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Nurses' Experiences Transitioning from Staff Nurse to Management in a Community Hospital

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COLLEGE OF EDUCATION

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MSN, Walden University, 2010

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Abstract

This project study addressed the problem of frequent turnover of nurse managers at a Northeastern community hospital. The lack of retention of nurse managers has led to attenuated support for the nursing staff who continued to hold the front line in patient care. The purpose of this qualitative bounded case study was to explore nurse managers' experiences with turnover in order to identify strategies for enhancing retention. Work empowerment and servant leadership theories served as the frameworks for the study. Research questions focused on nurse managers' perceptions of empowerment and servant leadership characteristics that were important in decisions to assume and remain in a management/leadership role. Data collection included audio-recorded interviews with seven current or past full-time nurse managers, and observation of three of the participants at a leadership meeting. Interview transcripts were open coded and thematically analyzed. Observation data were categorized according to empowerment and servant leadership characteristics. Five themes were identified that related to research questions: *struggling in management transition, seeking opportunity for transformation, being committed but powerless, embarking unprepared on an unplanned journey,* and *having the presence to lead others by serving*. The findings of this study guided development of a 12-month program for new nurse managers that integrated characteristics of servant leadership to empower leaders and others. These contributions may promote positive social change by preparing new nurse managers for their role and developing their skills to become successful nurse managers.

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Dedication

I dedicate this dissertation first and foremost to my husband Tom, who has endured the long hours, days, and years of a wife immersed in and consumed by the intensity of studying and writing numerous papers. I would also like to dedicate this dissertation to my parents Dernier F. Phillips and Cyril D. Phillips who unfortunately did not live to see me complete my doctoral degree—I know they are proud! Included in this dedication are my sister Kay and my brother Mansel, along with all the family and friends who provided support and encouragement, and have understood the reasons for my lack of attendance at family and social gatherings. I would also like to mention my late dog Gwinny; she slept so close to my chair that I could not move without waking her, which kept me studying longer—such a good girl.

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It is with heart-felt appreciation that I would like to acknowledge my mentor and chair Dr. Jeanne Sorrell—a truly remarkable, compassionate professor. I would also bestow the same salutations on my committee members, Dr. Wendy Edson and Dr. Mary Howe, for their unwavering expertise and advice. If God had not wanted me to earn a doctoral degree, He would not have provided me with such devoted scholars. I would also like to acknowledge the peers who were there encouraging and supporting me throughout my doctoral journey. I especially like to acknowledge Tori Brown and Cathy Daniels—together we became the three musketeers, unconditionally supporting each other emotionally through the dissertation phase. I would like to acknowledge my nurse role models; Mrs. Linda McQueen, Mrs. Ann Barbara, Mrs. Kathy Gebo, and Mrs. Jane Jones. Not only did they offer me knowledge, but they exemplified the integrity and professional dignity that comes with being a nurse. I would also like to acknowledge Dr. Donna Clews for showing me through her leadership that all nurses are leaders and teaching me not to limit myself to the status quo. Finally, I would like to extend my appreciation to the health care institution and to the nurse managers, past and present, who offered me the opportunity to gaze into their world and to become even more amazed by their professional dedication to the nursing profession.

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Section 1: The Problem

Introduction

Management in healthcare is a career option for many registered nurses (RNs), and an important role in nursing leadership is that of the nurse manager. Nurse managers contribute to accomplishing daily goals for their respective units (Kath, Stichler, & Ehrhart, 2012). The Institute of Medicine ([IOM], 2011) noted the importance for all professional nurses to be leaders within their environment, focusing on change that will enhance patient outcomes. However, many nurses are leaving their manager role to resume a staff nurse position or to withdraw from the nursing profession completely, which has a critical impact on patient outcomes (Sankelo & Åkerblad, 2008). With the nursing shortage predicted to continue, the number of nurses choosing to enter management may decline (Wong et al., 2013).

The Problem

Remaining in the management role is a challenge for nurses due to the ambiguity of the position's functions and high stress levels associated with unrealistic expectations related to meeting goals and ensuring outcomes. In spite of the IOM call for nurses to assume leadership positions, the Robert Wood Johnson Foundation ([RWJF], 2010) identified that average patients and healthcare professionals do not expect nurses to function as agents of change or to enter management roles. Perceptions that management roles are not influential in creating change and a lack of preparation for manager roles both hinder the transition of nurses to managerial roles (RWJF, 2010; Wong et al., 2013).

The absence of nurse managers results in unsupported nursing staff and lack of valuable nursing staff input at administrative meetings focused on improving patient care.

To address the problem of inadequate numbers of experienced nurse managers, it is crucial to gain insight into the experiences of present and former nurse managers who have exchanged or attempted to exchange staff nursing positions for management positions. Previously untapped information could prove valuable in changing the negative perception among nursing staff of the nurse manager role, thus possibly increasing the numbers of nurses who become career nurse managers.

This section of the project study provides definitions of key terms and the rationale behind and evidence to support a project study for nurses who choose a career in management. The significance of the problem of nurse managers exiting their position is discussed in terms of its importance to the local and national situation of high turnover of nurse managers. Research questions are used to explain the focus for the study, identifying and addressing the gap in practice created by the failure to retain nurse managers. The literature review includes conceptual frameworks for the study and recent research articles to support and address the need to explore the problem. The implications section explores potential projects, as identified by the data analysis, that would address the problem of high turnover among nurse managers.

Definition of the Problem

During the period from 2009 to 2014, there was large turnover in nurse managers within one local community hospital, with some of the remaining managers stating that they were considering leaving management in the near future. At present, the hospital has

no open nurse manager positions. However, there are two other hospitals within a 25-mile radius of this hospital, and one of them appears to have been experiencing the same problem of turnover in nurse managers; within the last two years they have had up to 23 open positions for nurse managers at various times. Constant turnover of nurse managers has a direct impact on staff performance and on the operations of nursing departments (Watrous, Huffman, & Pritchard, 2006). Nurse managers provide essential services by keeping the units operational by supporting nurses through appropriate resources, managing payroll, assisting with patient transition from admission to discharge, monitoring staffing, and participating at various meetings (Surakka, 2008).

There are just over 3.25 million active female nurses versus, approximately 306,000 active male nurses employed in the United States (Kaiser Family Foundation, 2016). In 2020, almost 30% of the U.S. population will be 55 or older, and it is projected that there will be more women than men are in this age group (Toossi, 2012). The large population of female nurses and the larger population of women retiring, may contribute to the projected shortage of over 300,000 nurses by 2020 (Juraschek, Zhang, Ranganathan, & Lin, 2012), and ultimately the pool of potential nurse managers. Warshawsky and Havens (2014) conducted a study on nurse managers' satisfaction with their position and their intention to leave. The researchers discovered that almost 75% (181) of the 243 nurse managers surveyed planned to leave within the coming five years. With the large number of potential nurse managers planning to retire within the next decade, there is an emphasis on focusing on organizational support for nurse managers (Zastocki & Holly, 2010). Zastocki and Holly (2010) identified that the increasing

demands of the position make it less likely to be a career option for staff nurses unless there are increased organizational supports. The physical and mental exhaustion of the role of nurse manager has a direct impact on the stress levels and job satisfaction of nurse managers, which may lead to nurse managers leaving organizations (Kath el al., 2012).

Newly graduated nurses are provided with an orientation to meet the needs of the new nurse and the nursing unit. The new nurse is guided through the complex and often intimidating world of providing care to patients and interacting with healthcare professionals. Nurses new to the management role are not provided with the same training. They receive the same brief orientation provided to newly employed but previously experienced nurse managers (Doria, 2015). According to Doria (2015), new managers are expected to be competent immediately with high performance expectations. This may lead nurse managers to reconsider their career choice.

There is a lack of formal training, support, and mentorship to prepare nurses to make the transition from bedside patient care to management of staff. Cadmus and Johansen (2012) retrieved 13 articles from their 2002 to 2011 literature review on training programs for nurse managers, which revealed that there are no programs for novice nurse managers. New nurse managers need training to meet the challenges and changes in healthcare. It is essential for those who have transitioned and become successful managers to share their insights and experiences with those considering management positions. This knowledge will allow prospective nurse managers to formulate a realistic plan that incorporates important elements such as confrontation,

communication, finances, and performance evaluations that will be instrumental in achieving a successful managerial career.

Rationale

Evidence of the Problem at the Local Level

The community hospital where this project was conducted is located in the Northeast region of the United States and has approximately150 beds. The hospital provides various services for inpatient and outpatient care. Outpatient facilities include a 16-bay emergency room with three trauma rooms, outpatient and inpatient radiology services, an outpatient intravenous infusions center, an outpatient cancer center, and an outpatient pain clinic. The hospital has two medical-surgical units, one rehabilitation unit, one progressive care unit, and one intensive care unit (ICU). The gynecology center supports gynecology and obstetrics patients. The surgical services department has six operating rooms (ORs) and an outpatient surgery center with four ORs.

At present, the nursing department has one senior nursing leader, seven nursing directors, and three nurse managers. Seven nurses who have been in various nursing management positions have left within the last five years, moving to a lower supervisory position, returning to a staff nurse position within the hospital, or leaving the hospital completely. In the last five years, the medical-surgical units have had four different directors and four different managers. The ICU has its third director in three years, and the emergency department (ED) has recently hired its third director in five years. During 2015, both the case management nurse manager and the OR nurse manager for outpatient surgical services resigned, and the surgical services nurse manager retired. Two out of the

three positions have been filled. These positions were filled due to management restructuring in other hospitals in the area.

The chief nursing officer (CNO) of the community hospital provided information on the turnover of nurse managers in each department within the last five years and indicated frustration with the turnover in both nursing staff and nurse managers. Out of the 10 nursing departments, only two have had the same nurse manager for more than 10 years. Eight of the 10 nursing departments have had at least one turnover in nurse managers within the last five years. One nurse manager recently stated, "I thought about leaving many times due to stress and sometimes the lack of support." The same nurse manager stated, "Stress would be the number one factor for leaving, as being in middle management, it is difficult with trying to work both sides and trying to please both nurses and administration." She continued, "From my perspective, nurse managers leave for better opportunities, lack of mentorship, and . . . new nurse managers have no insight as to the details of the position." I had conversations with former nurse managers and directors, and some of the reasons they cited for leaving were staffing issues, such as sick nursing staff, lack of sufficient nursing staff to care for patients, and lack of coverage for vacations and holidays. High stress levels, difficulties meeting the demands of the position, and lack of family time due to the heavy responsibilities of the role have caused some nurse managers to leave their positions.

Evidence of the Problem from the Professional Literature

The local problem of frequent turnover of nurse managers is mirrored in the professional and scholarly literature. The reasons described in the literature for nurses

leaving or wanting to leave management positions include lack of leadership training, long hours, high expectations, high stress, lack of staffing, unfulfilled personal interests, and shortages of supplies (Bernthal, Wellins, & Walker, 2006; Sanford, 2011; Swearingen, 2009). The intensity of being constantly available has increased with cell phone technology and nurse managers are expected to stay connected with work 24 hours a day (Skytt, Ljunggren, & Carlsson, 2007; Zastocki & Holly, 2010). Zastocki and Holly (2010) quoted a nurse manager's reason for leaving as "the ever-increasing demands of finances and regulatory requirements" (p. 2). The constant high stress levels may also affect the health of nurse managers. Research by Shirey, McDaniel, Ebright, Fisher, and Doebbeling (2010) revealed that some nurse managers might become mentally and emotionally unbalanced due to overwhelming stress levels when having to deal with staffing issues. Laschinger and Finegan's (2008) study connected high levels of exhaustion to severe health issues in nurse managers.

Sankelo and Åkerblad's (2008) study revealed that managers have a significant presence and have control over the workings of their departments. Therefore, turnover in frontline management influences the overall performance of departments and may have undesirable effects on staff (Knudsen, Ducharme, & Roman, 2009). Knight, Broome, Edwards, and Flynn (2011) confirmed that increased turnover in management positions affects development and support of ongoing projects, which may have negative outcomes on performance and improvement. Evidence of the local problem of frequent nurse manager turnover and the professional scholarly literature related to this problem

reflected a lack of data to why nurse managers resign or may resign from their position that needed to be addressed.

Purpose of the Study

The purpose of this project study was to address the local problem of high turnover of nurse managers by exploring the experiences of nurse managers who successfully or unsuccessfully transitioned from staff nurse to management roles in one local community hospital with or without formal managerial training. Successful transition from staff nurse to nurse manager means the nurse manager becomes effective and empowered in the management position. Unsuccessful transition from staff nurse to management does not mean nurse managers failed in their role. Nurse managers who resigned from the position may have been successful but may have decided to leave for other reasons. Three nurses at the hospital have been in their management position for more than 10 years; it is important to explore their perceptions of factors that led to successful transitioning, as well as the perceptions of those who did not have a successful transition. It is essential to identify reasons for nurse manager turnover, as this adversely affects nurse satisfaction, healthcare costs, and patient outcomes. The results of the study may offer specific knowledge of the hospital's work culture as experienced by present and past nurse managers. This information will be relevant in the development of nurse management training for staff nurses and professional development for nurse managers. The specialized training that incorporates the work culture along with nursing knowledge may encourage future staff nurses to embrace a career in management and improve sustainability of existing nurse managers.

Definitions

For this study, terms are defined as follows:

1. *Empowerment factors:* Environmental behaviors and attitudes that enable individuals to find meaning and significance in which to function within their surroundings. Factors include opportunity, resources, autonomy, confidence, trust, and satisfaction (Laschinger, 2004).
2. *Formal managerial training:* Training provided in a professionally recognized format that focuses on the basic concepts of management and that includes professional development, effective communication and negotiation, expectation of self and others, business, human resources, quality indicators and initiatives, prioritization, and setting and meeting goals (American Association of Critical-Care Nurses, 2013; American Management Association, 2013).
3. *Nurse manager*: Nurse managers, nursing directors, and senior nursing leaders, such as the CNO An exception will be when there are specific characteristics that are associated with one of the different types of manager roles. The nurse manager is a registered nurse who may have direct or indirect responsibility of supporting and coordinating nursing staff, and delegating tasks to meet targets (Ellis & Hartley, 1995).
4. *Nurse manager role:* Directing nursing care in organizations that deliver inpatient clinical nursing care. The role includes hiring, supervising, and evaluating nursing staff, and managing payroll and budgets. The nurse manager is involved in the development of strategies for quality improvement through the

collection of data and oversees policies and procedures for implementation. The nurse manager provides assistance and resource to patients, visitors, and healthcare professionals, and serves on specific committees to enhance nursing and patient care (Penn State, 2012).

5. *Staffing matrix:* A mathematical formula that determines the number of nursing staff required to care for a specific number of patients for 24 hours (Loden, 2008).
6. *Staff nurse:* A registered nurse who provides nursing care to patients in an inpatient setting, such as a hospital. The staff nurse arranges and integrates, in collaboration with other healthcare professionals, specific resources and tests for each patient, and is an advocate for the continuity of patient care (Grossman & Valiga, 2005).
7. *Transition*: A process of change in a response to new or altered circumstances (McCullough, 2003).
8. *Turnover:* The result of an individual's choice either to change positions through transferring within the same facility or by exiting completely (Boyle & Miller, 2008).

Significance

This problem was selected as the focus of the study because there is a lack of knowledge about the experiences of nurses who successfully or unsuccessfully transition from staff nurse to management with or without formal managerial training. Nurses who might otherwise perceive nursing management as a negative option may consider

management a natural advancement in the nursing profession if there is a supportive transition from direct patient care to management (Wong et al., 2013).

The expense of replacing a medical-surgical nurse has been estimated to be $45,000, and up to $145,000 for a specialty nurse (Atencio, Cohen, & Gorenberg, 2003; Sanford, 2011). Atencio et al. (2003) indicated that a turnover of nurses at the national average of almost 22% could affect the financial factor of an institution at a cost of almost two billion dollars per annum. When there is a high turnover in management, there is a concern about its "disruptive [nature] and in a radically changing world adds another element of instability" (Scott, 2002, p. 299). This disruption influences not only the nursing staff but also the care that is delivered and relationships with other medical health professionals (Sanford, 2011). Sanford (2011) discussed the current financial changes in healthcare with reimbursement linked to patient outcomes. A nurse who transitions from direct patient care into management is often a master of clinical skills and can offer explanations to non-nurse managers and administration about the changes needed to produce positive patient outcomes (Sanford, 2011). Nurse managers play a pivotal role in implementing and maintaining best nursing practices, thus enhancing patient outcomes.

Some nurses have management in mind as a career goal, whereas others are presented with the opportunity even though it was not their intent. A larger number of nurses became managers due to persuasion or being the sole contender for the position (Judkins, Reid, & Furlow, 2006; Sanford, 2011). I personally transitioned into the nurse manager role by being the only individual to apply for the position. I found the support

from administration to gain basic understanding of business management, especially finances, budgets, and unit operations to be limited. I managed over 100 nursing staff, which was extremely challenging, especially with the responsibilities of staff payroll, annual evaluations, and disciplinary actions. In the process, I became aware of the disparity between the different levels of administration, professional staff, and nursing staff. I witnessed nurse managers, who had taken on extra duties due to short staffing in order to satisfy matrix requirements, being driven into emotional outbursts. In the nurse manager position, I was often called upon to act as a silent observer, as I had to maintain confidentiality on multiple levels. I experienced firsthand the difficulties of making the transition from staff nurse to manager without the appropriate training.

The literature indicates that the ideal educational program for nurses to enter management begins with an evaluation of their current knowledge and experience. Such a program is individualized based on the results of the evaluation, with the focus on the most important requirements (Swearingen, 2009). Swearingen (2009) provided an overview of different levels of leadership development training ranging from 100 (novice) to 600 (expert). Each level provides specific training related to the individual's standing in their specific organization. At the 300 level, assistant nurse managers focus on expanding their knowledge from the 200 level training to incorporate operational components of leadership such as finances, quality indicators, and state and federal regulations. The 400 level expands on the lower levels and focuses the nurse managers and assistants on interdepartmental communication, relationship training, and tools to manage constant action and reaction to changes. Director training begins at the 500 level

with emphasis on the larger picture of management that engages the strategies and objectives of the organization. The 600 level indoctrinates executives on topics such as organizational changes relating to healthcare, finances, and state and federal regulations. Swearingen's evaluation of the leadership development training program after 24 months demonstrated a 4% overall improvement in retention and an increase of almost 25% nurse retention on selected units.

The professional literature supports the need to investigate the problem of nurse manager turnover. There is no consensus, however, on the reasons for or solutions to the problem. Thompson's (2006) quantitative study focus was to investigate the relationship between formally trained nurse managers and nursing staff turnover. One-hundred sixty-nine nurses volunteered for the study, 18 of whom were nurse managers. Thompson offered 13 hypotheses, and data were collected from Likert surveys. The results indicated positive relationships between the style of management and nursing staff satisfaction. Thompson suggested further research, specifically qualitative, on nurse managers who received only on-the-job training.

Studying nurse managers' experiences with transitioning from staff nurse to nurse manager will offer knowledge to nursing and non-nursing administrators of the local community hospital, which could lead to the development of an appropriate nurse manager training or education program, and professional development for current nurse managers.

Guiding/Research Questions

Nurses who enter management with prior experiences as charge nurses have limited knowledge of business infrastructure and people management (Bolton, 2003). Inadequate skill sets and lack of training make it difficult for nurse managers to achieve goals set by non-nursing administrators, which can result in increased stress and health issues for nurse managers. The decisions that have to be made within the managerial role may conflict with one's principles such as justifying and tolerating unprofessionalism by nursing staff. Research conducted by Laschinger and Finegan (2008) and Jones, Havens, and Thompson (2008), identified significant turnover in nurse managers at all levels relating to the increasing demands and unclear functions of the positions. The culture and support of the organization such as "meaningful professional development [and] respect for employees" (Brown, Fraser, Wong, Muise, & Cummings, 2013, p. 465) influences the retention of nurse managers, as the shortage of nurses directly affects the pool of potential nurse managers.

There is limited knowledge of the experiences of nurse managers who have or have not received specific managerial training. Exploration of nurse managers' perceptions of successful and unsuccessful transitions from the staff nurse role may enhance understanding of the high turnover of nurse managers in the local community hospital and contribute to development of programs to increase retention and satisfaction for nurse managers. The following research questions guided this project study:

1. What empowerment factors do nurse managers perceive as important in transitioning from staff nurse to management?

2. What empowerment factors do nurse managers perceive as important in their decision whether or not to assume a management/leadership role?
3. What empowerment factors do nurse managers perceive as important in their decision whether or not to remain in a management/leadership role?
4. What empowerment factors do nurse managers believe should be integrated into training programs for new nurse managers?
5. How are nurse managers' perceptions of servant leadership reflected in their observations and in their descriptions of their role as nurse manager?

Review of the Literature

This section of the project study includes the conceptual frameworks relevant for this study and literature review of research relating to the problem for this study. Eight areas of focus were used to search for appropriate research: perceived organizational rewards, perceived organizational barriers, nurse manager competencies, personal factors, role stressors, role ambiguity, job satisfaction/intent to stay/turnover, and nurse manager training. The initial electronic journal database used for the literature review was EBSCO (2013) with access to Academic Search Premier, Business Source Complete, CINAHL Plus, Education Research Complete, ERIC, Medline, PsycINFO, SocINDEX, OVID nursing journals, and Cochrane database. The second database, ProQuest (2013), allowed access to Nursing and Allied Health Source, Health Management, and Dissertations and Theses. Additional literature searches comprised personal subscriptions to *Nursing Management, Journal of Nursing Management*, *Journal for Nurses in Professional Development*, *Journal of Nursing Administration*, *Journal of Holistic Nursing, Holistic*

Nursing Practice, and *American Nurse Today*. Included in website searches were Robert Wood Johnson Foundation and Institute of Medicine National Academy of Sciences, and random searches in the databases and on the Web for articles cited in reference sections of peer-reviewed journal articles.

Key words and phrases guided the literature search, such as *nursing management and career, professional development and nursing management, burnout and stress and nursing management, emotional stress and nursing leadership, nursing and manager turnover, staff nurse and management, frontline managers and leaving, career and change in management,* and *trends and nursing turnover.*

Conceptual Framework

The work empowerment framework provided an appropriate framework for this study. Laschinger (2004) created the work empowerment theory from Kanter's structural empowerment theory. Spreitzer's psychological empowerment theory was incorporated to further develop the work empowerment framework (Laschinger, Gilbert, Smith, & Leslie, 2010). The three main empowerment theory components are structural empowerment, psychological empowerment, and positive work behaviors and attitudes. Under each of these three categories are subcategories: (a) structural empowerment includes opportunity, information, support, resources, formal power, and informal power; (b) psychological empowerment consists of meaning, confidence, autonomy, and impact; and (c) positive work behaviors and attitudes include job satisfaction, commitment, trust, and low burnout. This framework has the potential to guide the collection and analysis of data and to categorize the different perspectives of nurses transitioning from staff nurse to

management through incorporating the empowerment theory components within interview questions.

A study was undertaken on the perspectives of nurse managers who had taken a leadership program that used the empowerment framework (MacPhee, Skelton-Green, Bouthillette, & Suryaprakash, 2012). The article's connection to this study was noted through one of the interviewee's statements: "The types of issues discussed (at an inter-professional workshop) were not specific to nursing and on how to manage a nursing department. They were just the general concepts" (MacPhee et al., 2012, p. 164). MacPhee et al. (2012) reported that the empowerment framework provided the nurse managers with meaningful learning that was transferable to their daily practice.

The servant leadership model was included in this study in combination with Kanter's work empowerment framework. The leadership philosophy of the local hospital is based on the servant leadership model. Robert Greenleaf (2008) conceptualized servant leadership in 1970 from his readings of Hesse's autobiography *Journey to the East*. Greenleaf postulated that the servant component of the individual is innate; however, the position of leader is temporary, suggesting that an individual is by nature a servant first. The leader being a servant is achieved through service to others by meeting their needs and includes a desire to empower (Shekari & Nikooparvar, 2012). The fundamental underpinning for the traits of the servant leader is behavioral: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of others, and building a community. Campbell and Rudisill (2005) narrowed the specific traits of a successful nurse servant leader to listening, awareness, persuasion,

foresight, stewardship, and commitment. The three components of the work empowerment theory incorporate these traits.

Perceived Organizational Rewards

Research studies have shown that nurse managers find the role of being a manager exciting and influential. Research by Machoff and Triola (2008) revealed that some nurse managers are motivated by the mission and vision of the hospital, and are inspired to make a difference on a daily basis. Nurse managers take delight in being instrumental in the development of a passion for the job itself in other nurses (Zwink et al., 2013). In the Zwink et al. (2013) study, one nurse manager explained, "I felt like I could change more being in the manager role more than at the bedside" (p. 137). Kath et al. (2012) focused on the moderating effects of leadership support on stress levels and commitment to the organization. The researchers found that there was a relationship between managers' stress levels and organizational support, which was influenced by leadership support, indicating that with leadership support stress decreased. Kath et al. noted that autonomy and organizational commitment have a significant impact on nurse managers not leaving their positions.

Perceived Organizational Barriers

Some nurses may decline managerial positions due to their observation of overworked nurse managers, resulting in decreased availability of capable managers (Kath et al., 2012). Wong et al. (2013) found that 81% of the staff nurses in their study stated that they would not embark on a career in management. Wong et al. believed that some nurses were discouraged from entering management due to the responsibility for a

large number of employees, executive leadership demands of high standards that were difficult to meet, and lack of monetary compensation. Nurses also cited lack of autonomy, support, and job orientation as added reasons for not pursuing management roles. The qualitative descriptive research undertaken by Wong et al. focused on elements that motivate staff nurses to enter management. Data were collected from three areas of interest: interviews of new managers, focus groups of nurses and unit leaders, and focus groups of nurse leaders. One-hunded twenty-five participants were recruited from four different provinces in Canada. The strengths of this study lay in its methodology of being part of a large mixed methods research study and adhering to a guide that supported the trustworthiness of data collection and interpretation.

The HSM Group, Ltd. (2002) conducted research on behalf of the American Organization of Nurse Executives (AONE) regarding open positions and turnover of RNs. The researchers reported vacancies for nurse managers were just over 8% and noted that the larger the facility, the greater the level of responsibility for nurse managers. The anticipated retirement of numerous nursing managers in the near future indicates the need for investment of appropriate resources and support by those in authority (Zastocki & Holly, 2010). Zastocki and Holly's (2010) study reinforced the problem of the ambiguity of the nursing manager's role; nurse managers cited this as an important reason for leaving, along with the other frustrations of the position. Kim and Thompson (2012) concluded from their study that there is a lack of educational support for nurse managers in the definition, development, and role expectations of their position by the organization.

