Registered Nurses in the first-line nurse manager role?

Study Design

The philosophical underpinnings for this study are rooted in the constructivist paradigm. Constructivists believe truth is relative and dependent on the individual's perspective (Guba & Lincoln, 1994). Given the paucity of research literature and inability to quantify this issue, an inductive qualitative approach was required to answer the research questions (Sandelowski, 2000).

An exploratory descriptive design is appropriate when there is no established body of theory to explain the phenomenon (Sim & Wright, 2000). This type of design does not involve any experimental interventions that modify or control the study environment. Instead, an exploratory descriptive study enables the researcher to discover what is there (Cormack, 2000), and communicate the study findings (Thorne, 2008). As

new or unexpected truths are discovered, the exploratory descriptive research design allows the researcher the flexibility to further explore participant experiences, resulting in a fuller account and description of the phenomenon (Cormack, 2000). Qualitative descriptive designs are comprised of an "eclectic but reasonable and well-considered combination" (Sandelowski, 2000, p. 337) of sampling, data collection, and analysis techniques.

Setting and Participants

The research setting was a large, regional health care organization with five sites, 1200 beds and 10,000 employees in Central South Ontario. Each site provides distinct types of services, including Cardiac, Neuro-trauma, Oncology, Orthopedics, Complex Care, Pediatrics and Women's Health. The organization is affiliated with a University Faculty of Health Sciences that includes Schools of Nursing, Rehabilitation Sciences, Medicine and Midwifery. First-line nurse managers were invited to participate in the study from two sites of the regional health care organization. These two sites share similarities regarding the first-line nurse manager role, responsibilities, and organizational context.

First-line nurse managers for medical/surgical, critical care, emergency department, and ambulatory care units were approached to participate in this research study. For clarification purposes, ambulatory care units are those clinical settings that provide care to patients with health promotion, health maintenance, or health-related

problems. Patient visits are less than 24 hours in duration, may occur once or as multiple visits over a period of days, weeks, months or years (Laughlin, 2006).

Sampling and Recruitment

The projected sample size ranged from ten to twelve first-line nurse managers. In the absence of a recommended sample size for this design (Thorne, 2008) the researcher, in collaboration with the thesis committee, projected that ten to twelve participants would generate sufficient data to illuminate the phenomenon, and answer the research questions, while complying with the time and resource constraints associated with graduate study (Thorne). In qualitative studies the number of participants can be increased until informational data saturation is achieved (Rowan & Huston, 1997). In contrast, the number of participants may decrease if data saturation is achieved earlier that anticipated. Informational data saturation was determined when no new data or themes emerged during the interviews (Patton, 1990).

Purposive sampling was used to select information rich cases for study (Creswell, 2007; Patton, 1990; Sandelowski, 2000). A criterion sampling strategy (Creswell) was employed to recruit participants who had experienced the phenomenon. These criteria included: permanent full time first-line nurse managers, who were working at one of the two sites of the regional organization.

Permission was requested from the Executive Vice President for Clinical Operations in the organization to recruit first-line nurse managers at the two sites, and interview them during working hours. The researcher contacted the chair for the Clinical

Manager Meeting at each site and requested the opportunity to attend a meeting to discuss the research study. Following this, the researcher contacted first-line nurse managers at each site by electronic means to explain the purpose of the study and issue a personal invitation to participate. An information sheet using the affiliated university's letterhead and copy of the informed consent form that outlined the purpose of the study, anticipated outcomes, and the ways in which data would be collected, stored and used, was also sent electronically to each first-line nurse manager. A follow-up electronic invitation to participate was sent to Registered Nurses in the first-line nurse manager role at Site B. These strategies were employed successfully to increase response rates (Norman & Streiner, 2006).

Prior to the interview, participants met with the researcher to address questions concerning the research study prior to signing the consent form. A copy of the signed consent form was given to the participant. Participants were advised of the availability of refreshments during the interviews. The rationale for this incentive was to make the research experience as pleasant as possible, while positively influencing the recruitment of participants (Polit & Beck, 2004). This incentive was of negligible value, and unlikely to impact on participants' rights to self-determination or perceptions of coercion (Polit & Beck).

Data Management

To facilitate the transcription process, interviews were audio recorded using a digital recorder. Following each interview, data were digitally transferred to the researcher's computer which was located in a locked office, and transcribed verbatim by

the researcher. N-Vivo 7.0, QSR International Ltd. 2007, was used to organize the data in accordance with the code manual. The employment of qualitative data software enabled the researcher to work with large amounts of data more efficiently, as compared to a manual system (Richards & Morse, 2007). Demographic data were stored in a locked drawer in the researcher's office and will remain there for a period of ten years. After this time the data will be destroyed.

Data Collection

For this exploratory descriptive study, individual semi-structured interviews lasting approximately one hour were conducted with first-line nurse managers (Sandelowski, 2000). This information provided an opportunity to gain a deeper understanding of the participants' experiences and determine common elements regardless of employment location (Creswell, 2007). Participants included Registered Nurses in first-line nurse manager positions from two acute care sites of the regional organization. A total of eleven participants completed the study (6 from site A and 5 from site B). Table 1 provides the demographics of interview participants.

Table 1: Description of study participants (N=11) participating in interviews at the two study sites.

Descriptor	**Number**
First-line nurse manager category:	
Medical Surgical	7
Critical Care	2
Ambulatory	2
Age	
Mean	46 years
Range	30 to 58 years
Years in current position	
Mean	7 years
Range	2mths to 20 years
Type of position prior to assuming a first-line nurse manager role	
Charge Nurse	2
Coordinator	2
Educator	2
Shift Supervisor	3
Staff Nurse	2
Years in first-line nurse manager role:	
Mean	10.36
Range	1 to 23 years
Years at the organization	
Mean	20.18 years
Range	9.5 to 30 years
Years in nursing	
Mean	23.68 years
Range	9.5 to 35 years
Years in nursing prior to becoming a first-line nurse manager	
Mean	13.23 years
Range	8.5 to 28 years

Educational preparation RN Baccalaureate Graduate Management Certificate	 1 5 5 3
Number of direct reports Mean Range	 73.09 20 to 100
Types of Disciplines supervised by first-line nurse manager Business Clerks Coordinator Health Care Aide Occupational Therapist Occupational Therapy/ Physiotherapy Assistant Pharmacist or Pharmacy Technician Physiotherapist Registered Dietician Registered Respiratory Therapist Research Assistant RN, RPN Social Worker Specialty Clinician Speech Language Pathologist	 8 2 2 9 5 6 10 7 2 1 11 9 1 2
Overall budget Mean Range	 $4,670,000 $1,700,000-$8,000,000
Average hours actual worked each week Mean Range	 49 hours 40 to 60 hours

An interview guide was developed based on the research questions and the literature. The guide provided some structure and flow to the interview process through the use of open-ended questions and probes developed in advance (Richards & Morse, 2007), while encouraging participants to talk freely about the topics and tell stories in

their own words (Polit & Beck, 2004). Prior to data collection, the interview guide was pilot tested with ten clinical managers who did not participate in the study to ensure that the questions were clear and laid out in a logical sequence (Richards & Morse, 2007). Data obtained as a result of this process were not included in the final data set.

At the beginning of each interview, the participants were asked to manually complete a questionnaire that elicited demographic information, which contributed to a robust description of the participants. Consideration was given to participant privacy and comfort during individual interviews. A quiet, private area with good lighting and comfortable chairs that was on-site but away from the first-line nurse manager's unit was arranged. Participants were given the opportunity to decide if there was an alternate location they would prefer, such as their office space (Herzog, 2005). Interviews were conducted by the researcher over a two month period at the organization and saturation was achieved.

At the end of each interview, participants were given a gift card for a local coffee shop, to thank them for sharing their experiences. Small gifts in the range of $10.00 - $25.00 have been shown to increase participation rates (Polit & Beck, 2004), are a small but tangible way to acknowledge participation involvement in the study, and not likely to influence participants' rights to self-determination or perceptions of coercion (Polit & Beck).

Data Analysis

The template organizing style described by Crabtree and Miller (1999) was the technique selected to organize the data. A preliminary list of codes was generated by the researcher based on the research questions, literature review, previous research studies, the researcher's experiences (Crabtree & Miller), and a preliminary review of the text (Miles & Huberman, 1994). The researcher defined each code and provided an example of the applied code, which improved consistency across thesis members. The code manual was reviewed by the thesis team prior to data collection, and revised throughout the data collection and analysis phases of the study (Crabtree & Miller, 1999). A consensus approach ensured all research team members were engaged in decision-making concerning the code manual. To support participant confidentiality, one of the thesis committee members who was affiliated with the organization did not review the raw data.

Content analysis is the preferred analysis strategy in qualitative descriptive studies (Sandelowski), and is defined by Polit and Beck (2004) as "the process of organizing and integrating narrative, qualitative information according to emerging themes and concepts" (p. 714). This investigator worked collaboratively with members of the thesis committee during the data collection and analysis stages of the research study (Crabtree & Miller, 1999). The qualitative and administrative research expertise within this team enhanced creative thinking (Buckner, 2005), and mitigated the risks of creating evidence and individual misinterpretation of the data (Crabtree & Miller).

Data collection and analysis occurred concurrently (Sandelowski, 2000). The researcher and thesis committee members continuously reviewed the data and critically

evaluated and revised the code manual. Reflective journaling assisted the researcher to record methodological, analytical and personal notes during the data collection and analysis phases of the study (Sim & Wright, 2000). The researcher recorded features of the data such as mood, intonation, fluency and hesitation that were not captured by the written word alone (Sim & Wright, 2000). Reflective journalling also assisted the researcher to maintain distance from the data, ultimately contributing to the rigor of the study (Polit & Beck, 2004).

Following organization of the text, preliminary themes and connections among the data were identified by the researcher and reviewed by the research team. Further reviews of the text confirmed that the preliminary themes and connections represented the multiple perspectives of the participants (Crabtree & Miller, 1999). Finally, a member checking process was employed whereby four first-line nurse managers, who met inclusion criteria but did not participate in the study, were invited to a one hour meeting (Carlson, 2010). All emerging themes were reviewed and confirmed by this group of first-line nurse managers.

Dissemination

A knowledge transfer strategy was developed to enhance the application of the research findings from the current study to the practice setting. Involvement of the Executive Vice President, Clinical Operations for the regional healthcare organization as a thesis committee member from inception to the conclusion of the study ensured that the research study was designed in response to specific needs, thereby increasing the

likelihood of the findings influencing organizational programs and policies (Canadian Institute of Health Research, 2008).

Knowledge translation messages have been customized for potential stakeholder audiences, in alignment with Canadian Institute of Health Research (CIHR) (2008) recommendations, and with consideration for stakeholder time to review the information, credibility of the vehicles for knowledge transfer, quality, and mode of delivery (Dobbins, DeCorby, & Twiddy, 2004). For the current study, knowledge transfer strategies were required for the first-line nurse managers and executive team members at the regional healthcare facility, and broader health care environment.

First-line nurse managers will be invited to attend a one-hour presentation that provides an overview of the research study and findings. The research thesis will also be made available to first-line nurse managers and the senior executive team at the regional healthcare organization. Fact sheets will be developed to summarize the key findings in a concise way (CIHR, 2008). Broader dissemination of the research findings occurred during a provincial nursing leadership conference. Plans are underway to develop a manuscript for publication in a recognized nursing leadership journal during 2012.

Limitations of Design

The study was limited to two sites of the regional healthcare organization. The use of a convenience sample may have constrained the study findings. Another limitation was the researcher's past relationship with participants. This may have influenced the level of participation and interview process in a positive or negative way.

This chapter has provided rationale for the research study design as well as a detailed account of the methods that were used for sampling, data collection and analysis. The findings from this research study are discussed next in Chapter Four.

CHAPTER IV: FINDINGS

This chapter describes findings from this qualitative study. The primary purpose of the study was to explore and describe the factors that attract and retain Registered Nurses in the first-line nurse manager role. Secondary objectives were to identify the characteristics of Registered Nurses who choose to stay in the first-line nurse manager role, and illuminate challenges that must be addressed to attract and retain Registered Nurses in this role. The goal for this chapter is to identify the emerging themes and provide a rich description of the first-line nurse manager experiences in order to answer the research questions.

Nine interviews were conducted within two months of attending the site manager meetings with six participants from site A and three from site B. Following the electronic reminder to first-line nurse managers at Site B, two individuals responded, bringing the total number of participants to eleven. A second communication to enroll participants from Site B may have been required because this site was in the midst of a major transformational change during the initial recruitment process, impacting the number of initial responses from this site. The decision to end data collection was made once data saturation was reached.

Figure 1 provides an overview of the research study components, the themes that emerged to answer the research questions, and the characteristics of first-line nurse managers.

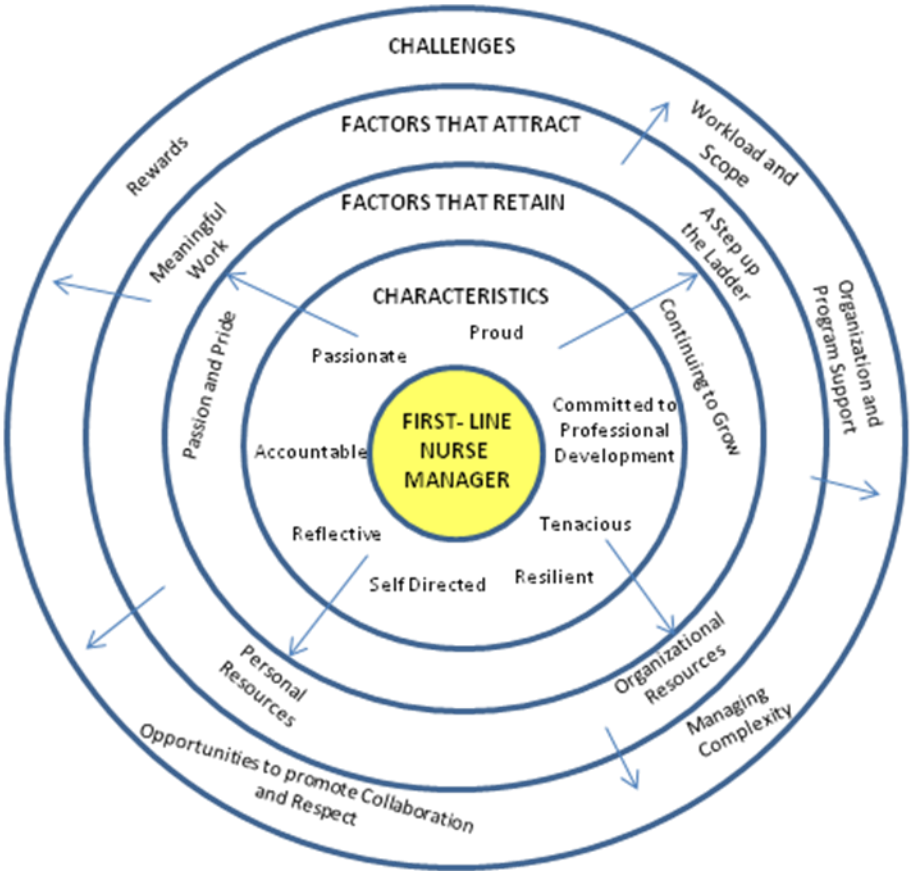

Figure 1. Overview of Research Study Components, Emerging Themes and First-Line Nurse Manager Characteristics

The study findings illuminate factors that attract and keep Registered Nurses in the first-line nurse manager role. Participants were attracted to the role because of the opportunities to engage in work and/or lead changes that have an important impact on clinical outcomes or the work environment. They perceived the first-line nurse manager role as a self-improvement or advancement opportunity. The majority of participants reported a steep learning curve coming into the role with varying levels of organizational support. The importance of a mentor or "go-to" person(s) during the orientation process, and on an ongoing basis was a prominent theme.

Participants conveyed their pride in being involved in meaningful work as a result of being in the first-line nurse manager role. They spoke passionately about their patient populations, specialties, manager colleagues and the accomplishments of staff. Opportunities and organizational supports that enabled them to continuously acquire new knowledge, skills or expertise were also identified as factors that attract and keep Registered Nurses in this role.

The researcher identified several words from the interviews that describe the characteristics of Registered Nurses who choose to stay in the first-line nurse manager role, specifically: accountable, committed to professional development, passionate, proud, reflective, resilient, self-directed, and tenacious. During the interviews, participants reported challenges in the role that reflect the complexity and nature of the work. Diverse competing priorities, limited resources, level of organizational and program support, disparity between the demands of the role and hours of work, the reward system and perceptions of collaboration and respect with unions, support services,

staff and some directors, were reported as challenges that first-line nurse managers encounter. These challenges will be discussed in greater detail in this chapter in an attempt to present a clear picture of the first-line nurse manager experience.