Management in nursing includes the CNO, who holds a position that greatly influences nursing and organizational operations. Changes in high-level nursing management may have negative effects that challenge those remaining to continue with their everyday nursing practice and management (Jones, Havens, & Thompson, 2009). Jones et al. (2009) indicated that the lack of the presence of a CNO has an impact at the executive level within the organization and indirectly affects the nursing staff, as the CNO is the advocate and voice for all the nursing staff.

The Jones et al. (2009) study is the last part of a three-phase research study by AONE. Researchers surveyed nurses who worked in hospital settings regarding the turnover of CNOs. The nature of the survey was to obtain nursing staff insight into the effects of CNO turnover on their performance and practice. Information regarding participation in the study was forwarded to all nursing staff by their respective CNOs with access of one month to the online Zoomerang survey. Jones et al. reported that the response rate to the online survey was approximately 1,277 nurses, with the majority being 433 nurse managers or assistant managers (34%) and 380 staff nurses (30%). Smaller categories of respondents included nurses in positions such as clinical or service line directors, nurse educators, case managers, and quality/outcome analysts. The results from the Jones et al. study indicated that 75% of the participants had been present when there was a turnover in CNOs. Just over 50% of the respondents indicated that CNO turnover did not have a direct influence on the nursing staff. As part of the survey, the nursing staff provided explanations of why CNOs exited their position. The top three reasons were being requested to resign (20%), engaged for a CNO position elsewhere

(14%), and retirement (13%) (Jones et al., 2009). The study's strength lay in its connection to two other studies that were qualitative and quantitative in design. Triangulation was achieved from obtaining data from different people using different research methods, which strengthened the validity of the study (Merriam, 2009). The limitations of the study were not only what the researchers identified as the inability to control multiple online attempts by participants, but also the CNOs' lack of commitment to the availability of the survey for all the nursing staff in their respective facilities.

Organizational executives should support nurse managers with monetary compensation, as well as being accountable and responsible for the creation and sustainability of a climate that enriches present and future nurse managers (Laschinger & Finegan, 2008). Laschinger and Finegan (2008) indicated that extra duties accumulated by nurse managers had the potential to increase physical and mental exhaustion. The researchers' study focused on two variables (situational and dispositional), which were studied over the course of approximately one year for their influence on the nurse managers' stages of emotional exhaustion: effort-reward imbalance (ERI) and core self-evaluation (CSE). The extrinsic and rewards subscale from Siegrist's Effort-Reward Imbalance Survey was used; the extrinsic part measured the amount of energy required to meet the responsibilities of one's position and the rewards part measured the compensation provided from meeting the position's expectations. Three hundred nurses participated in the quantitative study via surveys initially. One year later, however, only 134 participants provided data from both time periods. The researchers provided a detailed history of the instruments used in prior studies and the significance of using the

same instruments for their study. Creswell (2012) suggested that instruments used in other studies should be evaluated for providing data that is trustworthy and reliable. Laschinger and Finegan did not alter the design of the ERI and CSE instruments; they applied the instruments to two time periods. The results from the surveys indicated that half of the nurse managers were experiencing significant emotional exhaustion at baseline and two-thirds were experiencing significant emotional exhaustion one year later. The nurses were highly operational but did not feel they received adequate monetary compensation for their performance. Laschinger and Finegan discovered that stressful environments along with a disparity between effort and reward contributes to emotional exhaustion in nurse managers.

Nurse Manager Competencies

The nurse manager role has expanded to include being knowledgeable about and responsible for meeting targets for budgets, performance and quality, and healthcare regulations (McCallin & Frankson, 2010). McCallin and Frankson (2010) focused their research on understanding what is involved in the charge nurse manager's role, as it has evolved from merely a managerial position to become more of a leadership position. The data for the qualitative descriptive study was obtained via live personal interviews from 12 nurse managers who had been in their positions less than 10 years. The interviews were semiformal, which allowed participants to offer additional information. The researchers provided participants' verbal evidence to support the three major themes that emerged, "role ambiguity, business management deficit, and role overload" (McCallin & Frankson, 2010, p. 321). There was an expectation that nurses would be able to transfer

into the management position already equipped with the ability to undertake and implement business processes without formal training. Findings of the study indicated that clinical skills were not sufficient to provide the nurse with the knowledge for being a successful manager. The one participant's comment that echoed my thoughts and those of other nurse managers with whom I have conversed was, "I didn't know what I didn't know" (McCallin & Frankson, 2010, p. 322). The researchers did not identify or provide any information that may have contradicted the three themes; however, they indicated that the New Zealand participants' experiences are not localized, and due to the similarity of experiences in other countries are not considered a cultural phenomenon.

Sankelo & Åkerblad (2008) posit that it is assumed that nurses may have specific characteristics such as innate leadership skills, creativity, and assertiveness, indicating that they are self-starters and would be successful as business owners. The majority of the nurses in that study alluded to the fact that they preferred being a nurse, not a manager, and would not delegate difficult tasks to others. There is no evidence for the assumption that nurses possess the necessary skill set for being a manager. Sankelo and Åkerblad noted that there were no leadership training programs in the nursing school curriculum. Since many of the nurse managers perceived themselves primarily as nurses and felt they were overextending themselves in their management role, there appears to be a need for management training.

Personal Factors

Having a quality home and personal life was important for some nurses, who indicated that taking on a management role would mean sacrificing their private life

(Wong et al., 2013). The accessibility of the nurse managers has increased with cell phones and pagers, placing them in constant on-call status every day, including weekends and holidays (Zastocki & Holly, 2010). Zastocki and Holly (2010) stated that existing in this state of continuous availability increases the pressure of the position, decreasing the opportunity to relax. Johansson, Sandahl, and Hasson (2013) provided additional research revealing that the quality of personal life affected RNs and nurse managers almost equally, with 50% and 49% respectively being too tired to be involved with after-work activities. The research, which originated from Sweden, involved the investigation of contrasts of stress between nurses and nurse managers. The participants included 78 nurse managers and 1,806 RNs who were invited to respond to a Web-based survey. The survey asked questions on burnout, psychosocial influences at work, self-rated health, sleeping issues, sickness and absenteeism, and signs of depression. The measuring scales of the Webb-Questionnaire for Psychological and Social Factors were reputable, and 64 nurse managers and 908 registered nurses responded to the survey. However, Johansson et al. (2013) did indicate that there were no established measuring scales for the self-rated health, sleeping issues, sickness and absenteeism, and signs of depression part of the questionnaire. The researchers' results under depression revealed that a larger proportion of nurse managers experienced hopelessness (13%) than RNs (11%) and difficulties with attention span (16%) than RNs (8%). Nurse managers were less likely to experience extended periods of sickness (0%) than RNs (4%). It was noted that even though nurse managers had more control than RNs regarding decisions (63% and 43% respectively), the support from their respective supervisors was lacking for professional development

and autonomy. Johansson et al. (2013) stated that the degree of control over their jobs exercised by nurse managers has implications for the work environment.

The Wong et al. (2013) data revealed that being in management sometimes meant making decisions that were against one's principles; some nurses also believed that the role was daunting as it involved addressing staffs' behavioral and performance issues. McCloughen, O'Brien, and Jackson (2011) explored 13 nursing leaders' experiences of becoming and being a mentor, focusing on the theme "mode of being" (p. 99). The nurse leaders confronted themselves through reflective practice and self-awareness to control undesirable traits in order to mentor without judgment. They expressed that being a mentor was part of who they were as leaders, as it was the central component of the position they held and their approach was to guide and support others to succeed.

Role Stressors

The role of stress on managers impacts their own performance, leading to emotional and physical health issues. Kath et al. (2012) researched the effect of nurse managers' stressors on four outcomes: "job satisfaction, organizational commitment, intent to quit, and physical and mental health symptoms" (p. 215). The nurse managers saw their positions as stressful; job satisfaction was inversely proportional to job stress: as job stress increased, job satisfaction decreased. There were positive correlations with physical and mental health problems, as both increased with job stress. Nurse managers considered leaving their positions when job satisfaction and organizational commitment decreased (Kath et al., 2012). Positive relationships also have an influence on nurse

managers' job satisfaction, which in turn allows for the development of quality patient care and a supportive environment.

Nursing is a stressful profession, especially for nurses who provide direct patient care or are in managerial positions. Research has suggested that stress is a precursor for health-related issues and has a direct impact on outcomes (Johansson et al., 2013). Johansson et al. (2013) investigated the differences in staff nurses' and nurse managers' experiences of stress and the resulting health status. Both parties experienced exhaustion; however, 36 out of 64 (56%) nurse managers required a longer recovery period, versus 445 out of 908 (49%) staff nurses. There was a significant difference in workloads, with 55 out of 64 (86%) nurse managers experiencing higher workloads versus 508 out of 908 (56%) staff nurses. The difference in job demands was statistically significant as noted in the p value of < 0.01 as the researchers' results revealed that as an outcome of the high demands of the nurse manager position, 31% of the staff nurses indicated they did not receive adequate support from their nurse managers (Johansson et al., 2013). The researchers also suggested that the nurse managers' high workload adversely affects the support that is essential for nursing staff to provide quality patient care.

Nurse managers have left their positions in healthcare due to the increased demands and stress levels related to their managerial roles. The same stress levels have an impact on the nurse managers' health, which may result in decisions to leave before serious medical problems develop (Skagert, Dellve, & Ahlborg, 2011). Skagert et al. (2011) implemented a quantitative prospective study to survey 216 participants who held a managerial position within a hospital organization. The researchers evaluated the

demands of the positions that may have influenced the quality of life of managers and collected health data over a four-year period (baseline, second year, and fourth year). This study focused on all managers within the hospital environment, not the specific profession of nurse manager. Identifying different indicators and factors such as the frequency of time off due to sickness, burnout, direct contact with patients, and influences on personal and work life highlighted the impact that high stress has on all managers. The researchers provided data to identify all managers with burnout. It is noted that at baseline 64 of the 216 (29.6%) managers experienced burnout; two years later 29 of the 159 (18.2%) managers had reported experiencing burnout; and at the four-year mark 31 of 130 (23.8%) managers reported burnout. The results indicated that 26% of managers were no longer in their position two years after the initial data collection, and 40% had left their positions by the fourth year. The number of managers who left and the noted increase in burnout from the second year invites the question as to the relationship between burnout and leaving. Skagert et al. (2011) found that the retention of managers decreased when in regular direct patient contact but increased when the position was afforded a higher level of control in decision making. The outcomes of the study indicated that environmental influences are linked to turnover; therefore, there is a need to ensure balance and support for the level of decision making exercised at the managerial level.

Role Ambiguity

Healthcare is constantly changing and has affected the nurse manager's job description, making it difficult to define. The role has expanded to include being

knowledgeable and responsible for finances and budgets, quality and performance improvement, policies and procedures, and setting and meeting goals (McCallin & Frankson, 2010). McCallin and Frankson (2010) focused their research to understand what is involved in the charge nurse manager's role, as it has become more of a leadership position than a manager position. The research revealed that the nurse manager's responsibility encompassed multiple roles; due to the lack of specific description of what roles were entailed, the nurse managers found the position challenging. One nurse manager commented, "It is unachievable. A nurse has clinical skills. We are not accountants. Budgets are difficult to understand and stick to," and another nurse manager stated, "The job was much bigger . . . no clear guidelines" (McCallin & Frankson, 2010, p. 322). Without appropriate training, a nurse experienced in providing patient care does not necessarily possess knowledge pertaining to business practices (McCallin & Frankson, 2010).

Shirey, McDaniel, Ebright, Fisher, and Doebbeling's (2010) research explored the emotional complexity of the role to gain an understanding of how nurse managers cope with the causes of stress. Just over 90% of the nurse managers worked a ten-hour day, with 50% of them adding nine extra hours at home every week. One of the main themes from the interviews was "sources of stress" with four subthemes consisting of situations, factors that increased stress, factors that decreased stress, and emotions (Shirey et al., 2010, p. 84). The results indicated that competing priorities and inadequate authority overwhelmed the nurse managers. Many nurse managers felt obligated to incorporate additional assignments into their everyday workload, with novice nurse managers

struggling to assimilate the additional tasks. Reaching the "tipping point" and "fear of losing it" were related to the feelings of incompetence verbalized by all the nurse managers (Shirey et al., 2010, pp. 84, 88). Overall, Shirey et al. indicated that the nurse manager "role may be currently misunderstood and unrealistically configured" (p. 89) due to the broad complexity of the position.

Job Satisfaction/Intent to Stay/Turnover

The shortage and retirement of nurses has a direct impact on the availability of current and future nurse managers. Mackoff and Triola (2008) studied specific behaviors that contributed to the nurse managers' commitment and success in their role. The data revealed 10 distinctive behavioral characteristics that contributed to the nurse managers' success: mission driven, generativity, ardor, identification, boundary clarity, reflection, self-regulation, attunement, change agility, and affirmative framework. The generativity theme arose from interviews with nurse managers who gained immense fulfillment from being influential on others' professional development. This theme connects to McCloughen, O'Brien, and Jackson's (2011) study, which saw mentoring as a mode of being; the intrinsic relationship with others contributed to "creating a legacy" (Mackoff & Triolo, 2008, p. 121). Mackoff and Triolo (2008) indicated that nurse managers' leaving the profession increases the complexity of trying to fill these positions; therefore, it is necessary to use forward thinking in retaining current nurse managers.

Healthcare facilities create and support various programs, offering customers the appropriate assistance to meet their medical or mental health needs. Supervisors are instrumental in maintaining these programs. When supervisors leave, however, a void is

created that obstructs the continuance in management of these programs. The dynamics of the facility are also affected, causing operational discourse and delays in implementing new initiatives (Knight, Broome, Edwards, & Flynn, 2011). Knight et al. (2011) noted that the supervisors may be influenced to stay or leave by the program affiliation and size of the organization. In this study, the likelihood of supervisors to leave appeared to be related to being part of a nonprofit corporate organization that had five subsidiaries, compared to independent nonprofit and for-profit organizations. In the subsidiary organizations, there was a quadruple turnover in supervisors in comparision to that of independent companies (Knight et al., 2011). Outcomes of this study indicated that the stability of supervisors is relative to the satisfaction of staff; therefore support for frontline staff will positively impact and lessen turnover in supervisors. Organizations rely on supervisors to manage staff and programs, and constant turnover may diminish overall operations; therefore, retention needs to become a priority.

When an individual in an authoritative position leaves, there is a significant cost both in terms of performance and commitment of the staff to the organization, and in the search for and selection of potential candidates to fill the position. Knudsen, Ducharme, and Roman (2009) noted that lack of prospects and professional development contributed to leaders contemplating leaving and to younger leaders experiencing higher degrees of emotional exhaustion than older leaders. Knudsen et al. (2009) suggested that leaders in higher positions within organizations may vacate their positions because of emotional exhaustion directly or indirectly related both to the demands of the job and where and how decisions are made (centralization).

Nurse Manager Training

Healthcare leadership can influence the marketability of services through incorporation of management training programs (Kim & Thompson, 2012). Even armed with this knowledge, some hospitals' leaders do not focus on management training as a necessity for managers to develop leadership experience. Kim and Thompson's (2012) study focused on factors, such as location, Medicare, capital income, and availability of leadership programs that influenced nonfederal hospitals. The results indicated that just under half of the hospitals limited their training, which suggested that healthcare leaders were not being provided with the skill sets or education for professional development. The study also found indicators of a lower level of professional activities for women and minorities even when they were the representing majority in the hospital (Kim & Thompson, 2012)

The outcomes of McCallin and Frankson's (2010) study suggested that the role of charge nurse manager is broad and unclear, limiting its delineation. The managers lacked needed skills in business management; being a master clinician does not automatically translate to being a competent manager. Wong et al. (2013) study participants identified two paths to management. The majority of the nurse managers entered management via the charge nurse to supervisor to manager route; however, some nurses become managers due to such random factors as being the sole contender for the position (Wong et al., 2013). It is in the interest of future healthcare changes that nurses be prepared for management with initial and ongoing business training that incorporates advice, guidance, and encouragement from those with expertise in business management.

The literature review indicates that nurse managers are under a great deal of stress that has impact on not only their health but also the nursing staff they direct. The visible stress and unachievable expectations for nurse managers are influencing potential nurse managers to reconsider management roles. The research has identified multiple reasons nurse managers are contemplating leaving or have resigned their managerial positions, including long hours, high workloads, unclear role and expectations, and lack of assistance. AONE has recommended that organizations position themselves to provide the necessary support for nurse managers. An environment that facilitates the nurse managers' professional development stands to extend the commitment of nurse managers to the organization. The future of nursing management will affect the quality of patient care due in the context of the ever-changing environment of healthcare. The literature suggests that the highly clinically skilled nurse does not automatically become proficient in management without the training.

Implications

This project study uncovered opportunities for social change through enhancing understanding of nurses' reasons for entering and staying in management. The study highlighted what was present for those who remained in management and what was absent for those who decided to resign from the nurse management role. Findings of the study were used to develop a project that would address a potential solution to the problem identified at the research site.

Projects originally considered included an internship for nurse managers that would build on the charge nurse role and incorporate elements for successful transition

from staff nurse to nurse manager. Another project that seemed appropriate was implementation of nurse manager focus groups to explore managers' perspectives on what should be included in an educational program for novice nurse managers. Ultimately, however, analysis of qualitative data from the project study revealed five themes to guide development of a nurse manager program that integrates characteristics of servant leadership to empower self and others.

Summary

Section 1 presented an introduction to the significance of studying the problem of high turnover in nurse managers at a local community hospital. This section covered (a) the definition of the problem, (b) rationale with evidence from the local level and from professional literature, (c) definitions, (d) significance of the problem, (e) purpose of the study, (f) guiding research questions, (g) review of the literature, and (h) implications. Section 2 will provide the methodology for this study and address the rationale for selecting the research design and approach, the participants and setting, the process of data collection and data analysis, and the findings of the research.

Section 2: The Methodology

Introduction

The primary purpose of this qualitative case study was to gain an understanding of nurse managers' experiences in their transition from staff nurse to nurse manager and how those experiences relate to the problem of high turnover of nurse managers in the hospital studied. The consequences of the high turnover in nurse managers may have significant effects on the quality of patient care. The exploration of nurse managers' experiences provided additional insight into the problem of turnover and added to current knowledge about effective strategies for preparation and retention of nurse managers in the hospital environment.

Qualitative Research Design and Approach

The use of a qualitative single case study design for this project study derives logically from the problem and guiding questions that are focused on understanding the experiences of nurse managers at a local hospital. Identifying the appropriate research design begins with research questions of how, who, what, and where. Yin (2014) noted that the purpose of a case study is to ask the how or why questions with the understanding that the situation cannot be manipulated by the researcher. Schramm (1971) suggested that case studies attempt to reveal the reasoning and specific factors underlying people's choices. Individual experiences offer in-depth information about a specific situation or condition, and a qualitative case study design provides an approach for exploring the meaning of these experiences in order to gain an understanding of the problem the researcher wishes to address.

Five research questions guided this study to yield data through the exploration of past and present nurse managers' experiences transitioning from staff nurse to nurse manager.

1. What empowerment factors do nurse managers perceive as important in transitioning from staff nurse to management?
2. What empowerment factors do nurse managers perceive as important in their decision whether or not to assume a management/leadership role?
3. What empowerment factors do nurse managers perceive as important in their decision whether or not to remain in a management/leadership role?
4. What empowerment factors do nurse managers believe should be integrated into training programs for new nurse managers?
5. How are nurse managers' perceptions of servant leadership reflected in their observations and in their descriptions of their role as nurse manager?

Justification of Research Design

Many disciplines, including healthcare fields and commerce, frequently use the case study design to concentrate on specific areas of interest, such as group dynamics and decision making (Gerring, 2007; Yin, 2014). Yin (2014) described different case study designs, indicating the single case study design is effective for obtaining insights into everyday lives and may provide explanations relating to those experiences. The single case design helps to explain the problem as it pertains to the indviduals who serve as participants in the study (Baxter & Jack, 2008). Bogdan and Biklen (2007) explained that researchers attempt to understand the problem with greater clarity through reflection on

others' experiences. This project study focused on a single group of registered nurses who are or have been nurse managers within one facility. Baxter and Jack (2008) identified this approach as a single case holistic design with embedded units, in which one explores subunits, or associated factors, within individual experiences in order to enhance the data analysis and answer the research questions.

Participants and Setting

The sample for the study consisted of seven nurses currently employed at a local community hospital, who were either in the nurse manager role or had previously served in this role. These participants were selected for the case study because they had experienced the transition from staff nurse to nurse manager within their nursing career. The nurse managers provided rich detail with descriptions of their personal journey advancing into the managerial arena, including their daily experiences and practices.

The initial process of the study at the community hospital was begun by seeking permission from the hospital's chief executive officer (CEO) and CNO to recruit volunteers for the study and their assistance in identifying potential candidates who have or have had a career in nursing management. The CEO and CNO received a formal letter outlining the following, per Creswell (2012): the reason for the study, the timeline to conduct the study, the timeframe for interviewing the participants, the need to observe participants in a nurse manager meeting, and the manner for maintaining the confidentiality of the participants. The letter explained how the results of the data would provide an opportunity to develop a project that may become an educational benefit for

the participants and other managers of the hospital. This formal approach established a professional rapport involving the CEO, CNO, and other administrative officers.

All present and former nurse managers received a formal letter via the hospital mailing system introducing the project study and me. The letter of invitation included my Walden University email address, my telephone numbers, an outline of the study, and request for volunteers for the case study. As work emails are not confidential and are accessible by the information systems department, participants who were interested in the study were requested to answer the letter via email using their personal, private email address to my Walden University email account. Interested participants were emailed the consent and demographic data forms. The consent form provided a detailed description of the study and highlighted the purpose and importance of the project, the possible length of the interviews, and my presence while conducting direct observations during a single nurse manager meeting. An explanation of the study offered nurse managers the option for participating, addressing confidentiality concerns, and obtaining signed consents.

The responsibility for protecting participants began with obtaining the formal approval (approval number 07-03-14-0199518), from the Institutional Review Board (IRB). Taylor and Francis (2013) advised that ethical considerations to protect the participants included identifying and minimizing any potential harm and risks that may result from sharing information. During the interview process, the participants' perception of their experience might trigger an emotional response that was distressful, requiring an interlude. Recognizing emotional distress and providing support that was acceptable to the participants minimized risks related to sharing information (Miles,

Huberman, & Saldaña, 2014). Direct observation involves the study of participants within a specific setting by an observer. The context of the observation is the visual presence of an observer (overt), indicating the participant's awareness of the observer. Protecting participants from harm includes avoiding deceptions as in the covert approach, whereby the participants are unaware of the observation (Yin, 2014). Miles et al. (2014) suggested that to lessen the risk of any possible identifiable traces within a study, participants should review the analysis of the data for any participant disclosure. The participants should be in control of their involvement within the study and the consent itself does not end with a signature of the participant. Throughout the study the participants should be, and in this study were, assured and understand that they have the right to withdrawal at any time.

There is variability in the number of participants required for a qualitative case study (Taylor & Francis, 2013). Although the actual number of participants was undetermined prior to the study, the initial sample size was estimated to be 10 nurse managers; however, seven nurse managers volunteered to enter the study. Morse (2000) indicated that there are two factors that influence the number of participants in the study necessary to achieve data saturation. These factors include the focus and reason for the study and the validity of potential data from the participants. Taylor and Francis (2013) explained that qualitative research does not claim to be representative or generalize to a particular group or population and it is appropriate to acquire a small sample. Since a qualitative study explores the perspectives of each individual, the small number of

participants interviewed allows for deeper examination of the problem in order to answer the research questions (Gerring, 2007; Merriam, 2009).

Individuals were selected for the study through purposeful sampling for interviewing. Purposeful sampling is a nonrandom selection of individuals who will offer in-depth detailed information for the study (Lodico, Spaulding, & Voegtle, 2010). Purposeful sampling enabled me to understand the problem of nurse managers leaving their positions and to answer the questions directing the study.

Demographic characteristics included in the purposeful sampling were gender, education, years in the nurse manager role, years in nursing, success of transition, and ethnicity. Inclusion criteria included current and former nurse managers who have/had full-time employment in the role. The timeframe of former nurse managers' departure from their managerial position was not relevant due to the small number who presently remain with the organization. This sample was intentionally chosen to gain an understanding of the nurse managers' experiences through their own descriptions.

Communication preferences such as email, telephone, texting, or letter mail for participants who volunteered for the study were obtained in order to help ensure confidentiality and ease for interview scheduling. The researcher-participant working relationship was established initially through email and formal invitation to participate in the project study. Lewis (2012) suggested that the formal invitation include being open to potential barriers and offering assistance to eligible participants to enter the study. Honoring participants' values and roles with respect, acceptance of different perspectives, and transparency of the project study ensured a continued positive working relationship

between the participants and me. The professional relationship for the study began with the discussion of the topic with some of the nurse managers prior to the study. There was interest among the nurse managers due to the subject matter and in the prospective outcomes of the study. Bogdan and Biklen (2007) suggested that participants' positive relationship with the researcher increases participants' confidence in the safeguarding of their confidential information.

Data Collection

The focus of data collection is to answer the research questions posed by the researcher. The research questions guide the study and help the researcher remain within the boundaries of the study and collect the relevant information (Yin, 2014). If during the process of data collection the views of the researcher are used to support a specific stance, the data collected are invalid. Yin (2014) indicated that researchers have accountability to meet high standards of research; part of meeting those standards is to suspend one's bias.

Nurse managers who volunteered for the study returned a completed form with demographic data including gender, education, years in nurse manager role and full time employment, years in nursing profession, present position held, and ethnicity (Appendix B). The demographics not only provided the information for inclusion into the study, but also for identifying variations within the sample.

I interviewed four current nurse managers and three former nurse managers who met the inclusion criteria for the qualitative case study. Interviews were arranged with the participants at a time and date that was convenient for them to participate in the study

without affecting their daily work and personal commitments. The participants had the opportunity to choose the most suitable location; however, the majority of the participants preferred the interview to be conducted in a separate office away from their place of work. Prior to the start of the study, I made arrangements for the use of an office that offered the participants privacy and confidentiality.

Participants' interview sessions were audio recorded, lasting approximately 35 to 50 minutes. During the interview, the participants' body language and actions were logged and supplemented with notes. Observational data recorded in notes consisted of nurse managers' body language, mood, and reactions that pertained to the servant leadership characteristics. Immediately after interviews, I reflected on the notes I had recorded in a journal to capture bias and any additional data that may have been relevant to the study. After I transcribed the interviews, I conducted two additional reviews of each interview recording to ensure that the transcription was accurate. All participants' information was password protected on my personal computer and hard copies of transcripts and audio recordings were housed in my personal lockable file cabinet and stored in my home office.