Factors that Attract

Four themes emerged from the data to answer the first research question "What factors attract Registered Nurses to the first-line nurse manager position?" The themes are "Meaningful Work," "A Step up the Ladder," "Personal Resources," and "Organizational Resources." These themes are discussed individually to present the first-line nurse manager stories about the factors that attracted them to the role.

Meaningful Work

Meaningful Work was defined by the researcher as "The desire to engage in work and/or lead changes that have an important impact on clinical outcomes or the work environment." Several participants were attracted to the first-line nurse manager role because they perceived opportunities to engage in work and/or lead changes that have an important impact on clinical outcomes or the work environment. The opportunities to influence patient care and address quality practice or nursing autonomy issues were frequently cited. A desire to engage in a formal leadership role and be involved in decision-making related to patient care and the work environment were also perceived as attractive features of the first-line nurse manager role by several participants. Managing a unit for the first time and gaining new knowledge or skills were viewed as important new

challenges by many participants. The opportunities to be innovative and engage in systems thinking attracted a few participants to the role.

> I just thought…you know it will be a new challenge in moving forward. Developing teams all that kind of stuff. Part of my (graduate degree) …part of it was looking at high performing teams…that kind of thing…so I thought this would be an area for me to use some of those learnings. A chance to apply it…..and quite honestly I like being able to direct things so I thought this would be a really great place to direct things, oversee things and make it better for people. (Interview)

A Step up the Ladder

This theme was defined by the researcher as "The opportunity to assume a new role that is perceived to be a self improvement and/or promotion." Less than half of the participants viewed the first-line nurse manager role as an opportunity for self-improvement or advancement. Over half of participants reported that they had been encouraged to apply for the first-line nurse manager position. They described this as "being tapped on the shoulder" by their nurse manager or director, and perceived this encouragement to apply for the position as a reward for good performance. One participant cautioned that being a competent nurse does not guarantee success in the first-line nurse manager role:

> You can't assume that just because you are a great nurse you will be a great manager. …it's a whole different way of thinking. So honestly, I think that is one

> of the biggest disservices that we can do, is to say to our fabulous nurses on the floor "Oh you've got the potential to be a manager" because it's like comparing apples and oranges, right. So honestly I think it is a distinct specialty and way of thinking, and requires a very specific skill set. (Interview)

Experience in the first-line nurse manager role was important to less than half of the participants who had developed a career plan. Several of these participants had aspired to become a director; however, one had since changed their mind due to health reasons. Less than half of the participants reported they were actively developing staff with leadership potential. A few of these participants voiced concerns about staffs' declining interest in the first-line nurse manager position as a career option.

> I can't tell you anyone that's interested in management, If they're interested in their career development, they're all interested in extended roles, in looking for opportunities as advanced practice nurses or clinical nurse specialists because they love, they want to hear about the research and what's new and what's going on, and do the projects. They don't want to be dealing with people and issues, and bed management and administration. They'll loud and clear tell you they're not interested. (Interview)

Personal Resources

Personal Resources were defined by the researcher as "Personal characteristics, education, skills or support systems that enable the individual to meet the requirements of the job, or acquire the necessary education." Participants identified personal resources

that enabled them to apply for the first-line nurse manager position, meet the job requirements, and/or acquire the necessary education. Over half of the participants identified the importance of personal attributes such as leadership qualities and the ability to manage relationships. A particularly challenging situation can occur when the new first-line nurse manager supervises staff members who were previously his or her coworkers.

The majority of participants identified spousal and family supports as important factors in attracting Registered Nurses to the first-line nurse manager role.

> I..I.. I…. wish that every manager could say that they have good balance in life, because that's the other thing, you have to ….I'm a firm believer that if you don't have things kind of good at home, good supports that way, that's what helps keep me balanced, and one good thing I would find about this position in this organization that has been very helpful to me, is flexibility in this role for things like me leaving at two in the afternoon so I can see my child in that thing going on at school ….play or whatever…I feel like there's very good flexibility and support around those types of issues, so I can balance work and home, and I feel very fortunate that I can do that because that means a lot to me, it gives me a lot of satisfaction in this role and I feel I can balance work and home when I can leave a little bit earlier when something's going on with one of my kids at school or whatever. Didn't have that flexibility as a front line staff. (Interview)

Less than half of the participants reported that undergraduate and graduate education is an important requirement for first-line nurse managers. One participant

questioned the value of nursing degrees and suggested that a human resources certificate might be more relevant and useful. A minority of participants believed that relevant clinical expertise was another important factor as to whether or not a Registered Nurse might apply to a first-line nurse manager position.

Organizational Resources

This theme was defined by the researcher as "Organizational and program resources that enable the individual to meet the requirements of the job, or acquire the necessary knowledge or skills." The majority of participants reported a steep learning curve coming into the role, with varying levels of organizational support. "Rather when I became the Clinical Manager I learned by the seat of my pants…..it was a huge learning curve" (Interview). "I didn't know what to expect, and I didn't know what I didn't know going into the role" (Interview). "I had no idea what I was getting into" (laughter) (Interview).

Participants reported the importance of a mentor or "go-to" person(s) during the orientation process, and on an ongoing basis to assist with system navigation and answer questions as they arise. The majority of participants emphasized the need for a relationship built on trust with one person during the orientation process. "The support is out there, it's finding it" (Interview).

The majority of participants stated that they consulted with many different individuals depending on the situation. They recognized that experienced first-line nurse manager colleagues and organizational experts have expertise in scheduling practices, or

knowledge of the collective agreements, and could be accessed to provide information and assist with problem solving. The first-line nurse manager is not expected to have all the answers, but needs to know who to approach for assistance. This was expressed by a participant: “The answers don’t necessarily come from me as the manager, my job is to facilitate” (Interview).

Attendance at a formal orientation program varied among participants. Approximately half of the participants had not attended an orientation program; however the majority stated that this is an important consideration for new first-line nurse managers, who must acquire business and human resources knowledge and skills. “They don’t tell you what a grievance is going to be like, what’s a HPPD (hours per patient day)” (Interview)?

Less than half of the participants reported that a handover period ranging from a few days to three weeks between the current and new first-line nurse manager is very important to ensure a smooth transition, with identification of key issues and projects.

In summary, factors that attract Registered Nurses to the first-line nurse manager role included the opportunities to engage in meaningful work and self improvement activities. Personal resources such as personality traits, skills, spousal and family support, and organizational resources and supports were important considerations when deciding to assume the role.

Factors that Retain

Two themes emerged from the data to answer the second research question “What factors retain Registered Nurses in the first-line nurse manager position?” The themes are

"Passion and Pride" and "Continuing to Grow." These themes are discussed in order to portray the first-line nurse manager stories about the factors that keep them in the role.

Passion and Pride

Passion and Pride was defined by the researcher as "Passionate and proud about the patient population, specialty, manager colleagues, accomplishments of staff, and engagement in meaningful work." The majority of participants spoke passionately about their patient populations, specialties, manager colleagues and the accomplishments of staff. They identified these components as reasons to stay in the first-manger nurse manager role. "I love the job, I love my staff, I love my patient population. That's my forte, I do love them" (Interview).

> I think people are working as hard as they can to discharge patients in a safe way so….our occupancy is over 100% every month, and so, that type of environment is difficult for front line staff to work in, and I work with, honestly, I work with amazing people. I mean they constantly remind me of why we're in healthcare, they are just fantastic. And another reason why I've probably stayed here as long as I have is just the people I work with, they're just fantastic, and so they constantly rise to the challenge. (Interview)

Participants conveyed their pride at being involved in meaningful work. They welcomed opportunities to impact patient care and quality practices, and influence system change. One participant expressed excitement and deep satisfaction with participating in the design of the hospital site and their patient unit. Another participant spoke

passionately about the opportunity to engage staff in a research study on their unit, and the potential to influence practice. Less than half of the participants were deeply committed to developing leaders on their units and were actively engaged in this activity.

> I think that's what keeps me in this role, and where I gained my most job satisfaction and quality of work life is that I'm still in a position that allows me to interact with front line staff and patients and families. So that's the reason I became a nurse to begin with, and I still feel I can make a difference as a health care professional because I feel absolutely linked to the front line staff and to the patients and to the families. (Interview)
>
> I love feeling that ..I walk onto the unit and I see patients there and I see families there. I love being involved with them….feeling the pulse of the unit….still having an impact on what's going on at the front line…and that's what keeps me, that's what I like, that's my quality of work life, that's how I feel like I'm making a difference and have job satisfaction. (Interview)
>
> So the neat things are when you develop staff and give them opportunities to take a lead on something and they do really well…I just love that. Or you encourage someone to go back to school because you know you want them to go further, and then they get in. Those are the really exciting things. (Interview)

Continuing to Grow

This theme was defined as "Opportunities and organizational supports that enable individuals to continuously acquire new knowledge, skills or expertise." The majority of

participants identified opportunities and organizational supports that enabled them to continuously acquire new knowledge, skills or expertise, as factors that keep Registered Nurses in the first-line nurse manager role. Several first-line nurse managers who requested to attend education programs, such as leadership development programs, graduate education and leadership forums within the organization were supported financially. Flexible scheduling facilitated attendance during regular work hours. Participants reported opportunities to develop conflict management, communication and relationship management skills. Access to supports, such as Human Resources and an infrastructure that supports decision-making, such as decision support systems enabled first-line nurse managers to learn and grow.