The use of a semi-structured interview tool allowed me to elicit responses from nurse managers to address the research questions (Appendix C). The interview tool incorporated the study's conceptual framework, work empowerment theory with the servant leadership model. This approach focused on the components of structural empowerment, psychological empowerment, and behaviors and attitudes. The three components were the basis for the development of the open-ended, predetermined sets of

questions. This approach allowed for responses that were rich in detail (Creswell, 2012), providing the participants the opportunity to expand on or further explain their experiences in the nurse manager role. Morse, Barrett, Mayan, Olson, and Spiers (2002) suggested repeating interviews with participants, directing attention to areas requiring further exploration and explanation until there is no new information to add to the study. At the conclusion of the interview with each participant, I asked permission to return to the interviewee for an additional interview to clarify and expand on parts of her interview relating to the problem; however, this proved to be unnecessary, as there was sufficient abundance of data from each participant to reach data saturation.

In addition to individual interviews, special arrangements were scheduled with the CNO to observe the participating nurse managers attending a single nurse manager meeting. Nurse manager meetings are conducted by the CNO and occur at least weekly. The meetings are informal and do not subscribe to a detailed format or agenda. They are held to discuss challenges and issues experienced by the managers, disseminate information from administration, and address other topics pertinent to patient care. All nurse managers who manage nursing units attend these meetings; however, nurse managers who were not part of the study were not included in the observational data. Participants who were former nurse managers were excluded from the meetings. Yin (2014) explained that the observer is the outsider, encroaching on others' environment, so specific scheduling is required to allow attendance. I ensured my presence did not interfere or cause uneasiness to the participants, and I attempted to place myself in an unobtrusive area within the meeting room; however, some of the nurse managers, known

by me, sat close to me. The setup of the tables in a large square did not allow an inconspicous area for observation. The CNO introduced me to the group and then continued with the meeting.

The focus of the observation followed the servant leadership framework, concentrating on servant leadership characteristics such as listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment, and building a community. Observing for these traits in the study's participating nurse managers was designed to reveal data that may have been missed or not disclosed during the interviews. During the process of observation, I used two forms to capture the data: Servant Leadership Traits Observation Guide and Servant Leadership Traits Legend and Reflective Notes (Appendix D). The Servant Leadership Traits Observation Guide was for the primary observational data collection of the participants. The second form, Servant Leadership Traits Legend and Reflective Notes, served a dual purpose. The legend of the servant leadership framework was used as a prompt for observation, and the reflective notes section served as reflective journal to record thoughts, personal conflicting viewpoints, and concerns during and after field observation. The reflective notes were transcribed and added to the interview documents, and became evidence for inclusion in the data analysis. Bogdan and Biklen (2007) indicated that this information is collected to supplement the interviews and observational notes in order to add additional data to the research study.

The role of the researcher and professional relationships may affect the process of data collection. The topic for this study stemmed from my experience transitioning from

bedside patient care to management within the same community hospital where I have been employed for 11 years. Prior to obtaining the position of director of medical-surgical units and acute rehabilitation unit, I was interim staff development educator, interim director of medical-surgical units and acute rehabilitation unit, bed board coordinator/shared governance coordinator, and post anesthesia care unit (PACU) RN. My present position is PACU RN, located in an outpatient surgery center within the same hospital. Due to my experiences of the problem and as a nurse manager, data collection was supplemented with notes and journals to capture possible bias and judgmental thoughts. Everyone experiences events and situations differently; therefore, managing one's thoughts is necessary to avoid detriment to the participants and the data. Most of the nurse managers eligible to participate were known by me and we had a positive, friendly relationship. My prior role as a nurse manager may have encouraged the nurse managers to participate in the study and share their experiences, but I was careful to avoid coercion to participate. I explained that I was recruiting volunteers who might be interested in the topic of the study and in the potential outcomes of the study. The prospective participants were reminded that they could reconsider their participation at any time and withdraw from the study without any judgment on my part.

Data Analysis

Each interview transcript was color coded, labeled with the date and numbered 1–7. Identifiable characteristics such as name, initials, and nursing unit were not observable to anyone other than me. This process of concealment offered confidentiality of those participating in the study. I transcribed the interviews verbatim and commenced with the

data analysis. The observation data of the participants were gathered during the nursing operations meeting and recorded under the relevant servant leadership characteristics (Appendix D).

Details of the data and in-depth responses are important in developing categories and themes (Creswell, 2012). Miles, Huberman, and Saldaña (2014) suggested that data collection and data analysis are simultaneous, as data analysis may present additional opportunities or approaches to collect new data. It was important to review the participants' responses to the interview questions to ensure that they were aligned with the research questions.

As the primary instrument for data collection, I employed the method of bracketing in order to lessen bias and minimize any preconceptions due to my prior knowledge and experience as a nurse manager. Drew (2004) identified bracketing as the awareness of oneself and one's knowledge that stems from his or her experiences. Tufford and Newman (2010) advised the use of notes and journals during the collection of data as they capture possible evidence of researcher bias and are included in the data analysis**.** I kept a journal to record any negative thoughts, assumptions, or judgments and transcribed them from the journal into the relevant participants' interview transcription. During the interpretation of the participants' data, each journal reflective note was reviewed for possible influence on the interpretations of the data. During my time as nurse manager, I became familiar with servant leadership, and I was concerned about bias. Therefore, I listened to the participants as they talked about servant leadership and silenced my own thoughts as I strove to understand their experiences. I concluded that

there was no influence in the interpretation of the data as there was no evidence of bias on my part.

The interpretive thematic analysis approach allowed the data to be analyzed, organized, and managed systematically. Liamputtong (2009) explained that qualitative studies frequently use interpretive thematic analysis as it allows "for identifying, analysing [*sic*], and reporting patterns (themes)" (p. 135). Each participant's transcript was color coded for ease of linking the participants with their quotes during the data analysis. The initial open coding and interpretation began with making notes in the margins of each transcript, highlighting phrases, and looking for patterns that pulled pieces of data together. A template design from Criscitelli's (2014, p. 38-39) data analysis assisted in the development of an analysis table for each research question. Each table consisted of three columns labeled with the page number of the quote within the participant's transcript, interview response, and guiding framework. The grouping of the data (quotes) into categories began with linking the data with the empowerment and servant leadership frameworks. This initial process allowed for condensing and eliminating unrelated data. The next step was a more in-depth analysis with the creation of a four-column Excel spreadsheet labeled with each research question. The columns consisted of data, categories, theme, and framework. The data were transferred from the initial table into the Excel spreadsheet with additional reviews and categorization to identify rising themes. As the themes developed, they were reviewed in relation to the interview questions, research questions, and the framework for consistency and relevance. This process continued until there was no new relevant information (Merriam,

2009). Creswell (2012) explained the process of saturation as reaching a point when there is no further data that will produce new themes. Information that contradicts themes demonstrates the reality of participants' experiences and will become part of the evidence of the study. Discrepant data includes information not connected to the direction of the study; however, it is essential to assess its relevance to the outcome of the study (Gillham, 2008; Maxwell, 2013). Yin (2014) explained that high-quality analysis is achieved through accuracy of the interpretation and attention to all data collected.

Member checking occurred after data analysis. Participants received via email the initial data interpretation for them to review and comment on the accuracy of interpretation. This approach provided validation and helped to ensure quality of the study. Each participant replied to her email and accepted the findings. Maxwell (2013) stated this member checking helps to avoid bias and misunderstandings by the researcher. Merriam (2009) explained that participants might offer additional insight into their experiences if the interpretation does not fit with their meaning. Involving the participants in reviewing the findings verified the accuracy of the interpretation of their data in which to capture the essences of their experiences.

Findings

The participants' demographic information reflected the inclusion criteria for the study and provided additional information on the variations within the sample. The variations included an education range from undergraduate to graduate, management span greater than one year, and nursing profession range from 9 to 40 years. The individual data for the years in management and in nursing were withheld, as due to the

small number of participants, revealing this information might breach confidentiality. All the participants who volunteered for the study were Caucasian females.

Table 1. Participant Demographics

Participant	Gender	Ethnicity	Years as Manager	Years in Nursing
NM1	Female	Caucasian	> 1	≥ 9
NM2	Female	Caucasian	> 1	≥ 9
NM3	Female	Caucasian	> 1	≥ 9
NM4	Female	Caucasian	> 1	≥ 9
NM5	Female	Caucasian	> 1	≥ 9
NM6	Female	Caucasian	> 1	≥ 9
NM7	Female	Caucasian	> 1	≥ 9

Five themes were identified from analysis of interview and observational data. The themes relate directly to the research problem that prompted the study and the research questions that guided the study.

Research Question 1: What empowerment factors do nurse managers perceive as important in transitioning from staff nurse to management?

Participants described their experiences of transitioning to the nurse manager role as a journey with both positive and negative aspects. They talked of times when they felt frustrated and unprepared but also times when they felt mentored and supported. As I listened to them describe their experiences, I was struck by the courage and tenaciousness that they had exhibited in exchanging their nursing uniform for the managerial suit. The theme that evolved from the interview analysis was *struggling to make a difference while pulled on all directions.*

Participants described how they transitioned to the nurse manager position, not because they sought out the new role, but because someone saw leadership qualities in them and asked them to "try out" the role, which eventually turned out to be permanent. Often a previous manager had left and there was "a hole" that needed to be filled. Participants were torn between leaving the patient care role that they had loved and taking on a new role where they may be able to "make a difference."

Some participants felt "stagnant" in their patient care role and hoped that they could find satisfaction in the manager role. They assumed that supervisors and staff would be supportive of them if they tried to help their staff but this was not always the case. They felt "pulled in all directions" as they struggled to meet the differing needs of supervisors and their staff, trying to "keep it lean and mean as far as budget wise, but yet keep the staff happy enough that it didn't seem like it was a business." Participants described feeling alone and in the dark in trying to figure things out to implement their role.

Two subthemes were identified that related to participants' struggle in transitioning to their new role. It was evident that their feelings of being unprepared for the nurse manager role left them very frustrated. However, finding support and mentoring from supervisors and colleagues helped them to persevere in trying to assume their new role effectively.

Unprepared and frustrated.

Participants expressed their excitement at the new opportunities offered them in the nurse manager role but they also described the frustration of transitioning to the role

with no support. They felt unprepared for their new role and frustrated that they were expected to singlehandedly become their own supporter and teacher.

Participant 1: “For me it was ‘here is your office, figure it out,’ and that is what I have been doing. . . . One of the harder things in the beginning was, I am a bedside nurse and that is where my heart is because at heart I am a nurse, and you have to start thinking differently somewhat. So I had to learn to balance the two, the nurse and the administrator.”

Participant 3: “Now that I look back, I didn’t know what I didn’t know.”

Participant 5: “I ended up getting the position, but totally unprepared for it.”

Mentored and supported.

Despite the frustration of feeling unprepared for their role, some participants found mentoring and support from colleagues. Participants described how some colleagues inspired them to persevere and guided them through the complexity of the managerial and business world to enable them to become confident and successful.

Participant 2: “I had worked with the person who was the director. She had really mentored me in a lot of the management things. So, when [name omitted] left, the next natural thing was for me to step into her position. I can’t really say it was the hospital organization that was mentoring me, it was more of a personal thing of her as a friend . . . a mentoring relationship.”

Participant 4: “I think that someone saw that I had the potential and taught me things. . . . One day the CNO called me and said, ‘Hey, I was just wondering and I’m not

sure what you wanted to do but there's going to be this opening and I think you would be good for it.'"

Participant 6: "I didn't really know that I wanted to be a director and so that same former [role omitted] director then who encouraged me and said, 'You know, you are a natural at this, you can do this, you can do this.' . . . All my concerns and questions for her, she had an answer for and then convinced me and reassured me; she was just such a great mentor."

Participant 7: "I was very hesitant at first, but I kept emphasizing that it would be an interim role and that's what I stayed focused on. So, then after that [timeframe omitted] of interim, the supervisor said, 'You know, you are doing a really good job, I really think you should take the position.'"

Through open and honest communication, the participants were recognized for their aptitude and commitment to the hospital, and were influenced to consider a career in management by those whom they believed would support them as they transitioned. Findings of the study supported the initial perception of structural empowerment, which was comprised of open communication, available resources with connections, and support, including the opportunities for professional development. A study by Laschinger, Wong, Grau, Read, and Pineau-Stam (2011) focused on upper management and their methods of management and empowerment for nurse managers. The authors suggested individuals feel appreciated when they are acknowledged for their contributions.

The participants were supported to advance into management by the hospital's administration, which suggested that the support and resources would be in place for them to be effective in their role. The initial perception of support and resources diminished, however, because the focus became to meet the expectations of the organization and manage accordingly (Laschinger et al., 2011). As the participants transitioned into their role, their expectation of support from the nursing staff and hospital administrators was replaced by feelings of frustration.

Research Question 2: What empowerment factors do nurse managers perceive as important in their decision whether or not to assume a management role?

The participants' decision to enter into the nurse manager role was directly related to their desire to be involved and to make a difference, as they believed their contribution to the nursing environment would be more effective as a manager than if they remained a bedside staff nurse. The participants talked about how their bedside career had not been progressing, and through positive relationships with others, they decided to make a career change. The theme that arose from the interview analysis was *seeking opportunity for transformation.*

Many of the participants explained their main reason for advancing into the management position was their relationships with those who either guided them or influenced them in a positive way. They believed that their experiences with bedside nursing would enhance their effectiveness in the nurse manager role in making transformations to enhance patient care. They wanted to be informed and aware of what was happening beyond bedside patient care and offer their knowledge to improve patient

care. The nurse manager role would allow them to "see it differently." Participants also wanted to develop camaraderie among the nursing staff to "bring the units together" through their professional relationships.

Under the theme *seeking opportunity for transformation*, two subthemes were identified that highlighted the reasons for the participants' decision to accept the management role. The participants wanted to be involved in the decision making to transform the nursing/patient care environment. They were influenced by those who believed in them to transform their professional career through assuming the nurse manager role.

Ability to contribute to improved nursing/patient care environment.

The decision to accept a nurse manager role was influenced by the participants' passion for change; they talked about their desire to make improvements and "do better" for the patients and staff through their contribution. They perceived that the autonomy that came with the new role offered the freedom to influence issues and ideas that affected not only their nursing practice with patients but also all nursing staff and their respective units.

Participant 1: "Things at the bedside that you didn't agree with or didn't like, . . . maybe I could help change it."

Participant 2: "I had good ideas, knowing that there was things that I could make better with the help of staff and just knowing that in a management role you also have the autonomy to do some of that. . . . I thought we could do better. . . . Communication doesn't always trickle down to the staff people, so you felt like you weren't in the know.

Whereas if you were a manager you get to attend those meetings. . . . I want to be more involved in the decision making and that sort of thing."

Participant 5: "I felt that they needed the support, that I did know what it was like in the trenches, I did know the staffing issues because I was living them. . . . I really thought, well, maybe I could make a difference here. I kind of know . . . what we needed, what I thought the department needed. . . . So I thought, well maybe, maybe I could do this and see if I can make a difference."

Participant 6: "There was incentive that in this role I would be able to make what I thought was the right decisions."

Career advancement.

The participants talked about their need or desire to make a career change. As the management positions became available, colleagues encouraged them to explore the "opportunity" for advancing their career through the nurse manager role.

Participant 1: "Opportunity, . . . wanted to see if it could be a good fit, . . . would help to change the job satisfaction for myself and my staff. It could be a stepping-stone for my career. I didn't want to stay at the bedside long term—management would be a good stepping-stone."

Participant 3: "I was more in the right place at the right time. . . . The current director decided she was going to up and quit."

Participant 4: "If you're encouraged and nurtured and you like it, then you stay there or you advance into the next leadership role. . . . I think it was the people that mentored me and the people that believed in me. . . . If you have . . . someone that

believes in you that wants to mentor you and thinks that you have potential that you can then move from. . . . Empowerment I truly think comes from the people that you report to or that mentored you."

Participant 6: "They just didn't feel that there was anyone else who would be able to manage it. . . . I had had a little bit of a taste of it and realized that, yeah, I actually was capable. . . . I felt like at that point people had come and gone and hadn't been able to make a go of it. And I just thought, 'You know what, I think I can do this.'"

The findings of the study support the psychological empowerment factors of meaning, confidence, autonomy, and impact in the participants' discussion of the opportunity to change their career path. However, most of the participants' decisions were based on their relationships with those who had guided or inspired them to consider a management role. Wong et al. (2013) noted that one of the paths into management is through the influence of others.

Spreitzer, De Janasz, and Quinn (1999) investigated psychological empowerment and its impact on those in a management role. The results indicated that those who accept themselves as empowered have the capacity to create change through motivating and empowering others. The participants in this study expressed the importance of freedom in decision making, as they believed they would be able to influence and create positive change through their contribution to their units in a nurse manager role. DeKlerk and Stander's (2014) study supports these findings, citing an increased level of commitment in individuals when they are communicated with and are part of the processes that involve change.

Research Question 3: What empowerment factors do nurse managers perceive as important in their decision whether or not to remain in a management role?

The participants shared their experiences of intense challenging periods and difficulties that consumed their every waking moment. They had anticipated that they would have more autonomy in the role, but found this was not the case. This lack of autonomy prevented them from making changes that they wanted and made them question their decision to stay in the nurse manager role. At times during the interviews, participants (both current and former nurse managers) exhibited signs of emotional conflict and frustration with tapping of a pencil or raising of their voice but expressed their desire to remain committed to the staff. I sat quietly and listened while they described their concerns and exasperations about the role that had engulfed them. The theme that developed from the analysis of the interviews was *being committed but powerless.*

Participants provided insight into their emotional struggles, which affected them personally and created changes in behavior. They said, "I was a lot different than I am now," or "this job has affected me psychologically." Along with the responsibility of the nurse manager position, feelings of being "very overwhelmed" and that they didn't "have a lot of help" indicated that the leadership was not meeting their needs for support. Participants expressed being inundated with accumulating tasks and deadlines with "more expectations" and that the "job got harder." The strained relationships with upper management became obvious as the participants shared that "there's not a lot of direct control" or "I couldn't control . . . or fix," which limited their freedom to create changes.

The participants stated that their relationship with the nursing staff was just as difficult at times and that "people forget that their managers are humans; . . . they really do forget that we have emotions and feelings. . . ." The participants shared their feelings of loyalty to the staff through their commitment and support and wanting "to change the lives of the staff . . ." even when "the daily battles are hard." They continued to be responsible for their units as they brought "the bedside into the meetings" so that the voices of the bedside nurses were heard.

The frustration of the position and ineffectiveness in appeasing staff and upper management made the participants question their tenure. The four present nurse managers explained that they had been on the verge of "leaving many times," as there was a limit to how much more they could endure. The three former nurse managers cited "politics," "conflict in values," or "my heart wasn't in it" as the tipping point for making the decision to leave. When the opportunity arose for her to leave, one participant stated, it felt like "a weight had been lifted" as she transitioned out of the nurse manager role.

Two subthemes were identified that connected the participants to their decision to stay or to leave the management position. The theme *being committed but powerless* reflected the multiple role challenges experienced by the participants and characterized by a lack of support and leadership. This played into their recurring thoughts of uncertainty regarding a nurse manager career, and for some it led to the end of a nurse manager role

Role challenges.

In taking on the role of nurse manager, participants anticipated an exciting opportunity to support and create positive change for the patients and nurses. However, as they endeavored to become mediators between the nurses and upper management, they paid the emotional price as they faced resistance from above and below.

Participant 1: "A lot of those still think it's them against me, and it's hard emotionally on me. In the beginning I cried every day. . . . You are on an island sometimes—a lot of the time."

Participant 2: "You leave here feeling like you were worthless, . . . feeling like you were beaten up, because it seemed like you were not making anybody happy."

Participant 3: "I had some situations that I was uncomfortable with or management decisions that were being made that I didn't agree with. . . . That was something that I really struggled to deal with."

Participant 4: "Every day you come in here—there is no such thing as [a] normal day. It's a fire drill, bells and whistles and sirens and . . . I think we all struggle."

Participant 6: "This is an all-consuming job. . . . I don't have a life—thank God I have a very understanding husband. . . . There are days when I just really hate my job!"

Uncertainty of career direction.

All the participants expressed disappointment in the role as nurse manager and the lack of autonomy in that role. The participants who resigned their nurse manager role remained loyal to the people they worked with and moved to other positions within the hospital. Some participants shared that they stayed because of the staff and the

contribution to the changes that have occurred, while others talked about the possibility of leaving being imminent.

Participant 1: “It is also about failing them. . . . I stay here for them. So all of this—if anything, that has played more of a part for why I stayed than why I came into it in the first place.”

Participant 2: “I had an opportunity to get out, and so I decided that I needed to take it at that time.”

Participant 4: “The mole game at the fair—when you poke your head up and get hit with the rubber mallet: How many times are you going to poke your head up?”

Participant 6: “I feel like I’m making a difference and I feel that people depend on me, and I don’t want to walk away from them, but I am not sure how long that will keep me here. To be perfectly frank, if the right job came along I probably won’t stay. And I don’t know that I will stay.”

Participant 7: I still don’t know how long I’ll last. . . . I don’t want to leave the staff high and dry.”

Participants’ experiences offered an in-depth understanding and awareness of how they lived their role as managers. The findings from their experiences supported all three elements of the empowerment framework, as there is a link between increased psychological empowerment and structural support and the experience of fulfillment in one’s job (MacPhee et al., 2012). The participants were missing support from upper management and nursing staff as they attempted to meet the needs of everyone, and this missing element reduced their efficiency and ultimately their success in their role. The

participants experienced discouragement and frustration as the expectations of others overshadowed their perceptions of their ability to have a positive influence.

Havaei, Dahinten, and MacPhee (2015) carried out a research study on how organizational support and span of control affected the organizational commitment of novice leaders. The researchers' findings suggested new nurse managers were less likely to be committed to the organization if there was an expectation to manage a large number of staff with limited support. The researchers found that limiting the number of staff to manage increased the managers' commitment and effectiveness.

The participants in my study eventually questioned their initial decisions to change their bedside patient care career to a management career, as the belief that they could make things better from a management position did not materialize. Kanter (1979) stated, "Accountability without power—responsibility for results without resources to get them—creates frustration and failure" (p. 66). The former managers were not empowered to remain in their role because of their lack of freedom to contribute in the manner they expected, which led to their resignation. The present nurse managers in this study explained the reason they have stayed is because of commitment to their staff. The participants cited lack of support, ambiguity regarding their formal power, and lack of autonomy as factors that subjected them to being besieged by multiple tasks and unrealistic expectations that made them question whether to stay in their nurse manager position.

Research Question 4: What empowerment factors do nurse managers believe should be integrated into training programs for new nurse managers?

Participants offered information regarding what they believed was essential to prepare new nurse managers for a career in management. The participants explained that the process for the selection of appropriate candidates is overlooked or neglected entirely. They also recognized that new nurse managers lack the support and resources available from knowledgeable, proficient, and experienced managers who can not only share their skills but also offer reassurance and encouragement. Participants talked about how there is no system in place for new nurse managers to receive training and education to prepare them for their new role. The theme that evolved from the interview analysis was *embarking unprepared on an unplanned journey.*

Participants described how nurses are perceived to have the appropriate abilities that automatically designate them to be suitable for a career in nursing management. They explained that being "a great clinical nurse" does not provide the "nuts and bolts of the job," and "good nurses don't always make great leaders." A small hospital has limited areas for nurses to expand their skills. It is "common practice" for nurses to advance into management positions due to the influence of supervisors and nursing staff or from "pressure," without being properly evaluated. Participants suggested that assessments of "strengths," "confidence and delegation abilities," and "areas . . . important to the success of their job" should be done before moving a nurse into the manager role. One participant explained that there are "a lot of assessments out there," indicating that potential resources and support for nurses to assess their management skills do exist.

Assessing potential candidates for management is important. However, participants also identified the necessity for new nurse managers to have someone who would support them and "know who to go to, to ask," as well as "weekly meetings" to create an avenue for encouragement and guidance. Participants talked about how new nurse managers are "not ever shown" or that there are "not a lot of resources" for them "to find their way," indicating a lack of professional guidance.

There was considerable consensus among the participants as to what is required for the new nurse manager to become prepared for his or her new role. Participants stated that nurse managers need to have "business sense" to understand "how the budget works" and "how to get new supplies," but also "people skills" as the majority of the time they are managing people. The participants also talked about how important it was for nurse managers to learn about "dealing with people," how to "deal with confrontation," and "how to discipline," revealing that this was an area of concern as "that is not something that we normally teach people."

The participants stated that in conjunction with learning how to manage staff, nurse managers need to know "how . . . you work with your administrative team," as these were "two ends of the spectrum." The participants continued with their listing of the abilities the new nurse manager should acquire, which included "leadership skills" and "team-building skills," and indicated that "communication is extremely important." Participants noted that "clinical people are intimidated" and often lack the skill of public speaking. One surprising comment from a participant was her suggestion that upper

management may have "hit their max skills set and they can't pull any more," which is a concern for training new nurse managers.

Formal education was a focus for three of the participants, suggesting that academia can play an important part in the development of nurse managers. They recommended adjusting nursing degrees to include "management" in the form of "electives" and specific degrees for the professional nurse manager that place an emphasis on "people skills."

The theme *embarking unprepared on an unplanned journey* reflected two subcategories that conveyed the participants' experiences as managers and suggestions on what were the essentials for the training of new nurse managers. Participants explained that unprepared new nurse managers are "encouraged" to embark on an unplanned managerial journey without the resources and support to guide them. Insights from the current and former nurse managers revealed aspects of what was required for new nurse managers to become proficient in their new role.

Unplanned, untrained, and unsupported.

The expectation that nurses have natural managerial skills is misplaced; nurses may not have the aptitude for making a transition to the nurse manager role. The experiences of the participants highlight the lack of appropriate nurse manager prospects and the current inconsistent and ineffective approaches to preparing nurses for a management role.

Participant 1: "Never given any sort of, I don't want to say a map . . . and you just finding your way. . . . The facility is setting you up for failure."

Participant 2: “We tend to assume just because you’re a good nurse that you can do all those things: . . . running a budget, figuring out staff, counseling employees, doing employee evaluations, . . . and we don’t do a whole lot to help. We don’t do a good job of orienting not just new nurse managers but any managers.”

Participant 3: “Unfortunately, with . . . the state of nursing affairs today, people are moved into roles without a really great assessment.”

Participant 4: “Moving, it’s hard here because it’s a community hospital and there’s not a lot of places to grow.”

Participant 6: “I think that nursing has failed to do a good job of identifying the people who should move into leadership. . . . I don’t think we do a very good job of preparing them and training them for their role.”

Participant 7: “We probably need to develop a better program for nurse manager orientation.”

Specific orientation and professional development.

In the participants’ experience, nurses new to the management role require diverse professional training to become proficient in managing their staff and their nursing unit, and to be cognizant of the rapid changes in healthcare.

Participant 2: “I think support and information are the big things.”

Participant 3: “A good assessment of what [has] to be done before somebody would even be in a nurse manager role. . . . You have to look at all the things that you wanted in a nurse manager, and all the areas where you want them to focus.”

Participant 4: “You better be aware of what’s happening around you and understanding what’s happening in your community and in the world to make a sound concrete decision about something.”

Participant 5: “Learn different leadership styles, to learn what other hospitals deal with.”

Participant 6: “Management training for nursing should be a lot more focused on people skills than on budgeting, buying, and purchasing.”

Participant 7: “Meet with different departments. . . . Each of these people had a packet and they spent a few minutes going over things with you and then you had something to take back to reference.”

Participants talked about the academic aspect of nursing management. One participant explained that “MBA programs are not designed for nurses; they’re not designed for healthcare.” She recommended “graduate-level programs in nursing with administration focus” or a “human resources degree . . . because it really is all about people.” Another participant explained a limitation to the bachelor of science in nursing was that there were “not always a lot of electives available [so] that you can take management courses” and that “nurse managers don’t have that intrinsic training in our background.” The third participant cited the lack of support for furthering academic knowledge: “Personal growth from an education perspective should be a big thing that is encouraged. . . . I think in nursing that we lack a lot of encouragement from other people.”

Understanding the avenue that the participants experienced in transitioning into their nurse manager role through influence by others highlights the predicament the lack of training places them in. Their clinical experience and nursing education were not enough, and left them ill equipped to contend with the ambiguously defined role and intense pressures of a management position. Participants were very explicit in what they believed important for new managers and nurses considering the management career path. The one area of surprise was the suggestion that nurses earn a human resources degree, because of its emphasis on people skills. This approach would prepare and provide nurses and nurse managers with knowledge on social and organizational psychology.

The findings of this study identified the importance of structural empowerment to address open communication, available resources, support, flexibility in decision making, and opportunities for professional development. The participants expressed the need for professional development and orientation for nurse managers. MacPhee, Skelton-Green, Bouthillette, and Suryaprakash (2012) identified management training as a means to empower managers with tools to use in their daily practice. This area of focus involves the commitment and support of the organization to provide the means for nurses and nurse managers to develop their managerial potential and skills. Any training program depends for its implementation upon the support and commitment of the organization. The program has to be specific to the needs of the nurse manager, with potential for modification to incorporate future changes.

It is the responsibility of hospital administration to implement plans to create specific training programs for nurses and nurse managers. Wong et al. (2013) focused on nurses' aspirations for management. Their research revealed that less than 20% of those who participated (n = 125) would consider management. The results indicated that the perceptions of the role comprised the significant factor in deterring nurses from a career in management. The participants in the Wong et al. study agreed that there were specific "strategies that organizations need to implement to help staff nurses develop as prospective managers" (p. 240). The one strategy that ties into structural empowerment is the "support from the corporate level for visibility of managers . . . and restructuring manager roles to ensure reasonable span of responsibility" (Wong et al., 2013, p. 240). Hudgins (2016) also identified the necessity of recognizing and supporting the management potential of novice nurses due to the projected shortage of turnover in both nurse managers and nurses. The nurse managers of tomorrow may not be prepared, but with specific training to empower them they will in turn empower future generations of staff nurses to developed into nurse managers.

Research Question 5: How are nurse managers' perceptions of servant leadership reflected in their observations and in their descriptions of their role as nurse manager?

Interview data.

The interviews offered insight into how participants understood the concept of servant leadership as they described different ways in which they attempted to incorporate servant leadership into their practice. Only four of the participants had

knowledge of servant leadership characteristics. Their descriptions of servant leadership included intentional behaviors of active listening and compassion. At times, the participants sidestepped the practice of servant leadership due to situations and pressures of their role. The participants also explained that nursing is all about helping others, but some nurses enter nursing for the money and not with the mindset to attend to others' needs through servant leadership. The theme that arose out of the analysis of the interviews and the observational data was *having the presence to lead others by serving.*

Participants shared their definitions of servant leadership, explaining it in such terms as "offering yourself," "to serve them," and "to help them," noting that they "are not here for ourselves" but for "giving of yourself for the better of others." The focus of servant leadership is to offer oneself without expecting anything in return. Participants stated that some people enter nursing for the wrong reasons; as one participant shared, "Nurses are servant leaders—I mean good nurses, at least." Another participant regarded nurses as servant leaders "who went into nursing for the right reasons," indicating that some nurses were not in the nursing profession to serve others but to serve themselves.

When discussing their servant leadership practices, the participants talked about going beyond the office and being present with the nursing staff by "guiding them," as it "builds trust"; being "part of this team" is "listening to them" and providing them with "the tools" that are appropriate for nursing and supporting patients. As the participants explained how the concept of servant leadership motivated them to want to guide and nurture others, it was evident that they considered active listening and a hands-on approach to be important aspects of servant leadership.

The participants had not received any "formal training" on servant leadership from their institution. The four participants who had knowledge of servant leadership had received it from their academic education. One participant shared, "If you were never educating people on what servant leadership truly is, how can you say you are practicing servant leadership, . . . informing people . . . basic to anything." The participants described the frustration of occasions when their practice of servant leadership was altered due to the working environment, describing situations in which when working with nursing staff they have to "completely discount what they are saying," and "have to tell people what they can and cannot do" as a result of pressures from upper management. However, there are individuals in upper management who "embrace" servant leadership. As one participant explained, "He likes to encourage people" and "be out with the staff," which suggested that upper management in this case had knowledge of practicing servant leadership.

Servant leadership has the following behavioral characteristics: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of others, and building a community (Hanse et al., 2015). The participants offered their experiences of practicing these characteristics of servant leadership, and each valued servant leadership as a means for serving others. The findings of the study support the servant leadership model, as the participants' experiences provided support of their servant leadership approach in their role as nurse manager. The participants expressed, "For me that's very easy, because I think that's the only really effect[ive] means of leadership" and "I think about servant leadership, it's

number one, it's guiding people." One participant explained a deeper experience with servant leadership: "I would say I've increased my experience with it as I work . . . with the staff, . . . so it's not so much a matter of increasing my knowledge of it, it's . . . putting that knowledge to work."

The influence of servant leadership individually and collectively is far-reaching. Hanse, Harlin, Jarebrant, Ulin, and Winkel (2015) examined the impact of the servant leadership elements of empowerment, humility, stewardship, standing back, and accountability on managers' relationships with their staff. The researchers were guided by variations of the elements of servant leadership elucidated in Linden, Wayne, Zhao, Henderson's research and van Dierendonck's (as cited in Hanse et al., 2015) review of servant leadership literature. The results of the study indicated a significant relationship between all five elements of servant leadership and managers' relationships with staff. The highest of the five elements were empowerment and humility. Managers who exhibit characteristics of servant leadership experience greater success in motivating and empowering their staff to be involved and committed to their organization.

The participants described how they practiced listening and empathy characteristics, which included active listening and understanding with good intentions.

Participant 1: "I believe that you have to listen to your staff; you have to listen to their wants and their needs. Just like you would your patients."

Participant 4: "I talk with them, one-on-one, help guide them—I mean everybody. You're not supposed to bring your problems to work, but how can you not?"

Participant 6: “They know that I am always there for them if they have an issue, they have a bad day, they need somebody to help them work through a situation.”

Participant 7: “I want them to feel like I’m here for them. I try to make myself available so that if they have things that they want to talk about or need to talk about, I’m here.”

The servant leadership characteristics of healing and awareness involve healing relationships and resolving conflict while embracing challenges. Participants expressed their practice of these characteristics in the following ways:

Participant 1: “I don’t want to be, I’m the boss in the office and the people out there working. I want to be out there.”

Participant 2: “Nurses inherently are nurturing, . . . working towards healing.”

Participant 4: “It’s giving them the path to go down and making sure they have the tools to do what they have to do.”

The act of persuading others means not coercing, but influencing in a positive manner, and conceptualization of servant leadership goes beyond the parts or details of a situation to encompass its overall aspects. The following quotes are the participants’ approaches to practicing persuasion and conceptualization:

Participant 2: “I wanted to know . . . what the staff was doing, how they did it, and not to check up on them, . . . but to look at ways we could make it better.”

Participant 3: “We had started to have a series of meetings . . . trying to get some kind of education on site for them to go back to school. . . . [We] wanted to see if there was a group consensus.”

Participant 4: “Working side by side because I believe that in order for me to ask them to do something, I better be able to do it myself.”

Participant 5: “I would incorporate them into deciding what we thought we needed for the department. . . . It impacts so many people.”

The servant leadership characteristics of foresight and stewardship relate to the participants’ ability to incorporate past experiences into today’s processes with the understanding of the possible outcomes while supporting the needs of others and the hospital.

Participant 1: “To me, I serve the patient, and I actually serve the staff, not the other way around.”

Participant 2: “I needed to be there. . . . I needed to see what the problems were that were going to make this not work.”

Participant 3: “Best example would be for me to approach a staff member and say, ‘What can I do for you today?’”

Participant 4: “Looking at the systems that they used, . . . you saved nurses time in minutes . . . that you can give back to them at the bedside.”

Participant 6: “I’ve always considered that my strength in leadership is that I think I’m good at mentoring.”

The final two servant leadership characteristics focus on the participants’ practices toward building a community and commitment. Building a community relates to the community inside and outside of the hospital, and commitment relates to the personal, professional, and spiritual connection to individuals.

Participant 1: “I always figured if I made one person’s life better in my lifetime, then I have succeeded in my goal. I want to make them succeed in any way that I can.”

Participant 2: “It’s not like, ‘I’m the manager and you’re the staff.’ I like to be a hands-on manager. I felt that [the way] I could help people in their roles as staff was to be able to increase their confidence, do whatever I needed to do to make them successful.”

Participant 4: “Servant leadership goes to the community . . . because we are all in it together.”

Participant 5: “”I come from . . . [a] religious background. Basically my servantly [*sic*] is to the patients now whereas before it was more to the staff.”

Participant 6: “I’m here to try to work for them, to help them be successful, to help them learn and grow.”

Participant 7: “Being there for our community, those people that need us in their worst times or their sickest times is very important.”

Findings from this study relate to Murari and Gupta’s (2012) suggestion that servant leadership develops the foundation for empowering others through the capacity for involvement and change. The servant leader becomes the selfless giver, placing others first and “making the conscious decision to lead in order to better serve others” (p. 35). Participants in my study identified servant leadership as the leadership style suitable for nursing management.

Observational data.

The observational data offered insight into three current nurse managers’ practice of servant leadership through interaction with others within the group. Three participants,

1, 6, and 7, were observed in the nursing operations meeting. Observing their verbal dialogue and behaviors allowed me to collect data for analysis to link their practice to their interview. There were differences in two (participant 1 and participant 7) of the three participants' practice as observed by their selective interaction with certain individuals. Participant 6 was not selective in her interaction with individuals, and was observed to be involved within the group through active participation in discussions.

Throughout the meeting, the participants exhibited similar behaviors to others within the group, with slight differences. The participants were congruent in their mannerisms when in conversation with others, portraying positive body language such as sitting forward and nodding of head with eye contact, and actively listening and asking questions. Participants offered support to others in the group through nonverbal cues of head nodding and verbal support with positive comments. Participants 1 and 7 were attentive and participated in the discussions as observed through their dialogue and body language; however, they were individually selective in their participation. It was observed that when certain individuals spoke, participants 1 and 7 showed detachment not only by becoming silent, but also through body language by putting their heads down, sitting back in their seats, and looking at their phones. Both participants resumed their attention to the group at the conclusion of those particular individuals' discussion/conversation. During active discussions, one of the participants was observed frequently in deep conversation with an individual sitting beside her. Participant 6 was not selective in her participation toward individuals, exhibiting complete attentiveness through her active contributions to discussions. Her approach to individuals and her

support did not waver—it was consistent and meaningful. Her facial expressions never portrayed disinterest or lack of concern.

Findings of the observational data confirmed the three participants' knowledge of servant leadership and its application to practice. Participant 6 indicated that her knowledge of servant leadership was from her formal education and then "putting that knowledge to work." Understanding that participant 6 has servant leadership experience may account for the servant leadership interaction within the group. Participants 1 and 7 described their awareness of servant leadership; however, from the observational data, the evidence of application of servant leadership was limited.

Tables 2, 3, and 4 list the observational data for participants 1, 6, and 7 respectively.

Table 2. Observational Data for Participant 1

Servant Leadership Legend	Observational Data Participant 1	SL Interpretation
Listens [listens intently to others, seeks clarification]	Listened intently to some individuals, with eye contact, nodding of head, leaning forward to the individual speaking, and provided appropriate responses. When certain individuals were talking, participant sat back in chair with head down looking at phone.	Selective listener as observed by body language toward some individuals.
Empathy [strives to understand and assumes good intentions of others]	Showed support with appropriate body language—sat toward some individuals talking, nodding head with concerned expression, and expressed verbal support with comments.	Selective listener as observed by body language toward some individuals.
Healing [addresses opportunities to heal self and relationship with others, recent conflict voiced and resolved]	Verbally supported own nursing unit with sharing of good news—sat forward with arms on table when talking, facial expression was cheerful. Did not hold eye contact with some individuals when it was their time to talk, sitting back in chair looking at her cell phone. This interaction also noted when discussions were lengthy.	Selective support to some individuals as observed by body language and verbal support.
Awareness [openly aware and perceptive of stepping out of the comfort zone to raise issues]	Addressed issues with some nursing units. Identified and acknowledged upcoming issues and accepted others' assistance. Sat forward with arms on table when talking, facial expression appeared tense regarding specific topics.	Willing to address present and upcoming issues with selective individuals, openly participated when specific topics arose.
Persuasion [convinces others rather than coercing compliance—builds consensus within the group]	There did not appear to be any discussion or conversation by participant 1 where this interaction/observation was noted.	N/A
Conceptualization [discusses issues that are broad-based with ideas that go beyond daily operations]	Identified and acknowledged upcoming issues with own unit as observed by participating in conversation, accepted assistance "lightly" [said, "yeah, ok"] from others to identify issues—tense facial expressions noted at times, sat forward with arms on table when talking—did not offer suggestions/ideas at times.	Appeared to be focused in daily operations—interaction limited to own unit, lightly accepted others' assistance.
Foresight [verbally uses past experiences, present realities with the likely consequences of future decisions—acknowledges the challenges of change]	Identified and acknowledged upcoming issues with reference to past experiences and changes required, accepted assistance from others [lightly]. Sat forward when talking, sat slightly back in seat but leaned forward to those talking. Tense facial expressions noted at times. Did not interact with some individuals, as noted by sitting back with head down, looking at phone.	Used past knowledge to address daily and future challenges, limited interaction with some individuals.
Stewardship [shows service to others and verbally supports the hospital]	Receptive to others with verbal acknowledgment, only with some individuals. Body language unchanged per prior notes.	Offered support to others—selective.
Building a community [demonstrates obligations to fostering positive relations within the hospital and the local community]	Fostered positive relationships with most individuals within the group, appeared to ignore some as noted by prior statements on body language.	Positive relationship—selective.
Commitment [takes personal interest in the growth of others, nurtures the personal, professional, and spiritual growth of others]	Identified unit needs, committed to her own unit with selective support to other units.	Committed to her own unit needs.

Table 3. Observational Data for Participant 6

Servant Leadership Legend	Observational Data Participant 6	SL Interpretation
Listens [listens intently to others, seeks clarification]	Listened actively; looked at those talking with nodding of head with eye contact, sitting forward. Asked questions.	Active listener; communicating to understand others.
Empathy [strives to understand and assumes good intentions of others]	Acknowledged issues and offered support. Calm voice, sitting forward with arms on table at times, facing the individual who was talking.	Friendly and calm voice.
Healing [addresses opportunities to heal self and relationship with others, recent conflict voiced and resolved]	Patient with others; sat upright with arms on table, faced the individuals talking.	Had a calm approach.
Awareness [openly aware and perceptive of stepping out of the comfort zone to raise issues]	Brought issues and challenges to elicit discussion and to identify solutions and asked questions. Attitude was calm and friendly.	Did not sidestep issues when addressed by other individuals, willing to discuss openly.
Persuasion [convinces others rather than coercing compliance—builds consensus within the group]	Addressed unit/department issues with solutions and suggestions, asking for assistance with reassurance. Had an approach that elicited genuine sincerity.	Relied on respect and positive relationships with individuals; offered support.
Conceptualization [discusses issues that are broad based with ideas that go beyond daily operations]	Discussed the current and prospective challenges of her unit/department.	Looked beyond the now and challenged the issues of the future. Encouraged ideas from others.
Foresight [verbally uses past experiences, present realities with the likely consequences of future decisions—acknowledges the challenges of change]	Discussed the challenges/changes/differences, acknowledged others' experiences. Nonverbal and verbal support as observed with use of positive comments and head nodding.	Brought the challenges of the past pulled from experience to understand the present challenges that will influence future issues.
Stewardship [shows service to others and verbally supports the hospital]	Provided positive support; polite with responses.	Trusted and supported others within the group.
Building a community [demonstrates obligations to fostering positive relations within the hospital and the local community]	Positive relationship; fostered light-hearted news.	Fostered positive relationships; supported the community.
Commitment [takes personal interest in the growth of others, nurtures the personal, professional and spiritual growth of others]	Addressed professional issues and acknowledged personal issues.	Showed commitment by being appreciative of responses and giving encouragement.

Table 4. Observational Data for Participant 7

Servant Leadership Legend	Observational Data Participant 7	SL Interpretation
Listens [listens intently to others, seeks clarification]	Listened intently at times to some individuals and provided appropriate responses. Sat forward with arms on table. Did not always appear to pay attention to others [when the conversations didn't involve her], sitting back in seat with arms folded, looking at and whispering to person next to her when others were speaking.	Selective listener as observed by body language toward some individuals.
Empathy [strives to understand and assumes good intentions of others]	Showed support with appropriate body language—leaned into table when certain individuals were talking, appeared concerned at times, with serious look on face. Frequently sat back from table looking at phone in her hand. Quiet most of the time, did offer verbal support to some.	Selective support — concerned with and listens to some individuals.
Healing [addresses opportunities to heal self and relationship with others, recent conflict voiced and resolved]	Addressed some issues with ideas, respectful to some as noted by polite and engaged discussion.	Selectively values others' concerns.
Awareness [openly aware and perceptive of stepping out of the comfort zone to raise issues]	Addressed some issues with ideas, quiet most of the time.	Addresses issues, limited interaction
Persuasion [convinces others rather than coercing compliance—builds consensus within the group]	There did not appear to be any discussion or conversation by participant 7 where this interaction/observation was noted.	N/A
Conceptualization [discusses issues that are broad based with ideas that go beyond daily operations]	Addressed some issues that may influence future challenges as noted by active verbal discussion regarding her unit. Accepted others' assistance, quiet when not addressed.	Active in specific future issues regarding own unit.
Foresight [verbally uses past experiences, present realities with the likely consequences of future decisions— acknowledges the challenges of change]	Verbally concurred, supported the issues of today with knowledge of changes required—accepted others' assistance and supported some others' concerns and issues.	Verbally supportive and accepted assistance—selective.
Stewardship [shows service to others and verbally supports the hospital]	Showed verbal and nonverbal support with appropriate body language—sitting forward, facing individuals, nodding head in support. Did not discuss much—quiet most of the time.	Offers selective support and assistance to others.
Building a community [demonstrates obligations to fostering positive relations within the hospital and the local community]	Fostered positive relationship with some individuals within the group, appeared to ignore some as noted by prior statements on body language.	Fosters relationships with most in group—selective.
Commitment [takes personal interest in the growth of others, nurtures the personal, professional and spiritual growth of others]	Identified unit needs, committed to her own unit with selective support to other units.	Committed to her unit needs.

Summary of Outcomes

The outcomes of this project study enhanced understanding of the problem of frequent turnover of nurse managers at the community hospital that served as the research site. Participants perceived that a variety of factors related to the lack of retention of nurse managers at the hospital. These are described here in relation to each of the five research questions.

Research question one explored the participants' experiences in transitioning from staff nurse to nurse manager. The findings of those experiences support the structural empowerment framework. The participants expected support, resources, professional development, and effective communication to assist them in their transition into the nurse manager role.

Participants provided insights about their decision to enter management, which related to the second research question. Findings of the study revealed that the participants' main influence in a decision to enter management was their relationship with others. They were also motivated by the perceived autonomy of the position. These factors relate to psychological empowerment.

Research question three identified the empowerment factors that nurse managers believed to be involved in their decision to remain in or to leave their position. The study's findings support all three components of the empowerment framework: structural empowerment, psychological empowerment, and positive work behaviors and attitudes. The participants did not have upper management or staff support or the resources with which to carry out the high demands of the position. The anticipated authority to make

change was not realized, and job dissatisfaction sometimes led the nurse managers to resign. The present nurse managers indicated their role also might be temporary.

The fourth research question highlighted what empowerment factors were important for training new nurse managers. The area of significance from the participants' perspective was structural empowerment, as they identified various factors ranging from learning leadership styles to budgeting to hiring/firing. The organization has the responsibility and accountability for training new nurse managers; however, the program has to be tailored to the needs of the nurse manager.

The final research question was answered through the participants' descriptions of servant leadership in their role as nurse managers. Participants described how they incorporated a servant leader approach to their practice through being there for others. It was their belief that serving others was part of their persona and was the reason for choosing a career in nursing. Practicing servant leadership was the natural progression from taking care of patients to taking care of staff. However, the lack of knowledge on the specifics of servant leadership restricted some participants' practice in serving others.

The outcomes of the project study guided development of a nurse manager project to address the participants' concerns and the high turnover in nurse managers. Analysis of data from the study identified five themes that were used to determine the content and learning strategies to include in the program. These five themes were *struggling in management transition, seeking opportunity for transformation, being committed but powerless, embarking unprepared on an unplanned journey*, and *having the presence to lead others by serving.* Participants' descriptions of their experiences within each of these themes reflected the need for more guidance in transitioning into the nurse manager role

so that the initial excitement at opportunities for transformation and commitment to make a difference, serve, and manage are not depleted by lack of knowledge, confidence, power, and support. Based on these outcomes, the project deliverable was a nurse manager development program with a focus on servant leadership, communication, resources, and managerial skills. The overall goal was to design a nurse manager program that integrates characteristics of servant leadership to empower self and others.

Conclusion

In section 2, participants described their experiences through their interpretation of their environment (Merriam, 2009). Through a bounded single case study approach, nurse managers offered knowledge and insight into their journey, describing and explaining their reasons for transitioning into and for deciding to stay or leave the nurse manager position. The collection of nurse managers' experiences, using the framework of the work empowerment theory, and the experiences and practices of incorporating servant leader attributes, provided rich data related to the problem of nurse manager turnover. Outcomes of the project study led to design of a nurse manager development program that may help to increase satisfaction in the nurse manager role and decrease nurse manager turnover.

Section 3: The Project

Introduction

The focus of this qualitative case study was to explore experiences of current and former nurse managers transitioning from staff nurse to nurse manager and to address the issue of the high turnover of nurse managers. The participants of this study provided in-depth responses and insights related to their transition to the nurse manager role as they voiced their frustrations regarding the lack of support from nursing staff and management. Some participants were unprepared for the role but they all struggled with high levels of responsibility with limited autonomy. Nevertheless, they were committed to serving their staff.

Based on the analysis of the data, participants wanted to make a difference for their staff. They wanted to give their staff support and resources, as the participants were acutely aware of what was needed for efficient operations of the nursing unit. The participants expressed their frustrations at being unprepared for the role and the high expectations of managing their units. The themes that developed from the study's findings were *struggling in management transition, seeking opportunity for transformation, being committed but powerless, embarking unprepared on an unplanned journey,* and *having the presence to lead others by serving*.

Nurse managers' strong perceptions of being unprepared for the role indicated a need for implementation of a support program for new nurse managers as they transition into a management position. Manderscheid and Ardichvili (2008) indicated that very few such programs exist and little research has been conducted on ways to assist individuals' transitions into management. Titzer and Shirey (2013) concurred that, compared to other

businesses, hospitals are not proactive in preparing future managers for their roles. Providing a nurse manager development program will address the issues voiced by the participants and offer the support called for to encourage nurse managers to continue in management.

Description and Goals

The goal of this project was to provide a foundation from which new nurse managers could build knowledge and skill in the areas of servant leadership, communication, accessing resources, and management. The aim of the project study was to gain an understanding of the experiences of staff nurses transitioning into management and from these experiences to identify areas that had potential to develop into a sustainable nurse manager professional development training program. Servant leadership became the primary framework for the development of the program. Empowerment of self and others is part of servant leadership, providing the basis on which the other characteristics of servant leadership rest. I was concerned about my personal bias toward the development of a program with a foundation of servant leadership due to my familiarity with the approach in my former managerial role; however, participants in the project study confirmed its importance as a nursing management style.

The development program for new nurse managers will contribute to social change by preparing new nurse managers for their role and by developing their skills to become successful nurse managers. When implemented, the program will be conducted over a 12-month period (one session a month) for current nurse managers, newly employed nurse managers, and nurses who are interested in a managerial career.

The first four-hour session will be the introduction to the nurse manager professional development training. This first session will be the foundation for the following 11 sessions. Sessions two through six will involve education on servant leadership characteristics through role playing. Due to servant leadership education and role playing, the timeframe for these sessions will be 2½ hours in length. With the conclusion of servant leadership training, the timeframe for sessions seven through 12 will be 1½ hours. The nurse managers will provide feedback via evaluations conducted at the end of each session and at the conclusion of the program.

Rationale

The findings of this study revealed disparity in the knowledge of servant leadership, in the essentials of professional development of new nurse managers, and in the support and continued professional development of all nurse managers. The project will address the areas of servant leadership, transitional support, resources, and managerial skills. The project will also offer nurses considering management an introduction to what management is and what is entailed in the role as nurse manager. The project will address the problem of nurse manager turnover through training in methods applicable to nurse manager practice, this would include such topics as servant leadership, confrontation, and communication, and incorporate as well as ongoing professional development.