Individuals with many years of first-line nurse management experience divulged that they continue to learn and seek out manager colleagues, directors or other experts as challenging or new issues arise. The majority of participants reported that their directors and the managers in their programs were supportive. Only one stated that the director was unhelpful and intimidating.

Over half of the participants described the evolution of the first-line nurse manager role from a unit based role in the past, to the present day where first-line nurse managers may participate in projects at the program, corporate, Local Health Integration Network, regional or provincial levels. Over half of the participants identified opportunities to network internally and external to the organization, engage in strategic thinking, lead site projects, or explore the director role. "…and some of the projects you

get exposed to, that you might not get exposed to if you weren't in a management position (Interview).

> You get exposed to things you wouldn't be exposed to…big picture kind of things…you understand a little bit more about the healthcare system and the stressors we face. Some of the visionary strategic things you wouldn't get anywhere, you might not get in other roles. You get different skills, You have to learn to work with people, you have to develop your conflict skills that generally people don't like working on, and you really have to focus on your communication skills. You're forced to deal with things that maybe you wouldn't want to if you weren't in a management role. (Interview)

Participants, with greater longevity in the first-line nurse manager role had achieved greater balance between work and home. They had been able to reduce their hours closer to a regular work week and enjoyed flexibility with scheduling to meet work and home demands. These perceived benefits were identified as factors that keep first-line nurse managers in the role. The importance of "fit" between the patient unit and first-line nurse manager was identified as an important consideration when hiring a Registered Nurse into a first-line nurse manager position. Participants discussed the significance of assessing the needs of the patient unit and matching the required skill sets and interests of the first-line nurse manager. To illustrate, a patient unit that is well staffed and not expected to undergo major transformational changes during the foreseeable future, may be the preferred environment for a novice first-line nurse manager.

Two themes emerged to answer the research question concerning the factors that retain Registered Nurses in the first-line nurse manager role. First-line nurse managers spoke passionately about their patient populations, specialities, manager colleagues and accomplishments of staff, as well as the opportunity to engage in meaningful work that benefits their patient units. The prospect of continuously acquiring new knowledge and skills was also identified as a reason to stay in the role.

The Characteristics of Registered Nurses who remain in the first-line nurse manager role

The researcher identified several words from the transcripts to answer the third research question "What are the characteristics of Registered Nurses who choose to stay in the first-line nurse manager role?" Participants were proud and passionate, accountable, committed to professional development, reflective, resilient, self-directed, and tenacious. Exemplars are cited to illustrate these characteristics.

Passionate and Proud

Participant voices were animated and excited as they spoke passionately and proudly about their work, patient populations, specialties, manager colleagues and accomplishments of staff. Several participants spoke fervently and respectfully about the expertise and dedication of their staff. One participant reported feeling committed to the team and to continuing to improve the environment. Others voiced a deep appreciation for the reciprocal support shared among their first-line nurse manager colleagues.

Accountable

It was clear from the data analysis process that participants understood their accountabilities as first-line nurse managers. Consistently, they articulated their responsibilities for providing a quality work environment that benefits patients, staff and the organization. Integral to this was the need to ensure adequate staffing and appropriate use of resources.

Committed to Professional Development

Participants were committed to professional development. Less than half of participants had completed graduate degrees while a lesser number of participants were in the process of obtaining under-graduate or graduate degrees. Over half of participants articulated their appreciation for organizational opportunities to continuously acquire new knowledge, skills or expertise.

Reflective and Self-Directed

Participants demonstrated reflective practice as they described their experiences, changes they had made, or suggested improvements for the future. Participants were self-directed. Independently and autonomously they sought out expertise when a new or challenging issue arose. When unsure, they consulted with their manager colleagues and directors, who provided assistance with problem-solving.

Tenacious and Resilient

Tenacity and resilience were evident when participants articulated their persistence and efforts to manage staff attendance and budgets.

During the interviews, participants described the challenges they encounter in their roles. These challenges will be discussed next in greater detail, to present a clear picture of the first-line nurse manager experience.

Challenges that must be addressed to attract and retain Registered Nurses in the first-line nurse manager role

Participants reported challenges in the first-line nurse manager role that reflect the complexity and nature of the work. Fives themes emerged that incorporate the challenges that first-line nurse managers encounter: competing priorities; limited resources; level of organizational and program support; disparity between the demands of the role and hours of work; the reward system; and perceptions of collaboration and respect between the first-line nurse manager, and union representatives, support services, staff and directors. The themes are titled “Opportunities to Promote Collaboration and Respect,” “Managing Complexity,” “Organization and Program Support,” “Workload and Scope,” and “Rewards.” These themes frame a detailed account of the challenges that are encountered by first-line nurse managers.

Opportunities to Promote Collaboration and Respect

The theme Opportunities to Promote Collaboration and Respect was defined by the researcher as "Efforts to follow a course of action can result in conflict or disregard." Less than half of participants reported conflicts with union representatives and the finance department during their routine work. Conflicts arose between first-line nurse managers and union representatives as result of a discipline, grievance or collective agreement issues. Tension between first-line nurse managers and the finance department related to the hiring process was also identified. Participants reported that despite their best efforts to communicate the importance of posting positions so that vacancies could be filled as quickly as possible, delays occurred resulting in staff frustration and overtime costs. This was evidenced in the following statement by one of the participants: "I don't think a lot of people are really talking and listening to each other" (Interview).

Less than half of participants perceived lack of respect from others working in the organization, including directors, staff, or specialty groups.

> I think there's a feeling from managers there's a disconnect at every level and on the way up. I think the directors listen to what you say, but they don't hear you. They don't have a clear understanding of the pressures you feel sometimes. But what you get back from them is that the people above them don't hear them. (Interview)

A few participants described situations where their efforts to follow a course of action were disregarded or wasted. For example, one participant was asked to prepare a proposal to address an issue on the patient unit. Following considerable effort, the

proposal was dismissed without being read, and the director advised that a decision had already been made. Another described participation on a committee. After several meetings and investment of time and work by the participant, the focus of the committee was changed by a senior leader in the organization. The participant felt frustrated that the initial efforts were wasted, and the prospect of rework.

Managing Complexity

This theme was defined by the researcher as "Diverse competing priorities and limited resources." Participants described their work as diverse and challenging. Issues that the first-line nurse manager engaged in were varied, and included financial and regional work. Participants recognized that the first-line nurse manager is an evolving role. Those with many years of experience explained how their role had changed from being responsible for the nursing staff and patient care on one unit, to supervising a variety of professional staff.

Participants reported working within constraints. Less than half desired to work on projects that would benefit their staff and patient units; however they recognized that corporate projects must take priority, leaving little or no time to do other work. "I will say "work on that when I get a chance" and those chances don't seem to come, because of multiple corporate, and not even corporate, some program specific priorities that you do have to work on" (Interview).

Constraints took various forms, reflecting the structures and processes associated with a unionized business environment. The collective agreements were identified as a

constraint by a small number of participants because they required a significant investment of time to become familiar with and apply in a consistently fair manner. Fiscal constraints were also identified as a challenge by less than half of the first-line nurse managers. Participants recognized their responsibility to provide a safe working environment for patients and staff, and balanced this with the judicious use of financial resources. They reported the need to quantify and explain all negative variances, in particular overtime costs.

Several participants expressed frustration with corporate programs such as the Attendance Management program. The first-line nurse manager must invest significant amounts of time to address attendance with all staff members. However, the program is perceived to be ineffective for blameworthy absences. Participants were informed and knew what should be done to promote a quality healthcare environment; however, constraints limited their ability to be or feel effective in the role.

> The problem is everything seems so important …everything has a reason why we're doing it, it's just hard to …it's not so hard starting things and putting it in place…it's hard following up with everything… and I guess that's a challenge too …there's really no way of us sustaining things, so you always feel like it's my problem that we're not keeping up with things, it's my fault that things aren't in place and staying like they're supposed to and even following up with people. You can do audits on why they're not doing the things they're not doing but then getting back to them and finding out why is difficult. (Interview)

Less than half of managers felt that their role was reactive and used the expression "putting out fires" to describe their experiences. Some participants expressed feelings of being consumed by bed management issues and attending up to three bed management meetings each day. One participant expressed frustration at the lack of storage space on the patient unit and inability to store equipment appropriately. Others experienced frustration with conflicting directives and inconsistent communication to staff. To illustrate, the Hospital Fire Office issued a directive that all patient units must maintain clutter free hallways. Simultaneously staff members were being asked to admit patients to the hallways of their units.

> Too many things and resources. Capacity some of the time. We've got bed management, sometimes three meetings a day, and then the week that you chair is just a nightmare, it's pretty much all day every day, which is ok but you don't have the power to do anything about it. (Interview)

Organization and Program Support

Organization and Program Support was defined by the researcher as "Resources that enable the individual to meet the requirements of the job, or acquire the necessary knowledge and skills." The majority of participants acknowledged that organization and program resources enable the first-line nurse manager to meet the requirements of the job, or acquire the necessary knowledge and skills. A few participants reported delayed response times or turnover among support service personnel such as financial controllers and human resources consultants, and found this disruptive to the management of issues

and their development as a first-line nurse manager. One participant reported working with six different human resources consultants for the same unit during a six-year period. A minority of participants reported that a change in leadership, specifically the director role, also negatively impacted the first-line nurse manager's perception of level of support.

Less than half of participants reported having to cope with unmet expectations, such as their assigned mentor being promoted, or their inability to effect change. Once in the role, participants recognized that the focus of their work must shift from clinical practice to business. They articulated the corresponding need for education, orientation and mentoring supports to facilitate this transition. Participants accepted responsibility for managing the budget, but questioned the value of checking clerical staffs' payroll entries.

Feelings of isolation in the role were communicated by a small number of participants. They recognized the value of nurturing relationships with other managers who would listen and provide feedback without fear of reprisal. Forums that facilitate problem solving were also identified as beneficial to all first-line nurse managers, regardless of longevity in the role. For a few participants, job security was a perceived threat. The threat of job loss was related to feelings of ineffectiveness in the role.

> You're expected to do all this with less, and so you don't ever feel like you're doing a good job, and then you worry that they're going to come knocking on your door…."You're not getting everything done and you're out. (Interview)

Workload and Scope

This theme was defined by the researcher as "Disparity between the demands of the role and hours of work." Participants reported disparity between the demands of the first-line nurse manager role and hours of work. A minority reported that their units were under resourced, yet they were expected to participate in projects that benefitted the operations of another unit. This created the perception of "doing other peoples' projects." A few participants discussed being asked to manage a second unit with short notice.

> And then of course if we have budget cuts then our portfolios grow (laughter), so then you feel even less effective. I actually thought they were going to ask me to step in, temporarily step into (name of unit) which would have killed me and put me over the edge…so I'm glad they didn't ask me to…but then I feel guilty because they asked (name of clinical manager) to, but she's worked in that area in the past. It's that fear of one more thing on my plate. (Interview)

Less than half of participants spoke about managing staff at different sites and the impact on workload and hours worked. They cautioned that consideration to numbers of staff and sites is important when recruiting a new first-line nurse manager. Over half of participants expressed frustration with having to check staff orientation details, orchestrate the attendance program or perform other clerical duties. They understood the importance of meeting with staff, but questioned their role in completing the clerical aspects of these components. A minority of participants complained about the workload related to the volume of electronic communication; they expressed feelings of guilt related to their inability to respond in what they perceived as a timely way. "I feel like

we’re in this swirl and that’s not a good thing. It’s not productive; it’s not good for patients” (Interview).

Several participants reported that the scope of the first-line nurse manager is not well understood. The role description could provide clarification for the first-line nurse manager position by including the functions of team motivator, facilitator, enabler and coach. One participant reported being expected to think strategically, but was unable to meet this expectation due to the workload associated with operational pressures.

Rewards

Rewards was defined by the researcher as “Financial remuneration and learning opportunities.” Participants reported that financial remuneration for the first-line nurse manager needs to be reviewed. Less than half of participants reported salary discrepancies among first-line nurse managers and specialty groups in the organization.

> The salaries of managers here range from $75,000- 100,000. Some units are tiny, some are big and some are split – I don’t see any rhyme nor reason…some people have degrees and some don’t. (Interview)

> The managers are made to feel that the specialty groups are a step above. And people know that some of the quality specialists make more money than lots of the managers. People know that. So even that in itself demonstrates what people feel a lack of value. (Interview)

Others stated that the first-line nurse manager salary should be higher than their direct reports and educator:

> I don't think I should be making less than people who report to me, and I think this part here needs to be addressed so that we're all playing on the same field. Reporting individuals shouldn't be making more than the person they are reporting to. (Interview)

A minority of participants perceived rewards for working harder; however, a small number of participants did not. One of these participants stated that compensation should be merit-based. Still another participant voiced distrust with the compensation system. A colleague had reportedly received a stipend from their director and was cautioned not to tell other first-line nurse managers.

Participants perceived multiple learning opportunities in the organization as described in the "Continuing to Grow" theme. Only one reported feeling overlooked and unrewarded when learning opportunities arose. Another expressed disappointment when the opportunity to work on a business proposal with their director was offered to a non-clinical manager in the organization. Out of the eleven participants, over half were contemplating next steps, including assuming a director role, applying for a position outside of management, or planning to retire.

Five themes emerged to answer the fourth research question "What challenges must be addressed to attract and retain Registered Nurses in the first-line nurse manager role?" Diverse competing priorities, limited resources, level of organizational and program support, disparity between the demands of the role and hours of work, the reward system, and opportunities to improve collaboration and respect between the first-

line nurse manager, and union representatives, support services, staff and directors were reported as key challenges in the role.

Summary of Findings

These findings illuminate the factors that attract and keep Registered Nurses in the first-line nurse manager position in the acute care setting of a regional hospital. The findings also provide insight as to the characteristics of first-line nurse managers and challenges that must be addressed in order to attract and retain incumbents. According to the first-line nurse managers' observations, the factors that attracted them to the first-line nurse manager role were the opportunities to engage in meaningful work and assume a new role that is perceived as a self improvement or advancement. Personal and organizational resources were important factors that influenced the decision to assume the role. First-line nurse managers underscored the importance of a mentor or "go to person" during the orientation process and on an ongoing basis.

The emotional responses of pride and passion were very evident when first-line nurse managers spoke about their staff, patient populations, manager colleagues and specialties as factors that retain them in their roles. The opportunity to engage in meaningful work was still evident; however this was usually identified second to the pride and passion that first-line nurse manager felt. The challenges associated with personal growth and learning prior to assuming the role evolved to the challenges of coping daily with multiple, diverse priorities and issues. The discrepancies between what

attracted these Registered Nurses to the role and why they chose to stay in their roles are important findings.

Several words emerged from the data that characterize the first-line nurse managers in this study. The data and interview process highlighted qualities that were prevalent among these participants. Data from this study illuminated many challenges that first-line nurse managers encounter related to their interface with the larger organization, complexity of the role, workload and reward system. This section has reviewed the findings from this research study. The rigor and trustworthiness of the research study design and methods are discussed in the next section, followed by the ethical considerations.

Rigour and Trustworthiness

The rigour and trustworthiness of this study process and its findings were guided by Lincoln and Guba's (1985) criteria for evaluating qualitative research. These authors developed the following criteria to demonstrate the trustworthiness of qualitative studies: credibility, transferability, dependability and confirmability.

Credibility

Credibility was established in several ways. First, the use of purposeful sampling, specifically criterion based sampling for information rich cases ensured that participants were knowledgeable and had experience in the first-line nurse manager role (Baxter & Eyles, 1997). Second, the researcher worked as a first-line nurse manager at the regional

organization and in other facilities. A variety of experiences in the role, together with "prolonged engagement", or sufficient time spent with participants to develop trust and rapport added credibility to the proposed study for participants and readers (Baxter & Eyles, 1997; Rowan & Huston, 1997). Third, member checks were performed (Lincoln & Guba, 1985). The researcher invited participants to attend a small group meeting to review the emerging themes (Polit & Beck, 2004).

Transferability

Transferability was established through purposeful sampling, and a substantial description of the study context that enabled readers to determine whether or not the findings could be applied to their setting (Baxter & Eyles, 1997). Study findings will be useful to the organization in which the research was conducted. Further, study findings may serve as groundwork for future related studies.