Review of the Literature

The findings of the qualitative study are supported by the literature review and provide the focus for the development of a nurse manager development program. Three themes from the analysis became the framework for the literature review to ensure that

the development of the program echoed the experiences and suggestions of the participants. These three themes comprised *struggling in management transition* (focusing on mentoring, incorporating coaching for formal development of skill sets), *embarking unprepared in an unplanned managerial journey* (focusing on specific orientation and professional development) and *having the presence to lead others by serving* (focusing on the characteristics and applications of servant leadership).

Using these themes as guides, the literature was reviewed using multidisciplinary databases and random web searches to reach saturation. The multidisciplinary databases included Academic Search Complete, ERIC, ProQuest Central, Sage, Business Source Complete, Dissertations and Theses, EBSCO Host, CINAHL Plus, Education Research Complete, PsycINFO, SocINDEX, and OVID nursing journals. Personal subscriptions to *Nursing Management, Journal of Nursing Management*, *Journal for Nurses in Professional Development*, *Journal of Nursing Administration*, *Journal of Holistic Nursing, Holistic Nursing Practice*, and *American Nurse Today*. The web provided additional resources for searching including the Joint Commission website, random searches using specific keywords and phrases, and searches for referenced articles cited in journals.

The following key words and phrases were used in the search for appropriate literature: mentor and mentoring; coaching and mentoring; preceptors and mentors; nurse managers and mentors; nurse managers and mentoring; nurse managers and coaching; nurse leaders, coaching, and mentoring; coaching, nurse managers, and orientation; nurse managers and professional development; nurse managers and communication; communication in business; nurse manager training; nurse manager and professional

development; nurse manager orientation; career in nursing management; informatics and nurse managers; finances and management in nursing; human resources for nurse managers; servant leadership and nurse managers; servant leadership and managers; servant leadership in business; leadership styles in nursing; and business models and servant leadership.

Mentoring and Coaching

Nursing managers face multiple challenges and some who enter management for the first time may be unprepared for the role and also untrained to meet the changing facets of healthcare and the needs of nursing staff. Nurse managers are compelled to take on many roles for which they may not have experience or education. They are then expected by both the administration over them and the staff under them to guide and nurture others (Aroian, Meservey, & Crockett, 1996; Mathena, 2002; Udod & Care, 2012).

However, nurse managers require guidance and nurturance to be successful. There is a lack of available nurse managers, and administrators frequently draw from the nursing staff pool to fill the manager position (Grindel, 2003). This was the situation for the majority of the participants in this study. Mentoring and coaching may have different characteristics and purposes, with each focusing on specific outcomes for an individual. The benefits of either for inexperienced nurse managers lie in the consistency of the support and guidance provided therein.

Mentoring.

The informal process of mentoring offers the mentee freedom in choosing the mentor. The mentee and mentor relationship is conducted over an extended period with

the attention being on the mentee's needs relating to the role being addressed (Chin, 2008; DeCampli, Kirby, & Baldwin, 2010; Stock & Duncan, 2010). Chin (2008) explained that the purpose of mentoring is for the mentees to be supported and guided in shaping their career through self-examination. For new nurse managers, the mentor's responsibility is to share their knowledge and experience as well as "to provide insight into the role of nurse leader in today's constantly changing health care environment" (Metcalfe, 2010, p. 169). This process includes serving as a role model and presenting avenues of learning (Finnerty & Collington, 2013; Grindel, 2003; Murtha, 1995).

Sensmeier (2014) proposed that the mentor offers frequent advice on the mentee's progress with suggestions on improving areas of concern and adapting to the mentee's transformation due to growth and experience. This goal can be achieved through open communication that is based on a mutual, respectful relationship (Billings & Kowalski, 2008; Wilson, Brannan, & White, 2010). However, Barton, Gowdy, and Hawthorne (2005) explained that the mentor has to be aware of his or her role with the mentee and refrain from performing the mentee's tasks. The mentor's role is to inspire the mentee through feedback that is both constructive and reflective.

There is limited research on minority nurse managers, which raises concerns about addressing their needs so that they can succeed in management. It is essential that the mentor adapt to and understand the needs of the minority nurse manager by identifying areas of concern that are unique to his or her culture. Washington, Erickson, and Ditomassi (2004) addressed the "climate of inclusion" of mentoring future nurses who are not Caucasians (p. 166). The researchers used the framework of the five Cs to guide mentors: candor, compromise, confidence, complexity, and champion. Candor

includes the need for the mentor to understand the mentee's fear of assimilation. Eighty-one percent of the African American participants in Hill, Del Favero, and Ropers-Huilman's (2005) research study acknowledged that their mentors had a positive influence on their professional career. The reported increase in self-confidence for 84% of mentees indicates that mentors are instrumental in shaping careers.

Many nurse managers receive inconsistent or no mentoring. In Conn's (2004) study on mentoring, participants were asked to state how many middle-level nurse managers employed in an acute care hospital had mentors at present or in the past. Fifty-five percent of nurse managers stated that they had not been mentored and 82% stated that they were not in a mentoring relationship. Blastorah (2009) focused her study on the effect of mentoring on leadership self-efficacy in nurses. Only 61 of the 100 participants were in a mentoring relationship, with 52% being informally mentored and 9% formally mentored. At the conclusion of her study, the researcher noted that even though the majority of nurses were steering their career through the development of their leadership skills, 39% were not having any form of mentoring relationship.

Findings of studies focusing on mentoring of new nurse educators are similar to those of new nurse managers. A study by White, Brannan, and Wilson (2010) revealed that new educators required the assistance of mentors to help them navigate through the academic world. Cangelosi (2014) addressed the issue regarding the lack of appropriate mentors in her study "Novice nurse faculty: In search of a mentor." The new nurse educators expressed their frustration with the role. One participant stated she was "hungry for mentoring" (p. 328). It is evident that being without a mentor may create more challenges and undue hardship than is necessary. Personality plays a role in the

mentoring relationship; Lindsey (2012) indicated that the limited supply of mentors increases the likelihood of novice nurse managers finding themselves in an unhealthy mentor/mentee relationship or choosing to be without a mentor.

Rohatinsky and Ferguson (2003) suggested addressing the limited supply of rural mentors by using other professionals within the hospital community, including physicians. However, drawing mentors from different professions requires an understanding of one another's educational and professional knowledge and its relevance to the mentee's professional experience and needs. Heidari's (2007) study involved the mentoring of newly qualified physicians by experienced nurses. There was a problem with this, as the foundation of these two professions' educations was dissimilar and the focus of their profession was different. Physicians have more in-depth education regarding chemistries and nurses have more education in the hands-on interaction with patients. Disparity between the type of knowledge required for new physicians and that possessed by nurses may have an impact on learning and the mentoring relationship due to the lack of the mentors' relevant knowledge, resulting in the new physician seeking additional learning outside of the mentoring relationship.

The limited supply of mentors may be related to the implementation of formal mentoring programs as well as incompatibilities between mentors and mentees. The study undertaken by Chun, Sosik, and Yun (2012) suggested that the mentor and mentee might perceive the purpose of mentoring differently in a formal mentoring program, which may hinder the positive development of the relationship. The data from the Johnson and Andersen (2015) research on mentoring U.S. Navy personnel indicated that the formal matching of mentor and mentee was seen as unsuccessful by those studied with a 2.5

mean rating on the 1–5 rating scale. The evidence suggested that mentors did not actively seek out a formal mentoring program; however, mentoring was perceived as necessary, with 82% of the participants being initiators of mentoring to other naval personnel. Nick et al. (2012) suggested involving both mentee and mentor in the matching process to produce positive results. Wagner and Seymour (2007) used a "mentor profile" and "mentee profile" to gather pertinent information for compatibility purposes in matching nurses with potential mentors (p. 203).

In developing a mentoring program for nurse managers, Waters, Clarke, Ingall, and Dean-Jones (2003) ensured that their mentees were matched with appropriate mentors. For example, rural nurse mentors were matched with rural nurse managers. McCloughen, O'Brien, and Jackson (2009) agreed that the majority of mentors and mentees have the same profession; having a mentor from a different discipline, however, provides an opportunity for a different perspective.

The participants in my study had not been offered the opportunity to enter a formal mentoring program; however, they did not complain of a lack of available mentors. The informal mentoring that did occur for some of the study's participants came out of personal relationships with others in the same profession.

Coaching.

Coaching takes a more formal approach, offering individuals a formulated educational plan with specific goals related to their position (Funari, Feider, & Schoneboom, 2015; Medland & Stern, 2009). The periods of engagement between the designated coach and coachee are brief, with the focus being on performance through measurable targets (Chin, 2008; Fowler, 2014). Locke (2008) explained further that

coaching is not about developing the skills of individuals but rather about building on and "enhancing their abilities" (p. 103). Coaching differs from mentoring as it is all about the application of knowledge with the transition of learning into practice (Thompson, Wolf, & Sabatine, 2012). The coach is often a professional who is external from the workplace and hired for a certain duration. The coach's professional skill, which is supported by specific qualifications, is determined by the needs of the individual and the compatibility with the institution (DeCampli, Kirby, & Baldwin, 2010; Glasgow, Weinstock, Lachman, Suplee & Dreher, 2009; Medland & Stern, 2009; Narayanasamy & Penney, 2014). The application of coaching is research based which provides the coachee with relevant learning to meet desired outcomes and goals (Patton & Menendez, 2013; Ponte, Gross, Galante, & Glazer, 2006).

Kowalski and Casper (2007) developed a framework called "The nursing coaching model" (p. 172), which includes the following elements: the foundation, the learning process, and taking action. This framework provides guidelines on the selection of the coach and development of the plan of action. The researchers stated that the use of coaches is not widespread in the nursing profession, as the concept is relatively young; however, coaching is relevant not only for managers but for the nursing profession as a whole. Karsten, Baggot, Brown, and Cahill (2010) concurred with Kowalski and Casper on the lack of coaching in nursing, noting a dearth of literature on the topic of coaching nurse managers. During the course of interviewing participants of the study, there was no mention of receiving professional coaching, only the need for mentoring, which supported Kowalski and Casper's research.

Karsten, Baggot, Brown, and Cahill (2010) addressed the issue of turnover of nursing management in an organization following the announcement of a CNO's retirement. The facility had a history of high executive turnover and was currently experiencing resignations of multiple nurse managers and additional leadership, creating a fragile leadership environment. This tenuous situation prompted other leaders within the facility to become indifferent and disinterested, as demonstrated by lack of involvement in decision making. An administrator acting as interim CNO embarked on a mission to reengage all management personnel using coaching. The researchers' pilot study focused on the outcome of coaching using their own survey tool, the "Karsten-Baggot Coaching Effectiveness Survey" (p. 142). Out of 20 surveys sent out, there was a 60% response rate, resulting in 12 completed surveys. The responders indicated that their experience with coaching had a positive influence on their job satisfaction, with 92% agreed/strongly agreed, and teamwork, with 75% agreed/strongly agreed.

Academic career coaches applied the nursing coaching model developed by Kowalski and Casper to focus on nurses' career development (Fowler, 2014). Fowler (2014) described the process of career coaching used by an institution. Nurses from all levels of the nursing staff had the opportunity to meet with career coaches to learn about the process of returning to formal education and to discuss the direction of their career. Coaches provided individual confidential plans to guide nurses toward their career goals, with the coach maintaining continued contact for support and guidance. To evaluate the success of the service a survey was available via SurveyMonkey. Out of 117 individuals who met with a career coach, 35 responded to the survey. The results were very favorable, with 33 (93%) endorsing career coaching. This outcome identified 23

participants as either completing their degree or in the process of completing their degree. Only four individuals chose not to venture toward the development of further career goals.

DeCampli, Kirby, and Baldwin (2010) explained the reason for obtaining a coach for their nurse manager development program: orienting a new manager puts additional pressure on already strained existing resources; the new manager may feel abandoned when the designated preceptor's attention is diverted elsewhere by other duties and demands. The hospital in question believed their nurse manager program, which was already quite comprehensive, required additional resources for their newly appointed nursing managers. The researchers commented, "New managers may not benefit from formal education if they do not have the help putting it into practice" (p. 132). The hospital engaged an outside company that provided a coach with experience in nursing clinical practice and leadership skills. The role of the coach was to evaluate and develop a contractual learning plan based on the individual needs of the nurse manager. The nurse manager was provided with feedback and benchmarks were set for review at the two-month mark with the departmental head, coach, and nurse manager. The coach concluded the contract at four months with a synopsis of the findings and suggestions to the facility leaders.

DeCampli, Kirby, and Baldwin (2010) found that nurse managers who knew their coach was well versed in leadership and nursing practice felt they were able to express themselves freely, without repercussions, and ask difficult questions. Baxter's (2013) study results concurred that when nurse managers' coaches were not only experienced in their field of practice but were adaptable to the nurse managers' work schedule and

demands, the coaching experience was a success. Individuals who are coached feel appreciated, respected, and become more committed to change. Through this positive interpersonal relationship, they become successful, allowing them to be self-motivated in reaching their potential (Berriman, 2007; Glasgow, Weinstock, Lachman, Suplee, & Dreher, 2009; Godfrey, Andersson-Gare, Nelson, Nilsson, & Ahlstrom, 2014; Smith & Sandstrom, 1999). Fielden, Davidson, and Sutherland (2009) advised that mentoring is applicable for nurses just entering the nursing profession, while coaching is best suited for those whose career is management. The involvement of coaching for new managers has the potential to address specific concerns of the study's participants, as the high expectations of implementing changes and being an effective manager create intense challenges, often engendering feelings of being overwhelmed.

Specific Orientation and Professional Development for Nurse Managers

A finding from the study's participants was lack of comprehension and understanding of what knowledge was required of a nurse manager. The healthcare industry has seen many changes relating to patient care, including the 2015 patient safety goals targeted by the Joint Commission. Seven goals for 2015 are to identify patients correctly, improve staff communication, use medicines safely, use alarms safely, prevent infections, identify patient safety risks, and prevent mistakes in surgery. The primary focus is on addressing and solving problems (Joint Commission, n.d.). The nurse manager often has to manage the processes for these changes at the point of care without managerial training. This process becomes challenging and may lead to a delay in implementing safety goals. The primary focus to prepare nurse managers for these changes is lacking; instead, nurse managers rely on their own perceptions of what is

needed (Townsend, Wilkinson, Bamber, & Allan, 2012). Townsend et al. (2012) concurred with Foster's (2000) research on the career development of nurse managers: both studies found that nurse managers had become self-directed for their educational development due to lack of support and training from their respective facilities.

Nursing orientation for newly graduated nurses and new nurses coming into the facility is the norm. The organization provides nurses with a structured plan to facilitate their integration in the hospital culture and its processes (Doria, 2015). Doria (2015) indicated that most organizations do not offer the same consideration for nurses who wish to embark on a career in management. There is an expectation that the brief orientation provided to the newly employed but previously experienced nurse managers will be adequate for inexperienced nurse managers. Participants of the study shared the need for an orientation program for not only nursing managers, but for all managers. They concurred with Doria that nurses have formal orientation programs, whereas nurse managers are given minimal guidance and support to acclimate to their new position. Strategies to navigate the operations of the facility and to manage highly complex situations as well as tools to meet required targets are necessary to prevent the novice nurse manager from becoming overwhelmed.

The participants in Miltner, Jukkala, Dawson, and Patrician's (2015) study described the role of nurse manager as containing obscure layers with numerous responsibilities that exceeded the advertised job description. The researchers' qualitative study included 20 nurse managers in three focus groups. The participants suggested basic training requirements for nurse managers such as "health care finances, human resource management, quality management and utilizing unit-level performance data." The

researchers noted that under current conditions the nurse managers failed to identify essentials of data-driven targets such as quality, performance and improvement, risk management, and safety goals (p. 256).

Gould, Kelly, Goldstone, and Maidwell's (2001) study also indicated the untrained nurse manager's operational functioning is limited regarding the use of available data in addressing problems. The researchers concluded that the training of nurse managers requires attention due to the high expectations and multifaceted nature of the role. The participants of this study did not indicate that data gathering and interpretation was an essential component of nurse manager responsibilities, which may be due to their lack of formal training and their understanding of the requirements of the role.

Addressing the obligations of healthcare leadership to current and future nurse managers is paramount, for these nurse managers are and will be in the forefront for the continued transformation of healthcare (Birken, Lee, & Weiner, 2012; Keys, 2014; Laschinger et al., 2013). The majority of these changes are occurring in the locus of bedside patient care. It is the responsibility of the nurse manager to implement these changes and also to understand what these changes translate into in terms of data. The skill sets needed to be productive with staffing and budgeting, communicating and evaluating, and comprehending data require a degree program that will adapt to the fluxes in healthcare practices and management (Joyce, 2005).

Fennimore and Wolf (2011) designed a pilot program for the development of nurse managers. The program lasted eight weeks and presented an extensive curriculum consisting of five sessions: understanding the leader within, the art of nursing

management—skills for leading people, the art of nursing management—current issues, the science of nursing management—financial management for nurse managers, and the science of nursing management—human resources and strategies for nurse managers. The sessions on skills for leading people, current issues, and financial management appeared to be the most noteworthy and useful. The program did not cease with the pilot study; the hospital continued with the leadership program for the professional development of nurse managers.

Courtney, Yacopetti, James, Walsh, and Finlayson (2002) conducted a study of upper nurse management that included the opportunities for professional development. The potential sample consisted of 281; 147 volunteered to enter the study. The researchers were interested in studying the differences among participants originating from various locations such as metropolitan, provincial, rural, and remote. The participants answered a questionnaire with an open-ended questions component. The results of the professional development portion of the study acknowledged some differences and some similarities. Nurse managers from metropolitan, rural, and remote areas identified managing finances as the number one problem, while the provincial nurse managers' primary problem was management. Five additional issues identified by the nurse managers were personnel, human resource management, information technology, workload, and clinical skills. All nurse managers voiced a need for professional development designed to meet the demands of their specific locations of employment.

A study undertaken by Rosati (2009) identified a similar variation in nurse managers' professional development needs by location. The sample for the study, which addressed the nature and effectiveness of nurse manager training, was drawn from six

areas of the United States. Three hundred and sixteen participants answered the question "if the training they received provided them with the knowledge and skills required for the management role" (p. 97). The researchers grouped the six regions and then divided them into north and south to establish a global perspective of the results. It was interesting to find that there was a disparity between the north and the south regions, with 61% of the northern participants strongly agreed/agreed that their training was appropriate, compared to 73% for the southern regions. The results revealed that there are discrepancies in providing the necessary training for nurse managers not only by location but overall.

The academic community recognizes the fundamentals of the nursing management role and the growing need to put attention on the advancement of potential nurse managers. Sherman, Dyess, and Prestia's (2013) action study focused on development of a master's program suitable for emerging nurse managers. The advisory board consisted of 24 diverse members (nursing faculty, academic partners, nurse managers, graduate students, administrative leaders) who identified a range of abilities that emerged from the data of 18 participants. The themes that developed were "a need to be politically astute, competency with business skills required for nurse leaders today, comfort with ambiguity, use of a caring approach, and leadership from a posture of innovation" (p. 21). The 39-credit program incorporated national goals set by the federal government and other accreditation agencies and included a practicum of 45 hours with an experienced nurse manager. At the conclusion of one year, the already successful program continued with adjustments. The researchers noted that the generation now preparing to enter the workforce is adaptable and flexible with technology, but may not

realize the potential abuse of information that may result from casual use of technological communication devices. It is essential that education on correct and appropriate modes and styles of communicating be incorporated into nurse manager training. The development of an appropriate nurse manager program involves the incorporation of training on effective communication relevant to leadership styles. Communication also held a position of high priority on the list of needs for new nurse managers from the study participants' perspective.

Having the Presence to Lead Others by Serving

The nursing profession is no longer a passive vocation, subsidiary to the medical profession, but is now a dynamic and progressive profession. Tropello and DeFazio (2014) suggested that for the nursing profession to advance in the context of the current healthcare environment, in which authority is respected, it is essential to consider a progressive leadership model that is symbiotic with the essence of nursing. Beazley (2003) (as cited in Greenfield) stated, "Servant leadership . . . is driven by deep human needs. . . . It resonates within the human psyche because it is directly related to our humanity—to what we are as human beings" (p. 3). Servant leadership combines two elements that are embodied in nursing: *servant* does not connote someone who is subservient, but rather someone who provides service to another, and *leadership* denotes the action or position of leading, guiding, or directing (Webster, 1996). Smith (2015), Trastek, Hamilton, and Niles (2014) and Waterman (2011) concurred that an appropriate leadership style for hospital managers is servant leadership, as it offers not only service to others but also empowers others to become involved and committed.

Nurse managers invest a great deal of themselves into their commitment to the nursing staff. Jenkins and Stewart (2008) coined the term *worker care* to reflect the servant leader's focus on and purpose of serving and providing resources to meet the needs of his or her staff. Nurses simultaneously serve and guide their patients, as do nurse managers with those they lead. The participants in this study agreed with Beazley (2003), Smith (2015), Trastek et al. (2014), and Waterman (2011), who all concluded that servant leadership is the style most compatible to nursing management.

Numerous leadership models guide business practice; Frandsen (2014) highlighted five types used by those in nursing management: transformational, democratic, laissez-faire, authoritarian, and servant leadership. Each style of leadership offers a form of influence, but differs in the way that influence is implemented and operated. Transformational and democratic models attempt to lead others with relationships based on mutual respect in which to guide and motivate through participatory inclusion. Authoritarian and laissez-faire leadership styles are the extremes of each other; one demands complete control, and the other is completely disconnected and uninvolved. The servant leadership model is similar to the transformational and democratic models, but considers the distinctive servant leadership qualities of listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of others, and building an organizational community (Frandsen, 2014; Spears, 2010). Spears (2010) suggested that these 10 qualities of servant leadership are the foundation of and offer the opportunity to discover additional qualities through greater insight into self. Servant leadership becomes a tool to enhance one's individual style of leadership (Keith, 2009) and to lead by offering to empower others.

The 10 characteristics of servant leadership were the focus of Thompson's (2010) research, with a null hypothesis posed to each characteristic and eight variables to determine factors affecting project outcomes. The variables were project completed on time, project completed within budget, project managed efficiently, result was what the customer ordered, result met the customer's goals, project increased customer's operations, project enhanced customer's business outcomes, and results met with customer's satisfaction. Three hundred and eight participants from diverse fields completed the survey. Each servant leadership characteristic was analyzed and the result rejected each null hypothesis with either a "statistically significant relationship" or a "statistically significant correlation" to positive project outcomes (pp. 103-109). This study supports the foundational qualities of servant leadership as suggested by Spears.

Servant leadership was the leadership model for the hospital where this study was conducted. The participants expressed a lack of education on servant leadership, which resulted in reliance on the transactional and authoritarian leadership styles. Research conducted by Washington, Sutton, and Sauser (2014) selected five hypotheses to compare the servant leadership model with transformational and transactional leadership models. The researchers used a 28-item servant leadership instrument created by Linden, Wayne, Zhao, and Henderson to measure servant leadership; Avolio and Bass's 20-item multifactor leadership questionnaire for measuring transformational leadership; and Avolio and Bass's 16-item measurement tool for transactional leadership. The results suggested that servant leadership has a negative relationship to transactional leadership; however, servant leadership has a positive connection to transformational leadership.

Multitudes of business companies employ the servant leadership model. Wong and Davey (2007) identified at least five companies in the Fortune 500 list of the top 10 companies considered the best places for employment that practice servant leadership. One exemplar is Southwest Airlines. Southwest Airlines is regarded a leader in the practice of servant leadership, placing employees first and customers second. Their philosophy is that well treated and trained employees will provide excellent service to customers. A Southwest Airlines motto is "Hire for attitude and train for skill" (Shekari & Nikooparvar, 2012, p. 58).

Compared to leadership development in the business world, the development of leadership skills in healthcare is lacking (McAlearney, 2006). McAlearney's qualitative study focused on leadership development in healthcare. Six themes emerged, with one highlighting industry lag. The researcher revealed that the participants were aware of the discrepancy of leadership training and stated, "Healthcare organizations are 10–15 years behind other industries in the area of leadership development"' (p. 974). The healthcare industry is focused on evidenced-based nursing practice, as demonstrated by patient outcomes and reimbursement. McAlearney shared, however, that best practice in management is in its infancy in healthcare, which limits its leadership performance. In my study most of the participants' experiences supported McAlearney's finding that limited knowledge of servant leadership restricted their ability to enhance their leadership skills.

Implementation

Potential Resources and Existing Support

The project resources will include prescheduling a venue for the duration of the program that is accessible for ease of attendance. The hospital's education center has the capacity to accommodate various groups and its location within the hospital makes it a convenient meeting place. The education center has technological support for PowerPoint presentations, with an overhead projector screen and laptop. Tables and chairs are readily available and the space can be organized for various training preferences and activities. The education department will provide handouts for each session, copies of the evaluations, and reflecting journals for each nurse manager. The support for the project has been positive since the beginning of the study. In a recent meeting with one of the stakeholders, the CNO, the program was reviewed and validated for its content and practical approach. The CNO has promoted the potential of the program, and many nurse managers have voiced their enthusiasm for implementation of a nurse manager professional development program.

Potential Barriers

The current economic climate and the recent changes in healthcare have placed significant financial burdens on healthcare facilities that have resulted in cutbacks and restructuring (Bazzoli, Fareed, & Waters, 2014). As the hospital's administrators assess departmental needs and project their annual budgets, financial constraints may limit or prevent the program from taking place. The limitation may be related to the needed resources for the project and/or to need for the recurring attendance of the nurse managers. The unavailability of the nurse managers to attend may also be related to

staffing or personal responsibilities requiring their presence elsewhere. Potential solutions include providing the project via an asynchronous online self-learning module or a monthly newsletter addressing each session of the program.

Proposal for Implementation and Timetable

The project will proceed to implementation following the hospital administrators' approval for the financial support and attendance of the nurse managers. All nurse managers will receive an email informing them of the project's start date and the dates for the monthly sessions for the remainder of the program. The project calendar will allow the nurse managers ample time for scheduling their attendance. The timeline for the project, identifying the main topics for each session, is as follows:

Month 1: Introduction to servant leadership

Month 2: Being heard: Finding your voice in public speaking and meetings

Month 3: Communication etiquette

Month 4: Communicating with the executive team

Month 5: Understanding the impact of finances

Month 6: Coaching

Month 7: Mentoring

Month 8: Confrontation and Anger

Month 9: How to hire and fire

Month 10: Performance evaluations

Month 11: Staying focused/self-care

Month 12: Your group, your servant leaders

Roles and Responsibilities

The nurse manager professional development program originated from the findings of the project study. As program designer and facilitator, my role in this program is to follow each session as it is developed, adhering to the timeline for consistency, and providing a respectful environment conducive to learning. It is my responsibility to update and communicate to the stakeholders any deviation that may influence the learning and outcomes. The stakeholders include nursing managers and nursing/hospital administration. It is the stakeholders' responsibility to communicate changes affecting the continuance of the program or difficulties with attendance. The nurse managers are instrumental in the success of the program, and it is their role and responsibility to be active participants.

Project Evaluation

The purpose of evaluations is to assess the success of the program through feedback from the participants (Cafferella, 2010). Throughout the program, concurrent informal evaluations will allow nurse managers to express thoughts and ideas about each session. The formal evaluation of the nurse manager development program will be twofold: formative and summative. The formative portion will be conducted after each session throughout the program and focus on the content and delivery. Cafferella (2010) explained that this approach provides immediate measurable feedback on the learning outcomes of the participants, allowing ongoing modifications to improve the content of each session and the needs of the participants as the program progresses.

At the conclusion of the program, participants will complete a summative evaluation to assess the overall effectiveness of the program in its application to practice.

The nurse managers will have used all components of the project in their daily practice during the 12-month-long program, providing valuable feedback on the program's overall outcome. Using both forms of evaluation offers a multifaceted critique that provides real-time feedback on the sessions themselves, the financial obligation for each session and the program overall, the meeting of objectives, and learning outcomes thereby allowing important data for improving the quality and sustainability of the program. The formative and summative results will provide information to the stakeholders as to the effectiveness of the program (Cafferella, 2010).

Implications Including Social Change

Local Community

This project has important implications for enhancing the knowledge and skills of new nurse managers and increasing retention of managers in this role. Through the qualitative case study of present and former nurse managers, the study's findings provided rich material to develop a program that may positively enhance the skills and practices of nurse managers. With the support of hospital administrators, this program will offer new nurse managers formal managerial training and consistent professional development. With the knowledge acquired from participation in the program, nurse managers may empower themselves and others to continue to create social change, as they take an instrumental role in managing and implementing ongoing changes that influence outcomes for nurses and patients. These changes may include increased support of nurse managers by hospital administrators and nursing staff, effective communication and collaboration that encourage autonomy, appropriate purchasing of equipment for nursing and patient care, and increased staff satisfaction through mutual commitment.

The application and practice of servant leadership by nurse managers may provide support to nurses considering or reconsidering the management role, opening up opportunities for promotion and career advancement. These changes have the potential to influence not only the nurse managers with increased knowledge and support, but also the nurses who provide direct care to the patients and families, thus enhancing quality of patient care. Ultimately, the future generations of nurse managers may be better prepared to fill this important role.

Broader Community

The implications for this project for social change go beyond the nursing management domain within the hospital to professional development for all managers and nurses. The availability of the program for general managers to develop their skills and application of acquired knowledge may extend into their respective departments, increasing efficiency and allowing them to become agents of servant leadership and empower others through participation in processes. Nurses need to be active in leadership within their own environment to enhance patient outcomes through change (IOM, 2011). The nurse manager professional development program has the potential to provide much-needed knowledge and skills for nurses to increase their effectiveness in their practice and as agents of change.

Conclusion

Section 3 provided the rationale for developing the nurse manager professional development program that evolved from the study's findings, along with a description of the project and its goals. The literature supporting the development of the program was reviewed. Also presented in section 3 were barriers, resources, a timeline for the

program's implementation, and implications for social change at the local level and for the community at large. Section 4 will provide my personal reflections as a Walden University scholar, practitioner, and project developer. I will identify the strengths and weaknesses of the project development, and offer recommendations for future research.

Section 4: Reflections and Conclusions

Introduction

This qualitative case study was conducted because there are inadequate numbers of nurses entering into management and high nurse manager turnover. Understanding the experiences of current and former nurse managers transitioning from staff nurse positions into management positions provided the opportunity to address these issues and resulted in the development of a nurse manager development program. This section will provide details of the project's strengths and limitations with recommendations for alternative approaches. Through self-reflective analysis, I will discuss myself as a scholar, a project developer, and a practitioner, and reflect on the importance of the work overall. I will include the implications and applications of the study with recommendations for additional research.

Project Strengths

Nurse managers provided in-depth and detailed responses to the interview questions in the study, which resulted in the recognition of the need for a program to support new and newly employed nurse managers. It was evident from the data analysis that the majority of the nurse managers, past and present, did not have the support or professional development to address various aspects of their ambiguous role. The project has the potential to lay the foundation for new nurse managers to develop tools and build on skills that will enable them to transfer their knowledge into their practice setting. Each session of the program builds on prior sessions. This approach adds to the overall effectiveness of the program as it not only relates to the prior learning but it also

reinforces the new learning, prompting discussion and critical thinking (Knowles, Holton, & Swanson, 1998).

Recommendations for Remediation of Limitations

There are two limitations of the project. The first limitation is the time needed for the nurse managers to be released to attend the monthly sessions. The initial project timeframe was three to four consecutive days; however, the role of nurse manager is demanding of time and presence. Multiple meetings and staff support require additional resources to fill absences; therefore, the project was created and prepared to run over a 12-month period to help ensure attendance at monthly sessions. The second limitation is the support and sustainability of the project itself due to financial and commitment constraints. Alternate approaches have been identified, including an on-line self-learning module and a monthly professional development newsletter. The recommendations of the study participants and the data analysis guided the content for the development of the program. Professional development is an ongoing process and at the conclusion of the program, the participating group of nurse managers will include additional topics in their monthly Journal Club.

Scholarship

Creating an original program from a study that I conducted myself has become a validation of my skills and abilities as a scholar. The process, from developing the interview questions, to the actual interviewing and obtaining data, through the analysis of that data with the development of the project, has been a journey that was new to me. The interview process was initially intimidating but with each consecutive interview, I refined my technique and became more attentive to the nuances of the participants' answers and

interactions with me. This resulted in a magnitude of data that presented difficulties in the transcriptions of the interviews and in the categorization of the data. The recording of each participant's interview was replayed numerous times in order to clarify passages where the participant's enunciation made transcription difficult, as accuracy was very important in capturing the true essence of each participant's experience. Sifting through the data for categorization in my attempt to gain a sense of control and direction was overwhelming. It was inspiring to see the data unfold through the categorizations into themes that provided the structure for the development of the project. The literature review was intensive and very informative, and through the acquisition of these important research skills, I have become a supportive mentor to nurses who are furthering their academic education. I do believe that creating social change begins with oneself in serving others so they may contribute to social change.

Project Development and Evaluation

The development of the project would not have materialized without the initial support and willingness of all the stakeholders. This offered me peace of mind that the study and the project would not be met with serious challenges or problems. Caffarella (2010) explained that not everything goes according to plan even with the best intentions. My positive relationship with the stakeholders reassured me that any problems would be resolved without opposition. It was refreshing after the many months of data analysis to begin developing a worthwhile program from the data graciously provided by others. There were times when I felt the program might not address everything that nurse managers would need to navigate their positions. Ensuring that I developed the program

following the study's findings provided me the satisfaction of knowing that I was adhering to the needs of nurse managers.

Through the program's development, ideas for the evaluations came to mind. It was important to have timely feedback to make changes to the program, to meet the intended goals of the program, and to promote the needs of the nurse managers as the program progressed. It was necessary to understand the influence on learning with each session and at the conclusion of the program. The summative evaluations provided immediate feedback with each session and the formative evaluation provided information on the overall effectiveness of the program (Hayes, 2007). Healthcare is constantly changing, which will affect the nurses' bedside patient care; nurse managers have to be aware of those changes. The future of the program will greatly depend on the feedback from the nurse managers and concurrent modifications to meet those changes.

Leadership and Change

Regarding the origins of leadership, Kouzes and Posner (2012) stated, "The first place to look for leadership is within yourself" (p. 4). Researchers are leaders of social change and it is their passion that drives them to identify what has become irrelevant and provide insight into what is now essential. Conducting research has become a pinnacle for me as a servant leader in my field of nursing and has given me a sense of fulfillment and achievement by adding to the body of knowledge in my field. My passion is to support nurses at all levels and in all aspects of the nursing profession. I created the nurse manager development program for all nurses and nurse managers who are willing to be servant leaders. Bringing about a recognition in nurses, who may not look at themselves

as leaders, that they can be servant leaders is to empower them to influence the future of nursing.

Analysis of Self as Scholar

During the course of pursuing this doctoral degree, I did not know I was a scholar until I realized that a project had transpired out of the study that I had created, planned, and executed. I have added to the body of knowledge that will benefit the nursing profession and assist doctoral students committed to social change in their respective vocations. I have given the nurse managers, past and present, a voice through their participation in the study and it is reflected in the program. I am committed to hearing others' voices, and I continue to aspire to become part of the academic environment.

Analysis of Self as Practitioner

The process of the doctoral degree has allowed me to develop my skills and refine them through practice. I have advanced as a practitioner due to my commitment to the development of a meaningful study project. I continually reviewed and refined the project until I was convinced that I had incorporated the findings of the study into the program. It was time consuming but rewarding to create a program that has been validated by the CNO.

Analysis of Self as Project Developer

My experience as novice nurse manager made me aware of the inadequacy of support and guidance that was needed for my success. I failed in my attempt to be a nurse manager, not because of my lack of commitment to the nurses and the organization, but due to my lack of knowledge in business and management. I was introduced to servant leadership during my time as nurse manager and came to understand its method in

application. It became one of the frameworks of this study and, as a research point, provided important data related to its inclusion in the project study. I have succeeded as a project developer through my experience as an unsuccessful nurse manager. I have learned the process of planning and implementing, adjusting for setbacks and unknowns. Gaining experience as a project developer has not only offered me knowledge about how to develop a project but also taught me how to conduct research to produce a worthy program. This experience was invaluable and my abilities as a program developer have been acknowledged within my institution with the recognition of my nurse manager development program.

Reflection Overall

The doctoral journey itself was at times arduous yet stimulating. Each set of coursework was preparation for the study project. Combining all the elements acquired throughout the program into the development of a project was the final self-assessment. Each step provided the academic knowledge to put into practice all of my learning. I have never developed a program, nor have I conducted a study. This achievement has given me a tremendous feeling of pride and accomplishment.

In the beginning of the doctoral journey, I was unsure about the topic of my study. Reflecting back on my residency with Walden University, I found a challenge from a professor who asked, “Why are younger nurses leaving the nursing profession?” The challenge to my thought process was “What about the ones who are successful and stay in nursing?” “What about the different characteristics between those who stay and those who leave?” Unbeknownst to me at that time, these questions had sown a seed.

Throughout the early stages of the doctoral program, I attempted to create a quantitative study. However, I was reminded multiple times that a study topic is organic in nature—you cannot arbitrarily force it into the mold of a specific research method. I originally planned to survey nurses in the hospital regarding their need for a preceptor program. The latter half of the doctoral coursework centered on this concept, building the foundation in preparation to conduct the research study. Prior to the end of the coursework, the institution began to prepare for the implementation of a preceptor program, which preempted this idea.

I had considered my experience as nurse manager without the education or support to be successful in management and I knew of others who had left the management position not because of failure but from frustration and burnout. I knew of nurse managers who had been in their position for many years and remained a productive part of the managerial team. I was interested from their perspectives how they navigated the transition from staff nurse to nurse manager. The seed germinated and I had a qualitative study topic: *Nurses' experiences transitioning from staff nurse to management in a community hospital*.

The most difficult part of the study project was obtaining accurate transcriptions of the interviews. I listened to the audio recordings multiple times, which was very time consuming. The analysis of the data was originally tedious but became exciting as the findings began to reveal the themes that would contribute to the development of the study project. The most exciting part of the study was the interviews. I appreciated the participants' honesty and their uninhibited responses to the interview questions. I admired their commitment to the nurses and the hospital even though there were times when the

current nurse managers wanted to give up and resign their position. It is through their commitment to this study that I had the opportunity to provide nurse managers with a meaningful program for their professional development.

I am eager to be published in a scholarly journal to serve others in their professional endeavors. This is a task I would not have previously considered, as I was unsure of my ability as a scholarly writer. Writing and searching for journals/articles for this dissertation has increased my confidence as a writer and as a researcher.

Implications, Applications, and Directions for Future Research

The implementation of the nurse manager development program has many implications, applications, and directions for future research. The literature review suggested that many nurse managers do not have the support or training to prepare them for their career in management. There is limited research on servant leadership in nursing, which suggests that this concept has not been fully recognized in the nursing profession. Therefore, the study's implications are twofold: the prospective education for nurses considering management at the local level and the retention of nurse managers with consistent and applicable professional development encompassing the practice of servant leadership.

The findings of the study cannot be considered generalizable to the larger population due to its study design; however, they are applicable to all nurse managers at the facility studied. Most nurse managers began their careers as staff nurses and then transferred into management. Many of the nurse managers did not have any orientation to the position, and they lacked mentorship and coaching. The application of this nurse manager development program would support the new nurse manager with the

foundation to begin a successful career. The application of this program could extend into the general management orientation with slight modification to address particular challenges and functions.

Future research should take into consideration what has been challenging in obtaining relevant information for this study and the study itself. One major area for future research is in the study of nurse managers representative for all minority sectors. The research on minority nurse managers, is meager. Nurses from different cultures in the United States and foreign nurses transitioning into a management role may require support that is not evident in a nondiverse culture setting. There is knowledge to be gained from studying diverse nurses who have chosen management as their career. Another interesting area for future research may be interviewing nurse managers who are transitioning into management after completing the nurse manager development program. This follow-up study would offer significant data on the nurse managers' perceptions of how the program assisted them to navigate their transition.

Conclusion

In the last five years, I have seen myself transform from a professional nurse to a scholar. Education, guidance through mentoring, and personal reflection has been the foundation for this transformation. I am confident that through this scholarly exercise of developing a study leading to the development of a program, I have gained the knowledge and expertise to ensure my professional endeavors will continue to influence others in a professional and meaningful manner.

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Appendix A: Project Study

The purpose of this nurse manager's professional development program is to provide new nurse managers with a foundation and an understanding of management. From the findings of the study, the areas of interest from the participants' perspective were: how to deal with people, how to conduct performance evaluations, how to talk to administration, manners in healthcare, dealing with isolation, empowering self, how to discipline, and confrontation with staff and management. These areas were compiled into four components: servant leadership, communication, resources, and managerial skills.

The nurse manager development program has 12 sessions and will be administered over a 12-month period. The project calendar will provide the venue, date, time, and sessions for ease of scheduling for nurse managers' attendance. The program calendar identifies the main topics for each session and is as follows:

Month 1: Introduction to servant leadership

Month 2: Being heard: Finding your voice in public speaking and meetings

Month 3: Communication etiquette

Month 4: Communicating with the executive team

Month 5: Understanding the impact of finances

Month 6: Coaching

Month 7: Mentoring

Month 8: Confrontation and Anger

Month 9: How to hire and fire

Month 10: Performance evaluations

Month 11: Staying focused/self-care

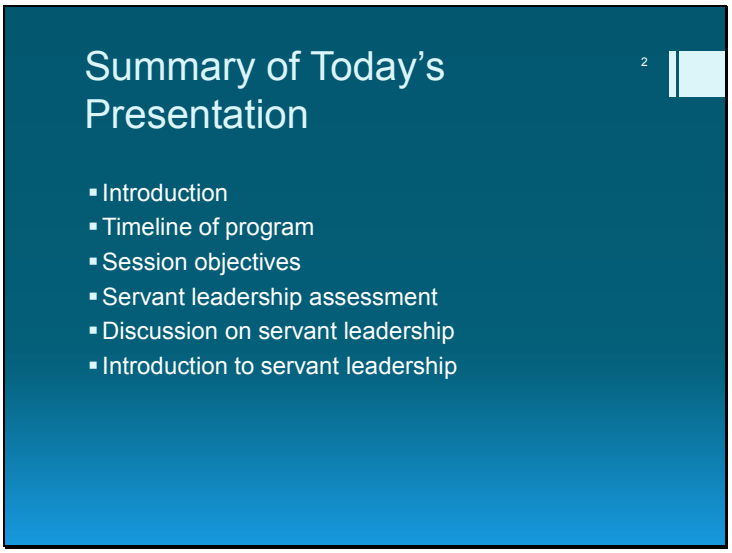
Month 12: Your group, your servant leaders

The resources needed for the project will include arranging the dates and times for each session and securing a venue for the program that will accommodate easy access and attendance. The hospital's education center has been used for various programs and it is in a central location that will offer ease of attendance. The education center has access for supporting PowerPoint with the availability of a laptop computer and an overhead projector screen. The education center room has the furnishings available to accommodate 50-60 people and the space available to adjust for planned activities. Copy machines are available close to the education center and the education department has the availability of providing handouts, session evaluations, and journals for each nurse manager.

Slide 1

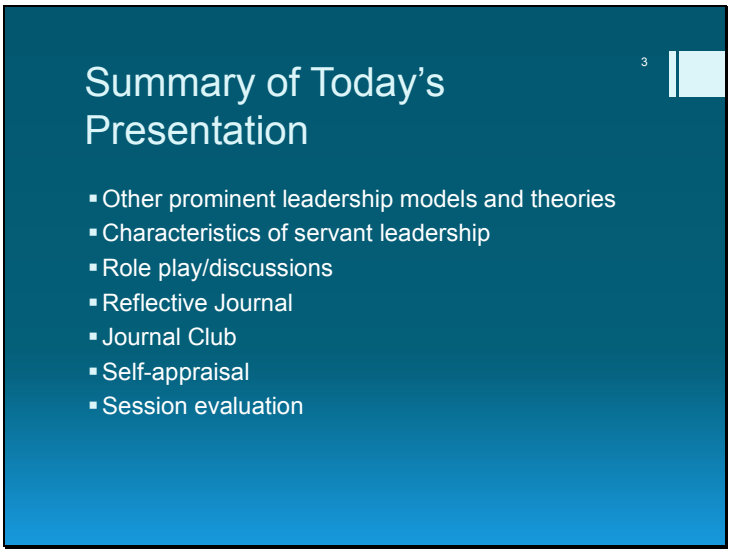
Credit for Images:
Microsoft (2015). Images of Mother Teresa, Martin Luther King, Jr., & Mahatma Gandhi. Retrieved from http://www.bing.com/images. Free to modify, share and use commercially.
Gandhi: http://www.bing.com/images/search?pq=ghandi&sc=8-6&sp=-1&sk=&q=ghandi&qft=+filterui:license-L2_L3&FORM=R5IR43
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

Slide 2



Introduction:	1200-1215
Summary:	1215-1220
Timeline and topics:	1220-1230
Objectives:	1230-1235
SL assessment:	1235-1250
SL discussion:	1250-1310
Intro to SL:	1310-1320
Leadership styles:	1320-1335
SL:	1335-1400
Break:	1400-1415
Role-play:	1415-1445
SL discussion :	1445-1500
Journal writing:	1500-1510
Journal club:	1510-1520
Open for questions:	1520-1540
Self-appraisal:	1540-1550
Session evaluation:	1550-1600

Slide 3


Summary of Today's Presentation
3
Other prominent leadership models and theories
Characteristics of servant leadership
Role play/discussions
Reflective Journal
Journal Club
Self-appraisal
Session evaluation

Slide 4

Introduction of self.
Instruct individuals to right down their name and 3 aspects about themselves they would care to share, with one of them not being true. Once completed, each person to pass the paper to the individual to their right. Then one by one, each person introduces the person to his or her left reading from the paper – when finished reading the person's paper - everyone is to guess which one is not true (Knox. n.d.)

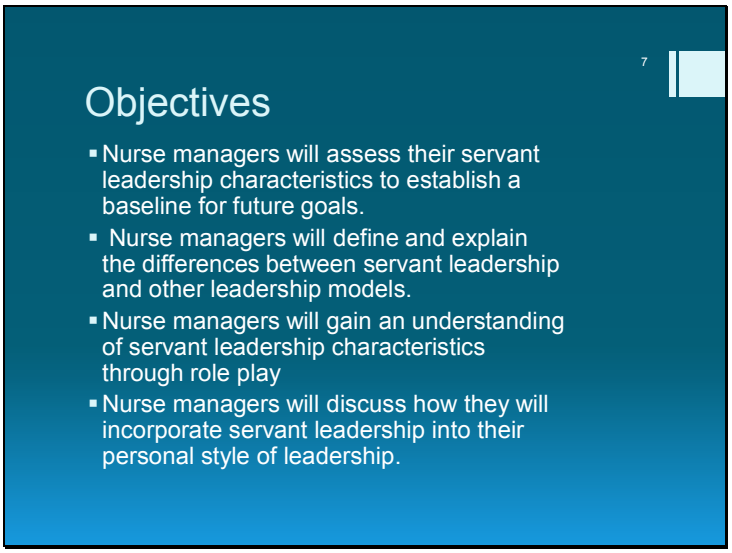
Slide 5


5
Timeline and Topics of Program: Months 2 to 6
Month 1 - Introduction
Month 2 - Being heard – finding your voice in public speaking
Month 3 - Communication etiquette
Month 4 - Communication with the executive team
Month 5 - Understanding the impact of finances
Month 6 - Coaching

Slide 6


6
Timeline and Topics of Program: Months 7 to12
Month 7 - Mentoring
Month 8 - Confrontation
Month 9 - How to hire/Fire
Month 10 - Performance Evaluations
Month 11 - Staying focused/self-care
Month 12 - Review of Servant Leadership.

Slide 7


7
Objectives
Nurse managers will assess their servant leadership characteristics to establish a baseline for future goals.
Nurse managers will define and explain the differences between servant leadership and other leadership models.
Nurse managers will gain an understanding of servant leadership characteristics through role play
Nurse managers will discuss how they will incorporate servant leadership into their personal style of leadership.

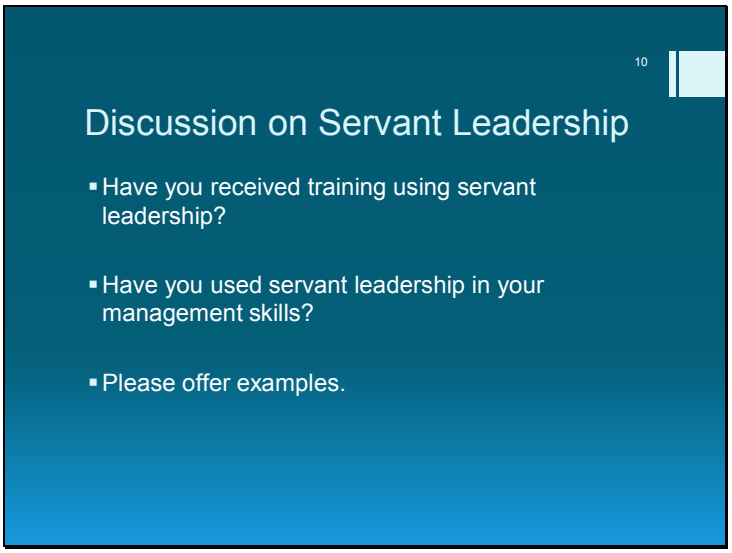
Slide 8

Pass out Servant Leadership profile to assess their SL attributes – please stress there are no right or wrong answers and that the answers should relate to their personal experiences as a manager.
This is for their own information and may be used to assess their growth in conjunction with future servant leadership assessments. (Form is at end of the program).
(Clark, D. R. (2014). *Servant leadership self-assessment questionnaire.* Retrieved from http://www.nwlink.com/~donclark/leader/servant_leadership_survey.html

Slide 9

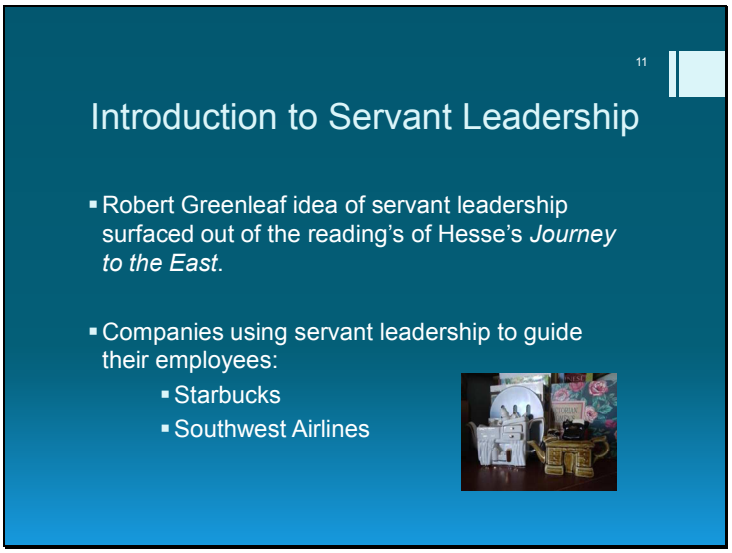
Provide each individual with journals - these are for reflective practice throughout the program - individuals are encouraged to share their notes - however this is up to the individual.
For this activity - ask each individual to write in his or her journal his or her definition of servant leadership and it is applicability to nursing and nursing management - allow 10 minutes for this activity. Then ask for volunteers to share their definition of servant leadership and discuss within the group SL applicability to nursing and nursing practice (10 minute activity).

Slide 10



Ask the individuals if anyone has received servant leadership training - then ask them to share where they obtained the training, how did they receive the training (some places only provide reading material - then expect compliance) and did they have hands-on training. Then ask them for examples as to how they used servant leadership - what were the outcomes? Ask the rest of the group if they may have used components of servant leadership - not knowing that this was what they were doing.

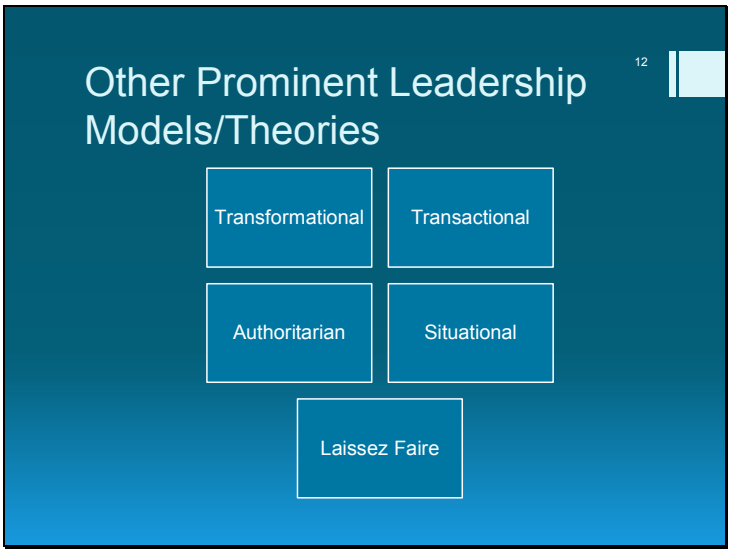
Slide 11



Facilitator reads the paragraph from Hesse's Journey to the East. The idea to the servant as leader came out of Greenleaf's readings of Hermann Hesse's *Journey to the East.* The fictional story involves a group of men on a legendary journey who is served by a servant called Leo. Leo is their everything - he cleans, cooks, cares for the whole group with his very insightful, pleasant and joyful demeanor. The group is sustainable through Leo's compassionate caring until he disappears one day. Without Leo to guide and care for the group, the men become disordered and chaos sets in, and the legendary journey is terminated. Many years later, the group recorder meets up with Leo and sees that Leo is not the servant they once thought he was, but the leader of the order who had sponsored the legendary journey. "Leo, whom he had known first as *servant*, was in fact the titular head of the Order, its guiding spirit, a great and noble *leader"* (Greenleaf, 1977, p. 32). Servant leadership is not a new concept and many companies are adopting the servant leader approach such as Starbucks and Southwest airlines.