Dependability

Dependability refers to the quality of the study, and was demonstrated through consistent implementation of study methods over time, using methods that were carefully considered (Miles & Huberman, 1994). Good quality tape-recording and transcription methods are two examples of data collection methods that enhanced the dependability of data collection and ultimately data analysis in this study (Silverman, 2005). A detailed description of the research study and methods with supporting rationale has been included for the reader. Review of this information will enable the reader to determine

whether the study and emergent data were dependable. The researcher engaged in reflective journaling to capture the critical thinking process concerning data collection and analysis methods. Engagement of the researcher's supervisor and members of the thesis committee in the analysis process promoted dependability.

Confirmability

To demonstrate confirmability, the researcher made efforts to recognize and minimize bias during the data analysis and interpretation of data phases (Miles & Huberman, 1994). Lincoln and Guba (1985) recommend the use of a confirmability audit as a way to meet this criterion. A rich description of the audit trail included the researcher's journal that detailed thoughts and observations throughout the study. Transcripts are available for re-analysis by others if necessary (Baxter & Eyles, 1997; Morse, 1997).

Ethical Considerations

A breach in confidentiality could cause stigma, discrimination, and have a negative impact on the employability of the participant. Ethics approval for the study was received from the Research Ethics Board of the affiliated university. Safeguards to protect confidentiality included storing data in a locked drawer in the researcher's locked office, destroying the key that identified subjects, and limiting access to identifiers to the researcher only. Interview data and tapes were kept in the possession of the researcher in a locked drawer in a locked office until data analysis was complete, and then destroyed in

the organization's confidential waste system. Interviews were transcribed verbatim in the researcher's office using password protected documents on a secure drive. Different passwords, known only to the researcher, were used to access the secure drive and the documents. Data transcripts without identifiers will be kept for ten years, for audit purposes only.

Each first-line nurse manager who agreed to participate in the study was contacted by the researcher to arrange an interview date. Before the one-on-one interview began the study was explained again, and participants were provided with the opportunity to ask questions and seek clarification. Participants signed a written consent prior to data collection. The introductory letter and consent form stated that participants were free to withdraw from the study at any time. This was reinforced prior to interviews.

A contingency plan was developed but not required, in the event that a participant wished to withdraw from the study. All participant documents, transcribed notes, and interview tapes would have been destroyed. If the participant had become upset during the interview, the participant would have been advised that they could stop the interview or continue. If they chose to continue or withdraw, the researcher planned to provide contact information for the organization's Employee Assistance Program.

This chapter has presented the findings of the study, strategies to promote trustworthiness, as well as ethical considerations. Implications for the program and corporate levels of the organization, and system or policy levels of the health care system are discussed in Chapter V.

CHAPTER V: DISCUSSION AND IMPLICATIONS

Summary

This qualitative study has explored and described factors that attract and retain Registered Nurses in the first-line nurse manager role, illuminated the characteristics of nurses who choose to stay in the role, and identified the challenges they encounter. In this section, key findings are discussed in light of previous evidence under three headings: "Passion and Pride", "The Mentor or Go-To Person", and "Managing Complexity". Implications for the individual, program, organization and policy levels of the health care system are discussed in order.

Passion and Pride

The findings from this research study indicate that Registered Nurses are attracted to the first-line nurse manager role because they desire to engage in meaningful work that impacts patient care and the work environment. Participants were also attracted to the first-line nurse manager role because they perceived the role as an opportunity for self improvement or advancement, benefitted from personal resources such as leadership qualities and family support, and had access to organizational resources including education and support from their directors and manager colleagues.

In the current study, participants spoke first and foremost about their desire to be involved in changes that positively impact patient outcomes and the work environment. This finding differs from Allen's (1998) qualitative study, where only two of the twelve nursing leaders expressed the desire to change and improve professional practice. The

findings from the current study also differ from the study conducted by Bondas (2006) who explored the experiences of 68 nurses assuming leadership positions. Bondas concluded that nurses enter nursing leadership in various ways. The resulting theory named "Paths to Nursing Leadership" proposed four different paths, based on the nurse's education, primary commitment and situational factors. The metaphorical paths that arose from the themes in this study were labeled the *Path of Ideals*, the *Path of Chance*, the *Career Path* and the *Temporary Path* (Bondas). In the study conducted by Bondas, only 27 out of 68 participants journeyed along the Path of Ideals or Career Path. This contrasts with the current study where the majority of participants entered nursing leadership along the Path of Ideals or Career Path, suggesting that they were more purposeful in selecting a career in management. This may be explained by the age and/or experience of participants in the current study.

When asked about the factors that retain first-line nurse managers in the role, the majority of participants in the current study spoke proudly and passionately about their patient populations, specialities, staff and manager colleagues, and identified these groupings as their primary reason to remain in the role. The satisfaction associated with working alongside manager colleagues is consistent with the findings from the Australian descriptive exploratory research study conducted by Jones and Cheek (2003) that involved semi-structured interviews with at least one Registered Nurse and one Enrolled Nurse from 17 settings, including acute hospital, psychiatric, nursing home, and community health.

Opportunities to engage in meaningful work, influence the system and continuously acquire new knowledge, skills or expertise were identified next as reasons to stay. These secondary reasons align with the findings related to the provision of quality care from a qualitative descriptive study by Parsons and Stonestreet (2003) that identified the factors that retain nurse managers in an Australian health system. In contrast, Parsons and Stonestreet reported that the availability of the first-line nurse manager's supervisor to listen, provide guidance, clear expectations and feedback as the most important factor contributing to retention. Over half of the participants in the current study cited the importance of director support as a factor that attracts Registered Nurses to the first-line nurse manager role.

The pride and passion that emerged as the primary reason to stay in the first-line nurse manager role is a new finding. It is a distinct shift from the factors that attracted the participants to the role in the first place. Once in the role, the initial "change the world" mentality of the first-line nurse managers transformed to a deep appreciation for their immediate staff, patients and manager colleagues. Opportunities for personal growth and learning that attracted incumbents to the role, evolved to learning to cope with multiple, diverse priorities and issues. These findings imply that prior to becoming a first-line nurse manager there is limited understanding about the role and its inherent challenges.

The Mentor or "Go To" Person

An accessible and available mentor or "go to" person was cited by several participants as an important resource and support for first-line nurse managers, regardless

of longevity in the role. This finding aligns with previous evidence. Access to support, and strategies to increase perceptions of support have been identified in the literature as important factors that impact the retention of first-line nurse managers. Availability of the first-line nurse manager's supervisor to listen, provide guidance, clear expectations, and feedback was identified by Parsons and Stonestreet (2003) as the most important factor for retaining first-line nurse managers.

A significant finding from the current study was the assertion by the majority of participants concerning the importance of the mentor or "go to" person in attracting and supporting novice Registered Nurses in the first-line nurse manager role. This finding is in alignment with a dominant theme from the Nurse Manager Engagement study conducted by Mackoff and Triolo (2008).

Recently, recognition of the need to engage first-line nurse managers to promote longevity and excellence in the role has emerged. A qualitative study in the United States by Mackoff and Triolo (2008) utilized narrative analysis to examine data collected during interviews with 30 participants. These participants were high performing first-line nurse managers, who had been nominated by the chief nursing officer or other senior leader in six medical settings. Socialization and sustainment were two recurring themes that emerged from the interviews. Socialization was portrayed as the first step in the long-term engagement of the first-line nurse manager over time. Suggested strategies to embed socialization for the new first-line nurse manager included task assignment prior to assuming the role, and inclusion of the following components in the orientation program: the transition from bedside nurse to first-line nurse manager, maintaining a focus on

patient care, and the creation of boundaries. The importance of a mentor or preceptor was a dominant theme to support the new first-line nurse manager (Mackoff & Triolo).

Sustainment was determined to be a necessary component in the ongoing engagement of first-line nurse managers (Mackoff & Triolo, 2008). According to these researchers, several strategies can be utilized to promote engagement through sustainment, specifically, ongoing opportunities to maintain contact with a mentor, access to coaching, a continuing education program, peer-mentor networks, and activities that support work-life balance, such as flexible schedules. Participants in the current study confirmed the importance of being able to access a mentor on an ongoing basis. Some participants recognized that it may be necessary to access various experts in the organization, including other professions, depending on the issue. Other participants in this study confirmed the importance of manager forums for ongoing learning and problem solving, and enjoyed flexibility with their schedules.

Support is a recurring theme in the literature pertaining to the retention of first-line nurse managers. Organizational processes that recognize excellence and involve first-line managers in decision-making such as strategic planning, the creation of structure and processes for feedback and opinions, equitable distribution of resources, and time and supervisory support to manage challenging workloads are strategies that increase first-line nurse manager perceptions of support (Laschinger, Purdy, Cho & Almost, 2006). In alignment with the literature, participants in this study acknowledged multiple opportunities to participate and provide feedback internally and externally at the Local Health Integration Network, regional and provincial levels.

Managing Complexity

The notion of nursing leaders executing their roles in complex healthcare environments (Malloch and Porter O'Grady 2009) was supported by the participants' descriptions of their day to day work as first-line nurse managers. Participants stated that their role has evolved over the past thirty years. The first-line nurse manager role is diverse and challenging, involving supervision of many different professions, and management of multiple competing priorities with limited resources. Adding to the complexity of the work, and consistent with the findings from Jones and Cheek's (2003) research study, participants in this study had developed relationships and were working collaboratively with colleagues and partners at the corporate, Local Health Integration Network and regional levels.

Regarding span of control, participants in the current study supervised 73 employees on average, with a range of 20-100 employees. The number of supervised employees was consistent with previous research by McCutcheon, Doran, Evans, McGillis Hall and Pringle (2009). Additional factors such as numbers and types of disciplines supervised, as well as participation on internal and external committees and projects at the Local Health Integrated Network and provincial levels were identified by participants, and should be included in future research studies to accurately capture span of control and workload demands.

In a recent paper, Baumann and Kolotylo (2009) described a questionnaire entitled "The Professionalism and Environmental Factors in the Workplace Questionnaire." This tool was developed and tested to assist individual practitioners to

reflect on the concept, and examine the relationships between environmental factors, professionalism, and retention of staff. Five environmental attributes are measured by this tool: control of nursing practice, quality of nursing worklife, professional support, shared governance, and environmental culture and climate. Baumann and Kolotylo acknowledge that further testing in different settings and validity and reliability testing will strengthen the questionnaire. Testing the tool with the first-line nurse manager population could provide valuable insight regarding the impact of the complex healthcare environment on these five environmental attributes, and highlight the changes that are necessary to retain first-line nurse managers in the role.

Significant findings from this exploratory descriptive research study have been discussed in light of previous evidence. The implications of these findings for the individual, program, organization and health care system are discussed in order.

Implications for the Individual, Program, Organization and Healthcare Policy/System

Implications for the Individual

Ongoing dialogue among Registered Nurses and the first-line nurse manager may clarify the role and responsibilities of the first-line nurse manager. Dialogue may take the form of education, or discussion during staff meetings regarding obscure facets of the role such as the labour relations and financial management components. Individuals who are interested in pursuing a first-line nurse manager role should review the role description as part of the application process, and be invited to ask questions about the

role before and during the hiring process. When feasible, the clinical leader role, or co-manager role described by Shirey, McDaniel, Ebright, Fisher and Doebbeling, (2010) may be a means for Registered Nurses who are interested in nursing management as a career option to become more informed about the first-line nurse manager role.

Participants stated that new first-line nurse managers should be assigned to a mentor. The mentor should be a first-line nurse or non-nurse manager who is knowledgeable about available resources and able to navigate the healthcare organization. Since trust was identified by participants as a very important component for this relationship, individuals demonstrating this characteristic should be encouraged to assume the role of mentor (Ferguson, 2011).

To summarize, the key recommendations for implementation at the individual level are: clarify the first-line nurse manager role through education initiatives and during the hiring process, assign a knowledgeable and experienced mentor to the new first-line nurse manager, and implement a clinical leader or co-manager role, when feasible.

Implications for the Program Level of the Organization

Identification of leadership potential and strategies to enable leadership development should be included during the performance appraisal process. In the event that a Registered Nurse is hired into a first-line nurse manager position, determination of fit should be considered, where the skills and interests of the first-line nurse manager are matched with the needs of the unit. A partnership model with clear accountabilities, where two first-line nurse managers with different interests or skills sets work

synergistically to manage two units, may be considered. For example, one partner may prefer the business aspects of the role, while the other partner excels at managing practice changes (Pinkerton, 2003).

Participants suggested that a formal handover between the current first-line nurse manager and the new first-line nurse manager should be arranged to communicate issues and the status of projects. When a face to face handover is not feasible, a written handover by the outgoing first-line nurse manager was also recommended by participants. Although literature could not be found to support these ideas, outcomes such as first-line nurse manager and staff satisfaction levels could be measured to determine the effectiveness of these strategies. Program or site forums that facilitate problem solving and discussion among first-line nurse managers may enhance learning for new and experienced first-line nurse managers, and reduce feelings of isolation.

First-line nurse managers and directors are responsible for providing support and sharing their expertise with novice first-line nurse manager colleagues. First-line nurse managers and directors with an interest in assuming the mentor role should be encouraged to do this. To support the mentor to take on this added responsibility, workload must be monitored and decreased if necessary. The director is responsible for overseeing the mentor-mentee relationship and addressing any barriers to learning that are identified by either party.

Consideration should be given to span of control and workload, including the complexity of administering collective agreements and management of labour relations. The director must ensure that Human Resources expertise is accessible and available to

assist the first-line nurse manager with questions. Assignment of a mentor would enable the novice first-line nurse manager to navigate the complexities of the internal and external health care system. Consideration should also be given to the number and types of direct reports, complexity and risk associated with each unit, and level of involvement on internal and external committees. Attention to span of control and workload would increase perceptions of support with managing complexity, and promote the first-line nurse manager work/life balance.

In summary, the key recommendations for implementation at the program level are: match the skills and interests of the first-line nurse manager with the needs of the unit, implement a formal handover process when first-line nurse manager leadership changes, and monitor first-line nurse manager span of control, including number and type of direct reports, unit complexity, and committee involvement.

Implications for the Organization

Organization policy that articulates expectations and timelines for first-line nurse managers to attend an orientation program during their probationary period is needed. Attendance at an orientation program is supported in the literature (Conley, Branowicki & Hanley, 2007); however timelines for this activity could not be found. Ongoing funding and flexible scheduling for first-line nurse managers to attend education programs will promote continued learning and the development of required skill sets. A regular review of all role descriptions is necessary for currency and accuracy. Clarification of the mentor role is also required. The development of a mentor role

description that incorporates the purpose, objectives and qualifications of the mentor will assist with role clarification. Education sessions for directors and first-line nurse managers may be required to disseminate information about the mentor role description, and identify resources that facilitate the ongoing learning and development of mentor and mentee. Unfortunately, literature to support these ideas could not be found in the nursing management literature. The researcher recommends reviewing literature from the broader health disciplines literature or education field to guide implementation of these strategies, followed by evaluation to determine effectiveness.

Senior leaders and directors must promote first-line nurse manager work/life balance. Candid dialogue between the director and first-line nurse manager concerning workload and capacity to complete priority projects would promote the first-line nurse manager's perception of support. Strengthening of corporate programs such as the Attendance Management Program to manage staff attendance at work, would promote consistent and rigorous management practices in a complex health care environment. A salary review process that is transparent, objective, reflective of complexity, and merit-based would enhance first-line nurse managers' perceptions of fairness and equity.

Key recommendations for implementation at the organization level include: first-line nurse manager attendance at an orientation program during the probationary period, development of a mentor role description, and strengthening of corporate programs to promote consistent and rigorous management practices across the organization.

Implications for Healthcare Policy/System

Literature to support nursing management as a distinct specialty with specialty certification could not be located. However, this strategy would add credence to the role, highlight the knowledge, skills and judgment that are necessary to perform the role, and may enhance the recruitment and retention of first-line nurse mangers.

The first-line nurse manager role is an understudied field (Laschinger & Wong, 2010). Additional research is required to understand and determine the optimal span of control for the first-line nurse manager in a complex health care environment. Given the paucity of Canadian literature pertaining to mentoring of first-line nurse managers, research is required to determine the impact of the mentor role on attracting first-line nurse managers.

The need for additional research has emerged as a key recommendation at the policy level. Additional ideas for future research directions are included in the final section of this chapter.

Future Research Directions

This study has revealed several areas and questions for future research studies. This exploratory descriptive study could be expanded to include all nurse and non-nurse managers in the regional facility to gain a deeper understanding of what attracts health care professionals to the first-line manager role. The research question would be: “What factors attract and retain health care professionals to the first-line manager role?” To facilitate comparison across types of settings, such as regional centres, community

hospitals and long term care settings, a case study design could be considered. The process of becoming a first-line nurse manager has not been explored in the literature. A grounded theory study design with an ultimate goal of theory generation would enhance understanding of the first-line manager experience.