Ask the participants if they have experienced situations at work or in their home life (travelling, going to the store, doctor's office) where someone went out of their way to assist him or her - when they really did not have to - or they helped you without you knowing about it until later. You do not have to be in a position of leader to be a servant leader. Facilitator has an opportunity to share an experience or offer examples - such as missionary workers, CEOs who are hands-on, nurse managers who take on clinical assignments, nurse who offers a doctor soda and crackers, a doctor who offers a nurse a chair, security officer offers to take a letter to HR so that the nurse does not get a parking ticket! Remind the participants that they are leaders in their own home and in their life and yet they serve their family and friends.

Slide 12



For thousands of years, a king or lord, or chief has led people – this means that leadership has always been present in some form. However, what is leadership and what does it mean? Since leadership is always evolving there is no consensus to provide a concrete description and as it has multiple functions, leadership itself is diverse (Covey, 2007). As we have seen with servant leadership – this is another form of leadership.
To expand on leadership and some of the theories/models – we will look at the above five: Transformational, transactional, authoritarian, situational and laissez faire, and I will summarize each model.

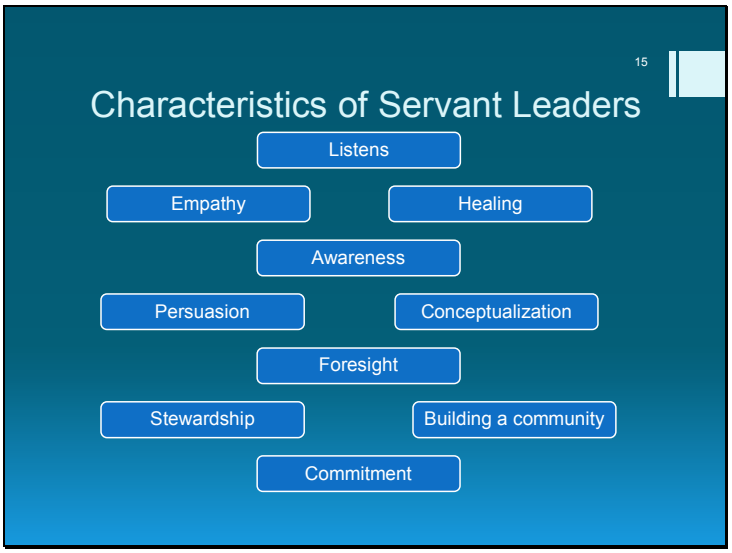
Slide 13

Transformational: This leadership theory was developed by Burns in 1978 and he discovered that transformational was about how the "leaders and followers raise one another to higher levels of morality and motivation" (as cited by Covey, 2007, p. 3). This statement echoes Maslow's Theory of Human Needs and it was this theory that guided and became the foundation of Burn's theory as it identifies with the needs of the individual at the higher level of self-actualization along with a positive self of who I am (Covey, 2007). Transformational leadership has four facets: Charisma or idealized influence, inspirational motivation, intellectual stimulation and individualized consideration or individualized attention. Each of these facets focuses on the emotional connection (behavior, trust) motivation through communication, encouragement of creative thinking (takes risks), and mentoring and coaching individuals (Covey 2007). Transactional leadership is concerned with the daily operations of the unit or organization and the incentive for the followers to perform is by the reward system – such as commission – the more you sell the greater the return. Through predetermined outcomes or goals established by the transactional leader, the followers are rewarded for their performance – this approach creates the desired performance to ensure goals are met. The followers are not motivated to be loyal to the company and only complete what is required. They are less likely to go above and beyond from a sense of commitment unless there is compensation. "Transactional leaders...strive to compromise, manipulate, and control the situation and followers" (McGuire & Kennerly, 2006, p. 179).

Slide 14

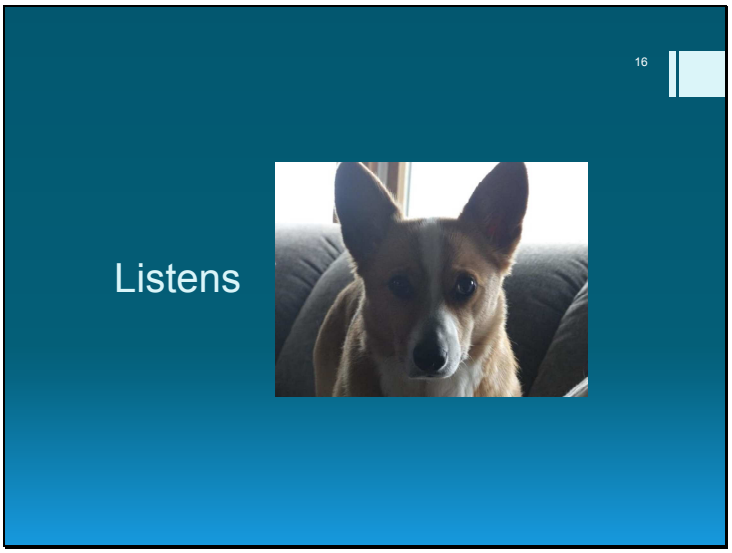
Authoritarian - This leader has complete control – does not ask questions or seek answers from others. The focus here is to make all the decisions for the group/facility. To ensure compliance, the authoritarian leader relies on punishing the non-conforming behavior and hold onto power through silencing others and concealing information (Frandsen, 2014). Ask for examples when this type of leadership may be necessary.
Laissez Faire translation is 'allow to act' (Webster, 1996).
This indicates that the manager's view and practice of leadership is to be totally disconnected from the workers and the operations of the unit/facility. This leader is passive in his or her approach and does not encourage teamwork, does not support or provide the necessary resources for the workers to do their job. This method does more harm and contributes to the decline in job satisfaction, production, and economy of the facility (McGuire & Kennerly, 2006; Rowold, 2014). Ask for examples from their experiences.

Slide 15



Servant leadership provides ten characteristics that are part of servant leadership; however, these are not inclusive. We will be looking at each on in depth and discussing each one on how that characteristic would demonstrate a servant leader. Advise the participants to take notes on these servant leaders' characteristics, as they will be implementing each one in their practice.

Slide 16

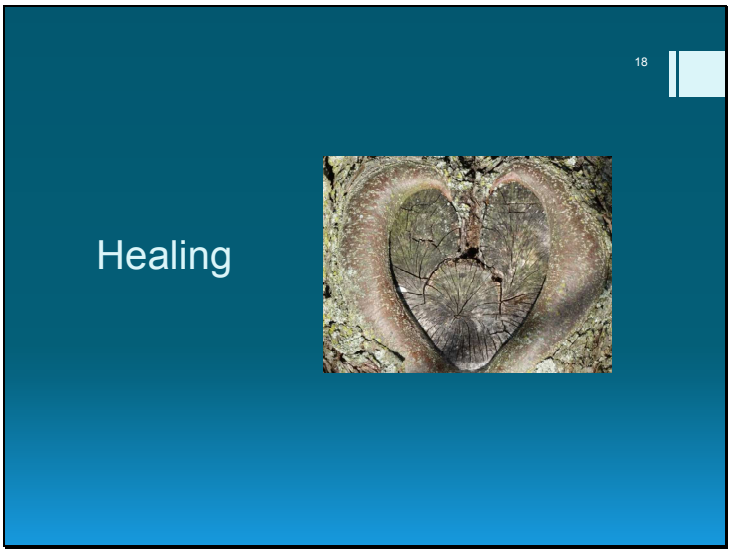


The SL listens intently to others to understand what they are saying – seeks clarification – we don't just hear what someone is saying but by being an active listener – your mind is not racing with other thoughts and not being premature in what you think the person is saying but to be engaged with your complete attention. Going through papers and looking at the computer while someone is talking is not listening. It is surprising how quickly we concludes what the person is saying BEFORE the person has stopped talking. Ask for examples of an active listener versus inactive listener. Why should we pay attention?

Slide 17

Empathy: The servant leader accepts that others mean well in their approach. The servant leader also endeavors to accept others and attempt to understand them. That is the servant leader does not ignore or reject others but accepts them without judgement. Just like in nursing school – we learn not to judge others so that we can care for them – we don't compromise healing – we promote healing. It requires a great deal of effort to have tolerance and patience but the rewards are monumental. Greenleaf (2002) states, "People grow taller when those who lead them empathize and when they are accepted for what they are, even though their performance may be judge critically in terms of what they are capable of doing. Leaders who empathize and who fully accept those who go with them on this basis are more likely to be trusted" (p. 35). Ask for examples of how they empathize with individuals who may be difficult to work with.

Slide 18

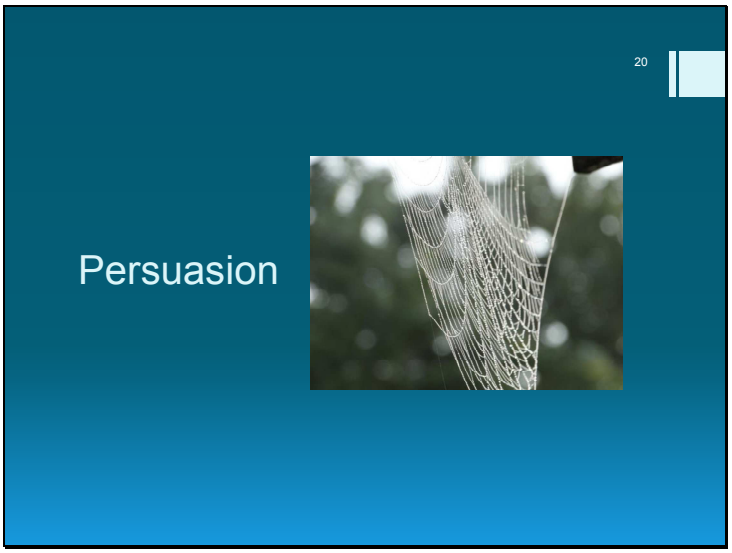


Healing: Use opportunities to develop wholeness with self and others – resolve issues and problems that generate unpleasant relationships. Servant leaders have many talents with one being helping others to heal. Patents come in broken mentally and physically, and we help heal them in many ways – being kind and gentle, being considerate, and being genuine and sincere. This approach is deserving of all individuals – even we. Being kind and considerate – all this takes effort on our part but as I said in the last slide, "We don't compromise healing – we promote healing." Ask for examples of how they have healed themselves – what struggles have they faced. [i.e. inner critic, loneliness, self-confidence].

Slide 19

Awareness: The servant leader is cognizant as to what is happening not only with the staff, the unit and the hospital but also within him or herself. Awareness is being in tuned to the environment – almost on guard – sentry duty -, which provides additional information for later use. You notice, you take note, and you tuck it away. Greenleaf (2002) states, “It is a disturber and an awakener. Able leaders are usually sharply awake and reasonably disturbed” (p. 41). Ask for examples of how awareness has been instrumental in future decisions.

Slide 20



We tend to think that persuasion is to force someone to do something. It is seen as coercion a negative attempt in compliance. The servant leader does not follow this authoritarian leadership style but through positive persuasion. To influence and with gentle encouragement, the servant leader draws everyone together through mutual agreement. This servant leader is consistent and fair in his or her approach with everyone (Greenleaf, 2002). Ask for examples of persuasion and coercion. What were the outcomes?

Slide 21

Servant leader are visionaries – they think beyond the daily operations to become change agents for the future. Greenleaf (2002) provided an example of conceptualization of the Denmark's serfs. "The Danish peasantry at the beginning of the nineteenth century was an underclass. In sullen resignation, it spent its life in dependence on estate owners and government officials. It was without culture and technical skill, and it was seldom able to rise above the level of bare existence. The agricultural reforms of that time were carried through without the support of the peasants, who did not even understand the meaning of them....All the reforms were made for *the sake of the peasant*, but not by him" (p. 46). Ask about changes that have been made within the US: declaration of independence, slavery. What about today – living through instability [healthcare reform]?

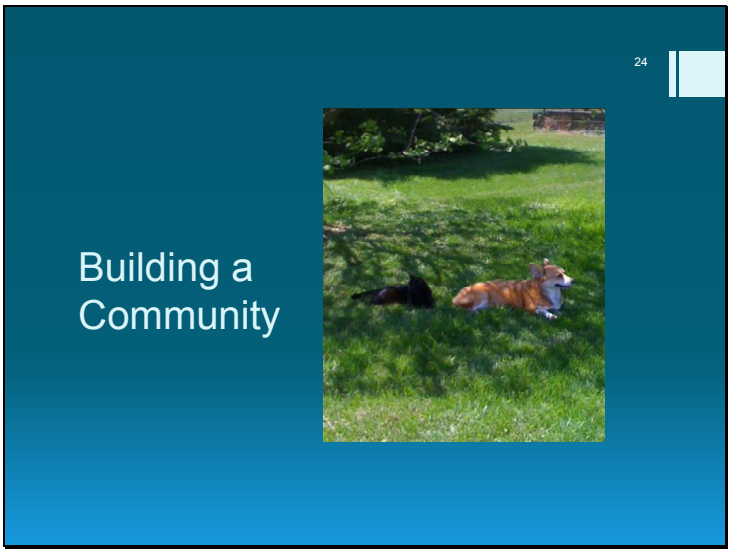
Slide 22

The servant leader has an understanding of what may happen even through it has not come to realization and yet anticipates the unexpected. A proactive and intuitive servant leader learns from negative and positive past experiences, present-day events that may influence the ‘what if’s’ of future opportunities. For nurse leaders Campbell and Rudisill (2005) stated, “Leaders must have the ability to create and change the direction for nursing” (p. 27). Ask for examples.

Slide 23

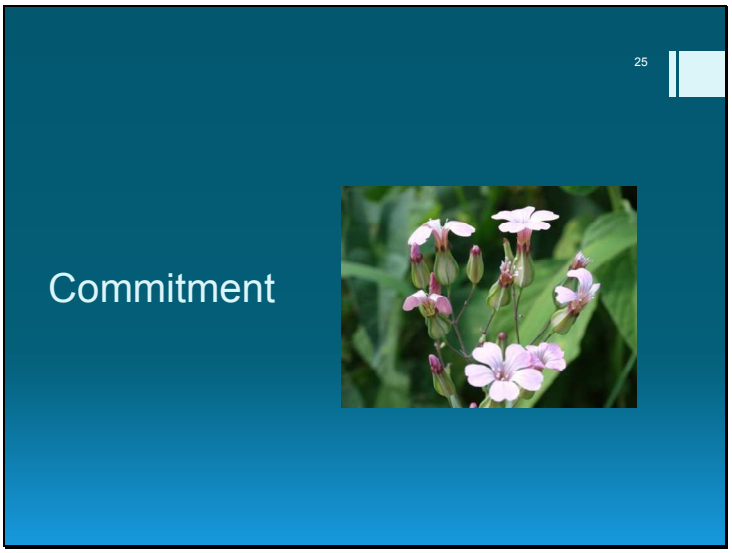
For the servant leader, stewardship means being entrusted to serve others. This approach is to be knowledgeable about the resources that are necessary to serve and for others to serve. The servant leader is not alone in the responsibility and involves other in the decisions in which to manage resources (Campbell & Rudisill, 2005). Ask for examples on how stewardship has been practiced.

Slide 24



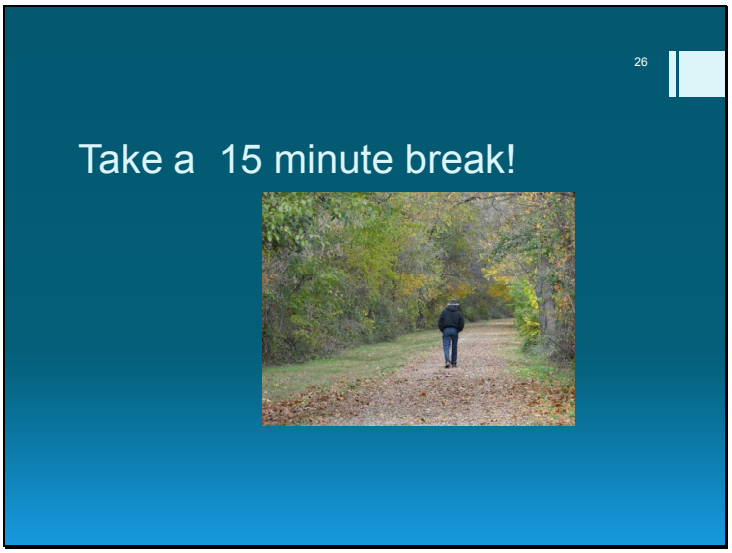
Our unit and hospital have become a second home to many of us – we spend a many hours working with one another – it is our work life community – we are a village. The servant leader strives to create a community within the workplace – and by having a sense of community, each individual [servant leader] becomes accountable and responsible for their role. Ask for examples of how they have built a community at work.

Slide 25



The servant leader has a sense of loyalty to the development and advancement of others. It is mentoring and coaching the potentials within individuals to become successful. It is being authentically interested and finding that sense of connection to others. It means being open to others ideas, it is an assurance that voices will be heard.
Ask for examples where commitment has been a struggle -how would servant leadership approach improve commitment?

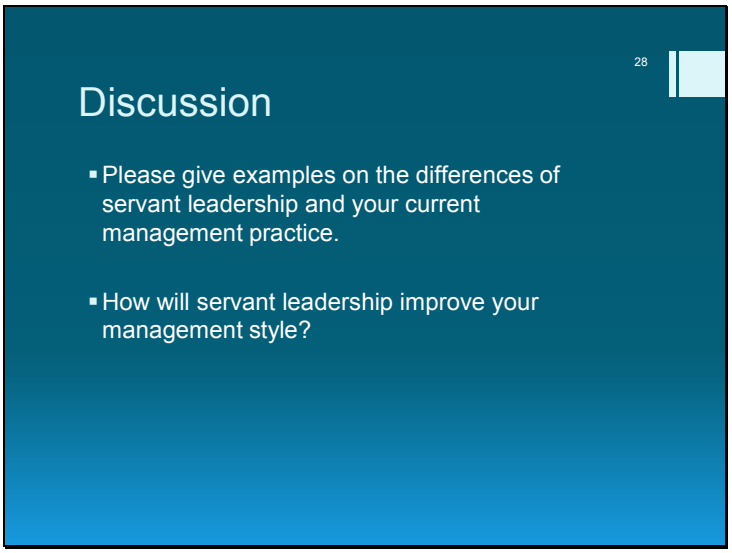
Slide 26



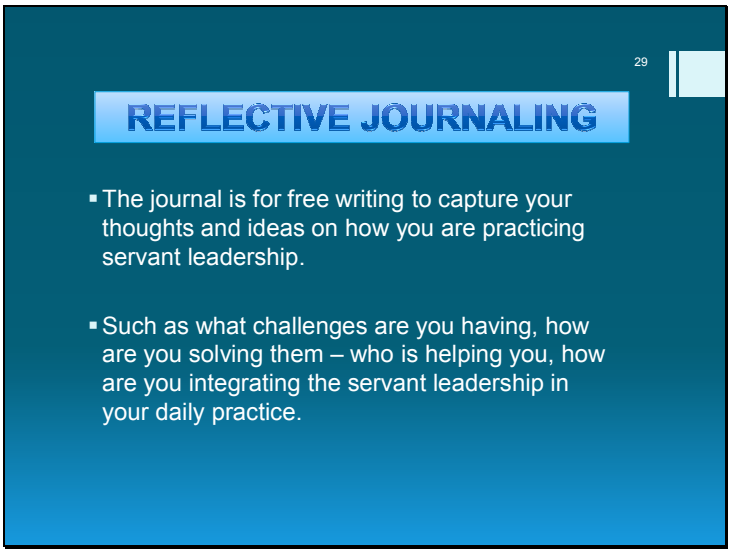
Slide 27

Depending on the number of individual in one or more groups: Each person takes a characteristic and role-play within the group. Show a servant leaders approach versus a different leadership style.

Slide 28

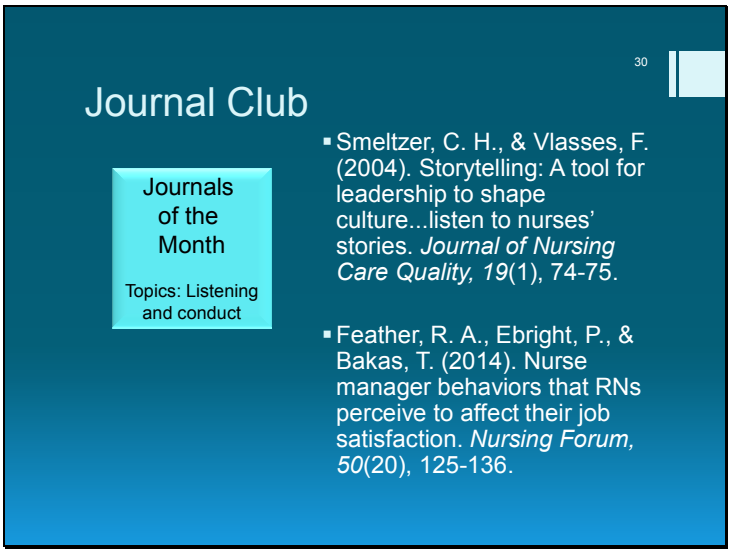

28
Discussion
Please give examples on the differences of servant leadership and your current management practice.
How will servant leadership improve your management style?

Slide 29



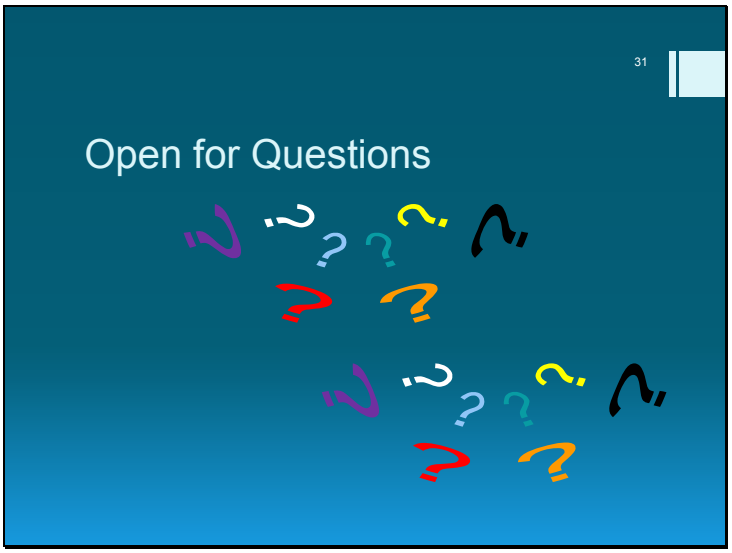
The journals do not have to be shared during the following months but if you want to you may. Topics for discussion are encouraged as well as suggestions and ideas. Encourage the journal writing to start now.

Slide 30



Who are your nurses – not as a group but as individuals?
Through nurses' stories there may be clues to who they really are and their personal nursing journey.
Listening and knowing your nurses by understanding and accepting their uniqueness.
Smeltzer, C. H., & Vlasses, F. (2004). Storytelling: A tool for leadership to shape culture...listen to nurses' stories. Journal of Nursing Care Quality, 19(1), 74-75.
What has been you approach to nurses – regarding you behavior – are you consistent, do you show appreciation more than identifying mistakes or non-compliance – what is your focus – are you driven by daily operations or driven by your passion for nursing?
Feather, R. A., Ebright, P., & Bakas, T. (2014). Nurse manager behaviors that RNs perceive to affect their job satisfaction. Nursing Forum, 50(20), 125-136.
-this can also be a source for reflective journal writing.

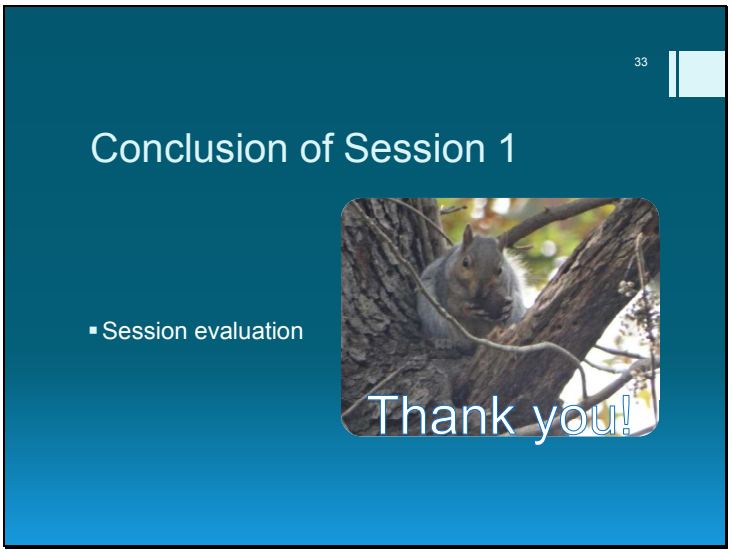
Slide 31



Slide 32

What is your definition of leadership?
Define the difference between servant leadership and two other leadership models.
Please provide one example on how you will integrate one servant leadership characteristic into your personal style of leadership.