In the paper produced by AONE (1994) that explored the disincentives associated with pursuing a career as a first-line nurse manager, the findings generate questions regarding the work environment and expectations. Would increased levels of support by first-line nurse managers during times of increased workload attract nurses to the first-line nurse manager role? Is clarity required in job postings and role descriptions to clearly outline the involvement and role of the nurse manager in political matters, as well as expectations for hours of work, opportunity for flexibility, and compensation levels? An exploratory study design using qualitative or quantitative methods could be employed to answer such questions.

A research study to determine which specific supports are associated with first-line nurse manager recruitment and longevity in the role would assist organizations to focus their efforts. A mixed methods study that utilized quantitative and qualitative methods to determine the relationship of supports such as mentorship and director support on key first-line nurse manager outcomes is required. A descriptive correlational design that utilizes a survey tool to gather information, as well as a qualitative component that explores the impact of different supports on the first-line nurse manager experience through interviews or focus groups is indicated.

Finally, further research is required to understand the characteristics of the first-line nurse manager. Understanding which Registered Nurses are attracted to the first-line nurse manager role may guide recruitment efforts. This study has identified several characteristics. However, these were identified by the researcher alone and must be confirmed in future studies. A descriptive study using quantitative methods to survey first-line nurse managers and all professionals, physicians, management staff, administrative staff, and non-professional staff is warranted.

This research study is a first step in understanding the factors that attract and retain Registered Nurses in the first-line nurse manager role in the Canadian healthcare setting, the characteristics of those who choose to stay in the role and the challenges inherent to the role. The study has identified recommendations for the individual, program, organization and system levels, and raised several important questions for future research studies.

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Appendix A: Summary of Average Ages for RNs and First-Line Nurse Managers at the National, Provincial and Local Levels

National/Provincial/ Local Data for RNs and First-Line Nurse Managers	Average Age in years	Percentage older than 50 years	Comments
Canadian RNs	45.4 (CIHI, 2011)	40.3% (CIHI, 2011)	Average age for retirement is 56 years; > 30% RNs are 50+ years (O'Brien-Pallas et al). 25.5% of RNs are 55 years or more (CIHI, 2011).
First-Line Nurse Managers	49.8 (CIHI, 2011)	Data not available	Average age 49 years (Laschinger, Purdy & Cho, 2006).
Ontario RNs	46.7 (CNO, 2011)	42.9% (CIHI, 2011)	
First-Line Nurse Managers	49.8 (CIHI, 2011)	Data not available	
Local RNs	43	16- 17.5%	The percentage of 50-54 year olds was 16%; the percentage of 45-49 year olds was approximately 17.5% (Baumann, Keatings, Holmes, et al 2006). Report was generated using 2002-03 data
First-Line Nurse Managers	48.5	Data not available	25% are 55 years or greater and eligible to retire. This percentage will increase to 41.07% in the next 5 years (Cziraki, 2008)

Appendix B: Participant Information Letter

Factors that Attract and Retain Registered Nurses in

the First-Line Nurse Manager Role.

Letter of Information for Clinical Managers and Invitation to Participate

Local Principal Investigator: Colleen McKey, R.N., Ph.D. CHE. FACHE.
Principal Investigator: Karen Cziraki, R.N., B.Sc.N., M.Sc. Student

November 2010

Dear Nursing Colleague,
I am a student in the MSc. (Nursing, Thesis-Based) program in the School of Nursing at McMaster University and I would like to invite you to participate in a study. This qualitative study will examine the factors that attract and retain Registered Nurses in the First-Line Nurse Manager role in medical/surgical, critical care, emergency departments, and ambulatory care units.

Introduction
Before agreeing to participate in this research study, it is important that you read the information in this letter. If you have any questions, ask the Principal Investigator or Local Principal Investigator. Participation in this research study is voluntary.

Purpose
The purpose of this qualitative study is to identify the factors that attract and retain nurses in the First-Line Nurse Manager role. Knowledge of such factors may assist health care administrators and policy makers to implement strategies that attract and keep nurses in this important role.

Clinical Managers of medical-surgical wards, critical care units, emergency department and ambulatory care settings at the Hamilton General and Henderson sites of Hamilton

Health Sciences are invited to participate. I am requesting a 90 minute audio-recorded face to face interview with the Principal Investigator at a mutually agreed upon time and location. Interview questions will explore what organizational and personal factors attracted you and keep you in the Clinical Manager position.

Potential Risks and Benefits
There are no known risks or benefits as a result of participating in this study. It is possible that a participant may feel discomfort with answering an interview question. Participants may choose not to answer one or more questions during the interview process.

Dissemination
An executive summary of the study, including findings and recommendations, will be made available to participants and the Executive Vice President for Clinical Operations at Hamilton Health Sciences. Results of the study will be submitted for publication and presented at a provincial conference. Please keep this letter of information for reference purposes.

Remuneration
In appreciation for the time taken to participate in this study, you will receive a gift card that can be redeemed at a local coffee shop.

Initial and Ongoing Consent to Participate
Participation in research is voluntary. If you choose not to participate, your employment at Hamilton Health Sciences will not be affected. You will be asked to sign a consent form prior to participating in the interview process. By completing the initial consent process, you are acknowledging that you have had the opportunity to ask questions, and that they have been answered to your satisfaction. You may choose not to answer one or more questions during the interview process. If at any time you wish to withdraw from the study, you can do so without giving a reason. There will be no negative consequences to your employment, and any data collected will be destroyed. If it is deemed helpful, the researcher will make the participant aware of the Employee Assistance Program services that are available through Hamilton Health Sciences.

Research Ethics Contact
Questions regarding your rights as a research participant can be directed to the Office of the Chair of the Hamilton Health Sciences/Faculty of Health Sciences Research Ethics Board, 905 521 2100 ext. 42013. The personnel in this office are not involved with this research study. Communication with office personnel regarding this study will not affect your participation in any way.

Confidentiality
Once the interview process has been completed, all information will be securely stored in password protected computer files in a locked office at the hospital. Group data will be

reported. Quotations may be used in the research report or future publications; however, your name, nursing unit or hospital site will not be associated with that text.

Study Contacts

If you have any further questions about this study, please contact me using the email address or telephone number provided below. You may also contact my thesis supervisor Dr. McKey at mckeyc@mcmaster.ca, or (905) 525 9140 ext. 22409 during business hours.

Thank you for considering this invitation to participate in this research study. Your contributions are important to understanding what factors attract and retain nurses in this important role.

Sincerely

Karen Cziraki, RN, BScN, MSc. Student
(905) 521 2100 ext. 46047, czirakik@hhsc.ca

Appendix C: Consent Form

Factors that Attract and Retain Registered Nurses in the First-Line Nurse Manager Role.

Principle Investigator: Karen Cziraki, R.N., B.Sc.N., M.Sc. Student,
McMaster University
(905) 521 2100 ext. 46047; czirakik@hhsc.ca

Consent

Participant
I have read the preceding information thoroughly. I have had an opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to participate in this study. I understand that I will receive a copy of this form, and know who to contact if I have additional questions. I understand that participation in this study is voluntary. I may change my mind and refuse to participate and/or withdraw at any time without penalty. If I withdraw from the study I understand that my data will be destroyed. I may refuse to answer any questions, or stop the interview at any time. Some of the things I say may be quoted directly in the text of the final report and subsequent publications, but my name, nursing unit and hospital site will not be associated with that text.

Person giving consent:

Name Signature Date

Person obtaining consent:
I have discussed this study in detail with the participant. I believe the participant understands what is involved in this study.

Name, Role in Study Signature Date

Appendix D: Interview Guide

Factors that Attract and Retain Registered Nurses in the First-Line Nurse Manager Role.

Interview Guide

Date of Interview ----------

Time of Interview: ----------

Place: ----------

Name of Interviewer: ----------

Interviewee #: ----------

Provide a brief description of the research study, answer questions, and ensure consent form is signed

Questions:

1. Thinking back to the time that you decided to become a clinical manager, what attracted you to the role?

2. Is your experience as a clinical manager consistent with what you expected?

- If yes, how is it the same?
- If no, how is it different?

3. What organizational factors (example: orientation program, accessible director) contributed to you feeling supported as a new clinical manager?

4. What personal factors (example: family situation, experience) contributed to you feeling supported as a new clinical manager?

5. What organizational and personal factors keep you in the clinical manager role?

- Tell me about some of the opportunities you have in your role
- Tell me about some of the challenges you face

6. Is there anything else you wish to tell me?

Thank the interviewee for participating in the interview and award gift card.

Assure interviewee of confidentiality of responses.