Slide 33



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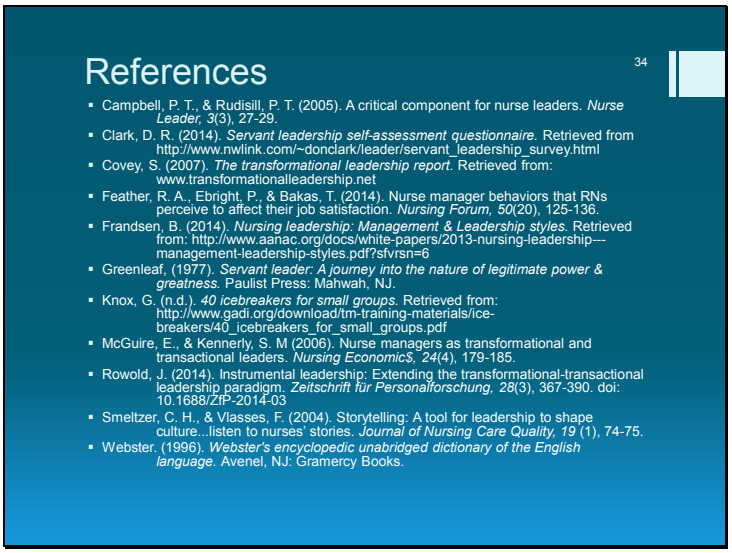

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Smeltzer, C. H., & Vlasses, F. (2004). Storytelling: A tool for leadership to shape culture...listen to nurses' stories. *Journal of Nursing Care Quality, 19* (1), 74-75.

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Slide 35

Credit for Images:
Microsoft (2015). Images of Mother Teresa, Martin Luther King, Jr., & Mahatma Gandhi. Retrieved from http://www.bing.com/images. Free to modify, share and use commercially.
Gandhi: http://www.bing.com/images/search?pq=ghandi&sc=8-6&sp=-1&sk=&q=ghandi&qft=+filterui:license-L2_L3&FORM=R5IR43
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

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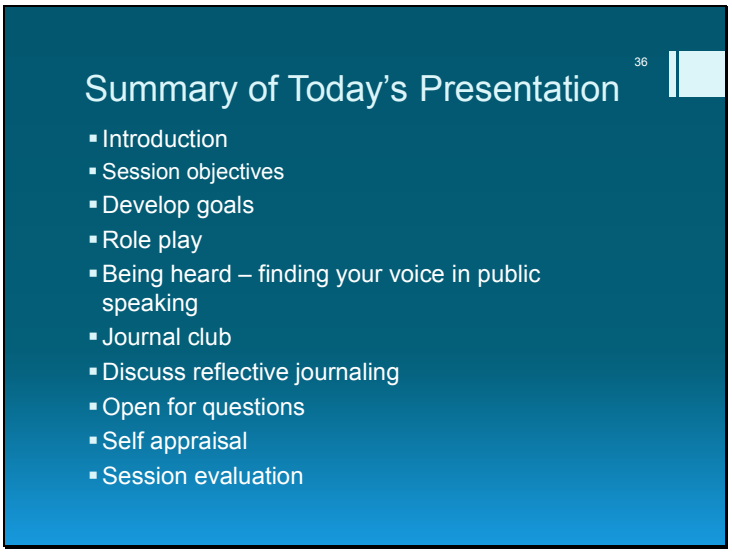
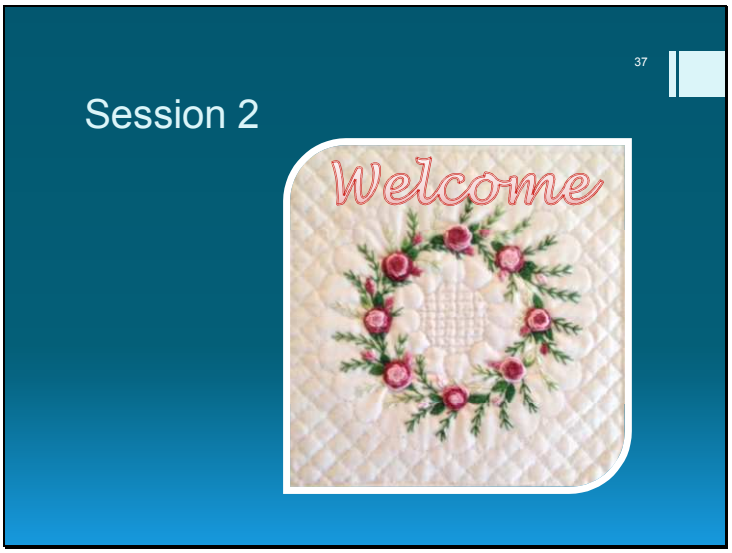


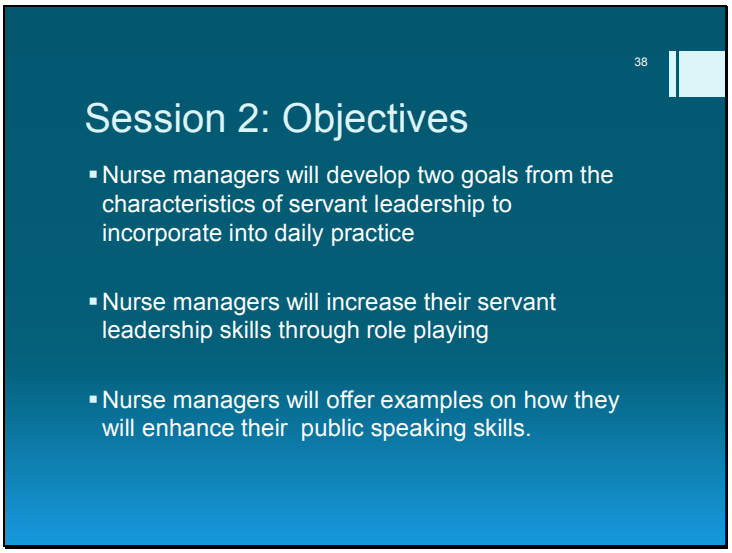
Introduction:	1400-1420
Summary and questions:	1420-1425
Objective:	1425-1430
Develop goals:	1430-1450
Role-play:	1450-1520
Being heard: Public speaking:	1520-1540
Journal Club:	1540-1550
Discuss reflective journaling:	1550-1600
Open for questions:	1600-1610
Self-appraisal:	1610-1620
Session evaluation:	1620-1630

Slide 37



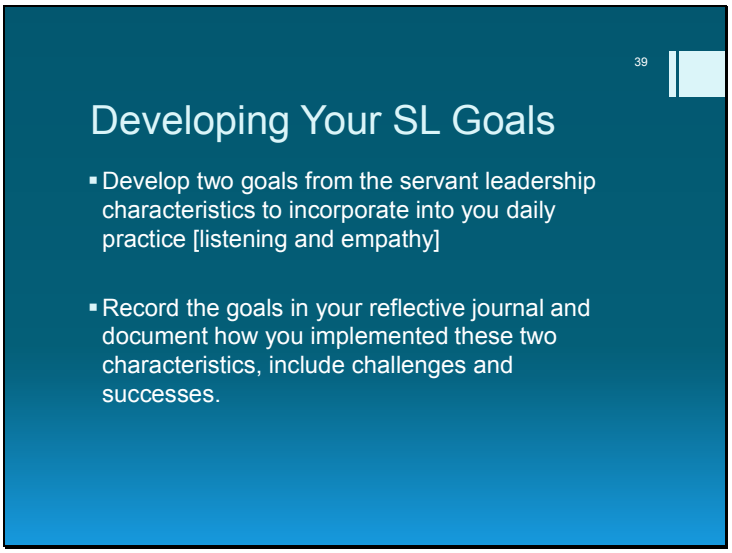
Have everyone number off and create groups of two or more – odds and evens (four to a group). Each group to prepare a 2-minute story that introduces each member of the group. Ideas for presentation: similar interests, what we should know about you, dreams for the future, family, pets, travelling etc. that mimic a fairytale (Knox, n.d.). This pulls on the journal that was given last month – we all have a story to tell and that is how we learn about each other.

Slide 38



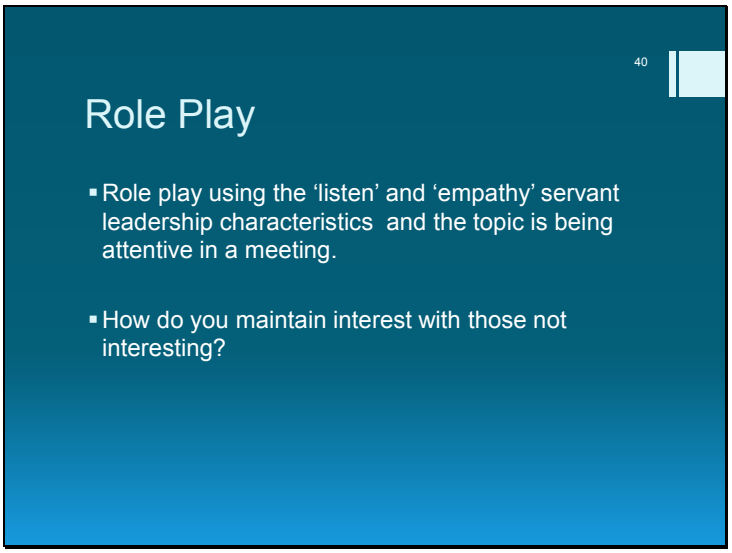
Review objectives with group.

Slide 39



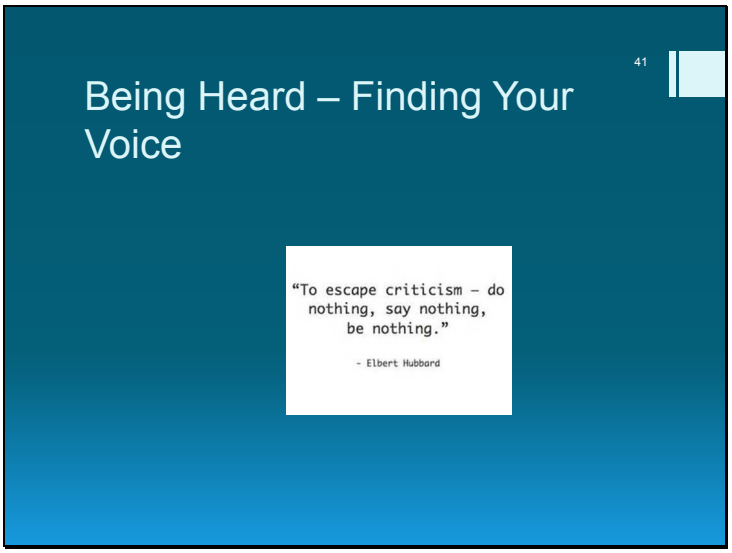
Explain that every month new goals will be developed from the list of SL characteristics – the objective is to continue practicing SL with their past goals and with the new goals – it is an accumulative process – not once practice and then forgotten – it is a work in process that will eventually become part of their practice of leadership skills. We will role-play the characteristics to aid in understanding of how they will be incorporated into their daily practice.

Slide 40



In the same groups as for introduction – using the two characteristics individuals role-play within their group. Looking for how individuals interact with each other and how they are using SL in their practice.

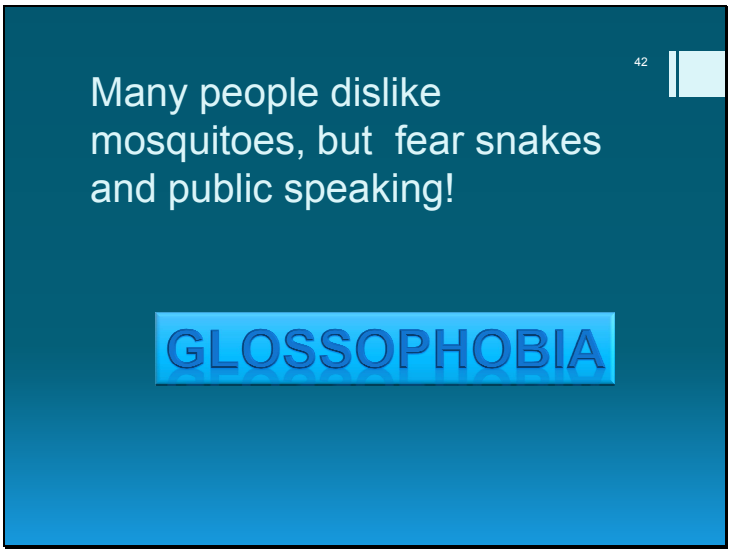
Slide 41



Meetings can be intimidating and it is easier to sit back and do or say nothing, or sit forward, look interested, take notes and say nothing – they both amount to the same – lack of contribution to the group. It is as if you were not there until someone within the group or the leader of the group directs a question to you or asks for an update on some outcome or quality indicator. You look and swallow – ready or not, it is time to talk – what now!

For some people talking in public is second nature – it comes easy to them – they are easy to talk to, they are motivators and charismatic speakers – and so much – you just love listening to them wishing you could do the same.

Slide 42

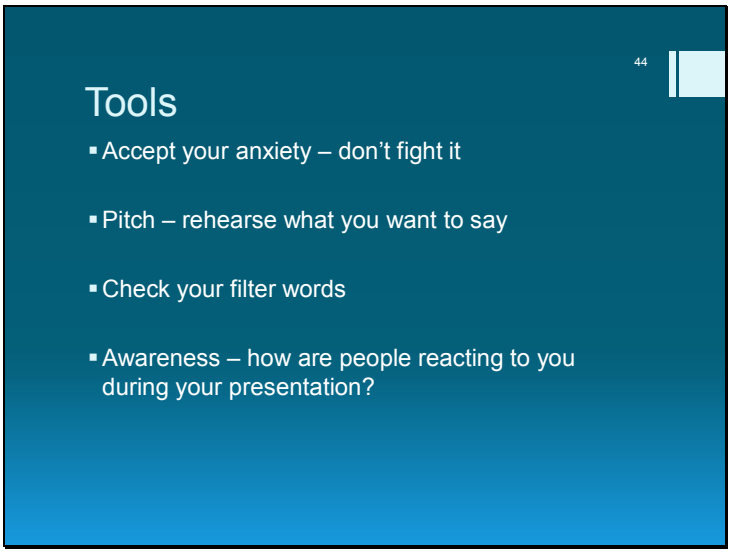


It is interesting – that people fear snakes and public speaking but they are more likely to be bitten by a mosquito. Fear of snakes means that you should not put yourself in a situation where you will be bitten by one but as for public speaking – why fear it – why are people afraid of the activity. Maybe it is because they do not do very often and have a tendency to shrink into the background so that they are not called upon to speak. Are they afraid of rejection or criticism? I will provide you with some tools to help you in public speaking situations but let us first focus on why it is so important for nurse managers to speak up in meetings.

Slide 43

Medical Surgical Units – for a typical 30 full bed medical surgical unit over a two week period 12 hour shifts - the minimum needed to run that unit is 22 nurses and that does not include unit secretaries or nursing assistants or other staff (AMSN, 2014) .
The administrators do not have the connection to your units unless you are present at meetings and giving them that information -

Slide 44



Accepting your anxiety allows you to put it to one side and move onto what you need to do and that is to speak so that you represent your nurses.
If you know that you will be presenting a topic – rehearse and rehearse – get the pitch down – just make sure it is relevant. Make a map – to guide you and your audience. Monitor your filter words – ums and you knows, like and like and like! These are habits that we have picked up – we have to identify and alter their presence by removing them. Be aware as to how people in the group – this may be an indicator of how you are presenting, are receiving you or how you are talking – monitor yourself
(Cohen, n.d.; Scott, 2007)

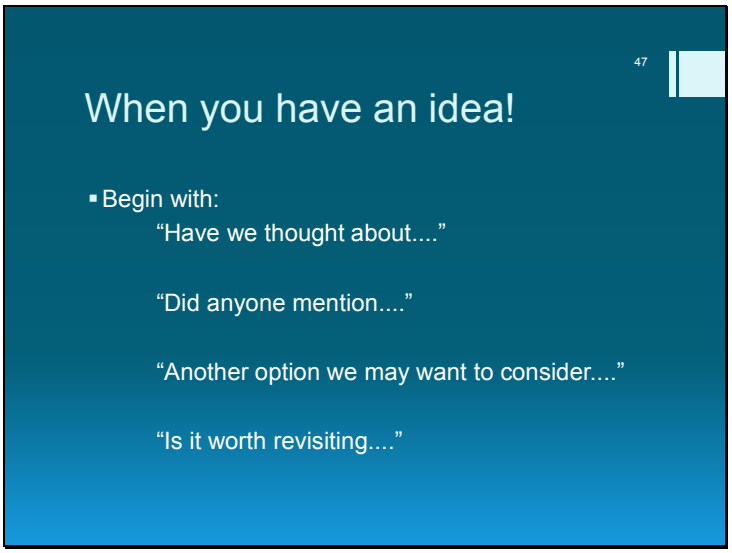
Slide 45

Being aware of how people are reacting to you is also an indicator as to if you are present in the presentation – are you believing what you are saying - are you commitment to your delivery of the material – check in but do not check out!
Give yourself some kudos – self-praise can be the podium to a successful speech – you ARE doing it!
What would you look like if you saw a confident self - presenting or communicating in a meeting? Looking great right! Positive visualization!

Slide 46

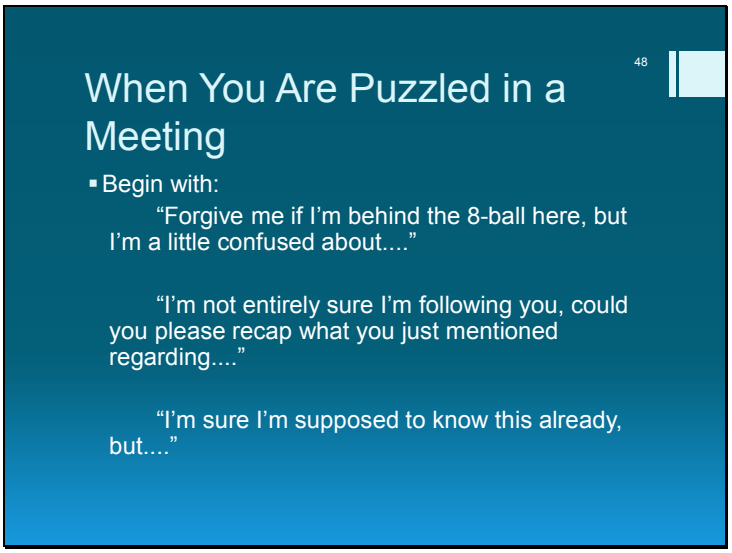
Glickman (2010, p. 1-2)
There will be occasions when you will need to voice your disagreement with a decision or an opinion – it can be hard to know how to start – these are a few phrases to get you started. Ask what they have said in a meeting to address an opinion or decision that they have disagreed with.

Slide 47



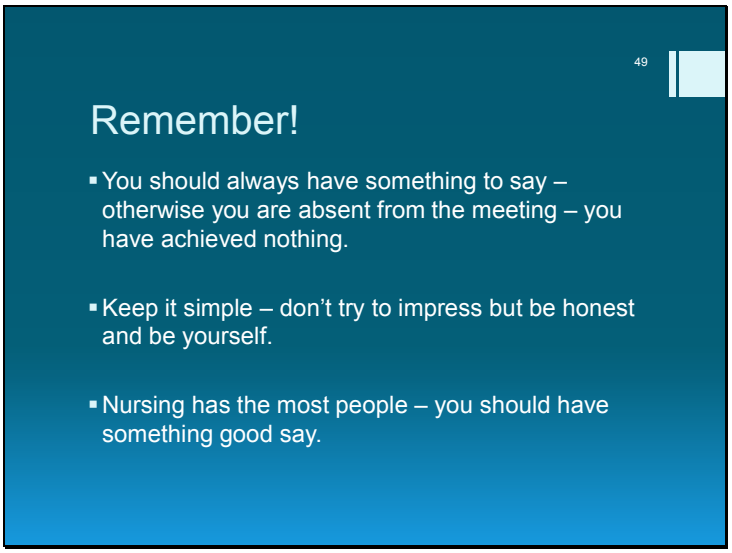
(Glickman, 2010, p. 1)
What if you have an idea or a suggestion – again how do you start? A few sentences that can get you started and on your way to being a contributing member at the meeting.
Ask how they offered an idea or suggestion at a meeting.

Slide 48

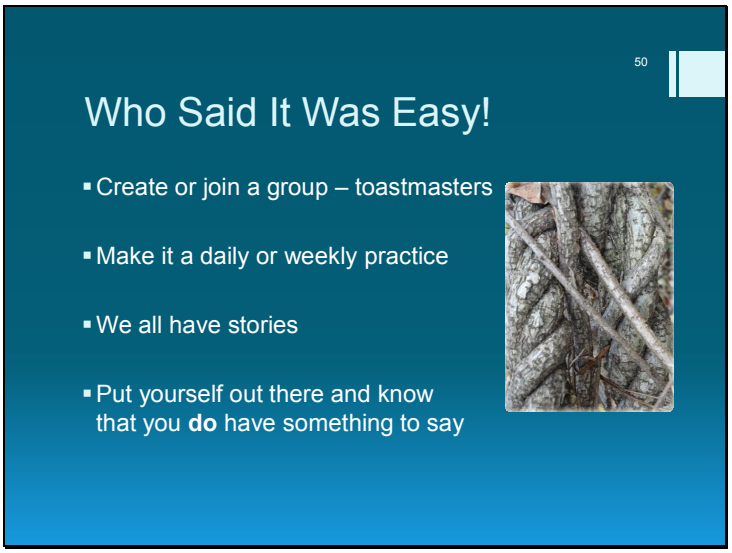


Glickman (2010, p. 2) other includes:
There will be times when your mind takes you to a tropical island and for a moment, you checked out. But during that moment something happened at the meeting and you missed it or someone is using parts of the English language that is foreign to you – in fact its dulcet (pleasing to the ear or soothing) (Webster, 1996) now what! These few phases may provide the boat to shore.
Additional phrases with considering.
"I apologize if this is totally obvious to everyone here...."
"This may be a dumb question; however I'm still not up to speed on why...."
Ask how they got themselves out of such a situation.

Slide 49

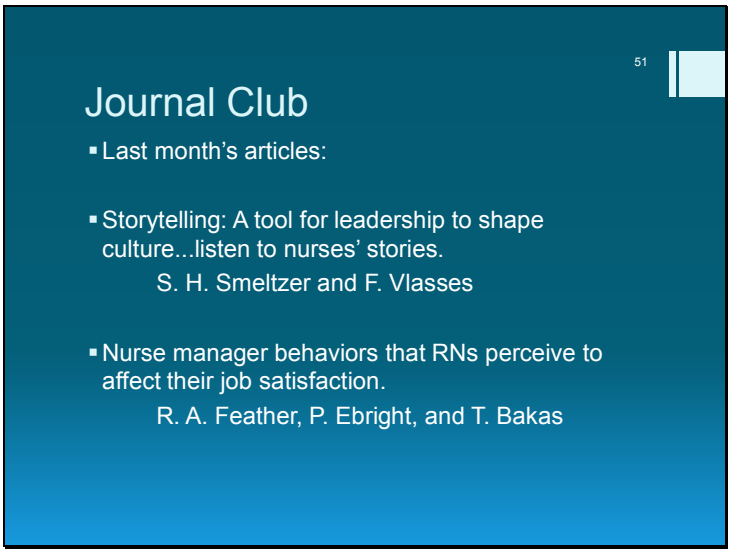

49
Remember!
You should always have something to say – otherwise you are absent from the meeting – you have achieved nothing.
Keep it simple – don't try to impress but be honest and be yourself.
Nursing has the most people – you should have something good say.

Slide 50



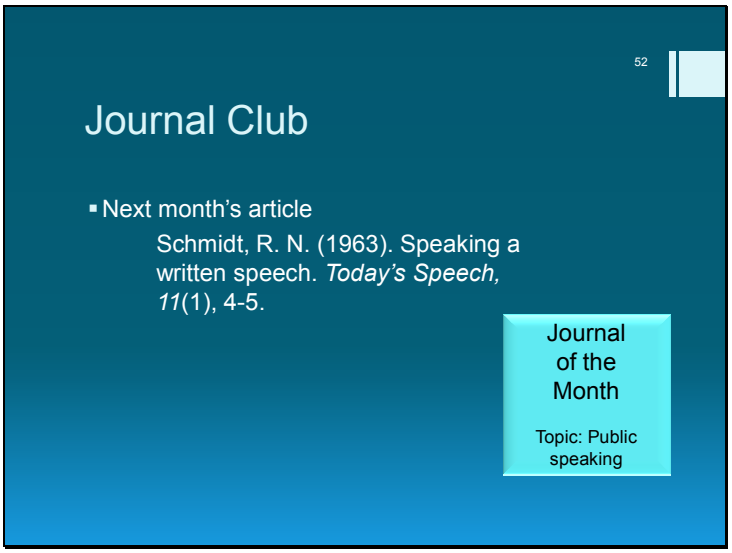
You could create a group of individuals who wish to practice speaking amongst people they know or you could join a club such as Toastmasters – there are many clubs offering this type of support and service.
Practice with your friends and family – make it a ritual or even a game night.
Tell stories to children at a local library or kindergarten.
Breathe deeply – not shallow breathes – shallow breaths increase HR due to lack of O2 and Smile!
Ask for examples of how they have navigated difficult situations in meetings.
Again -Breathe and Smile!

Slide 51



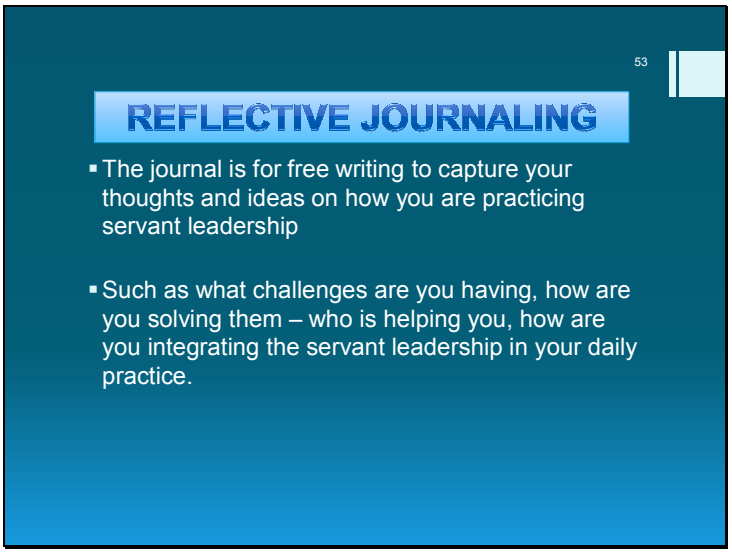
Discuss last month's articles.
(Smeltzer & Vlasses, 2004).
Discuss last month's articles – what was important, what was not. Ask them to share stories – what did they learn about the person?
Did they find listening different – how?
(Feather, Ebright, & Bakas, 2014).
What has been you approach to nurses – regarding you behavior – are you consistent, do you show appreciation more than identifying mistakes or non-compliance – what is your focus – are you driven by daily operations or driven by your passion for nursing? Have you been able to pull anything from the article that was new and you were able to apply it to your daily practice?

Slide 52



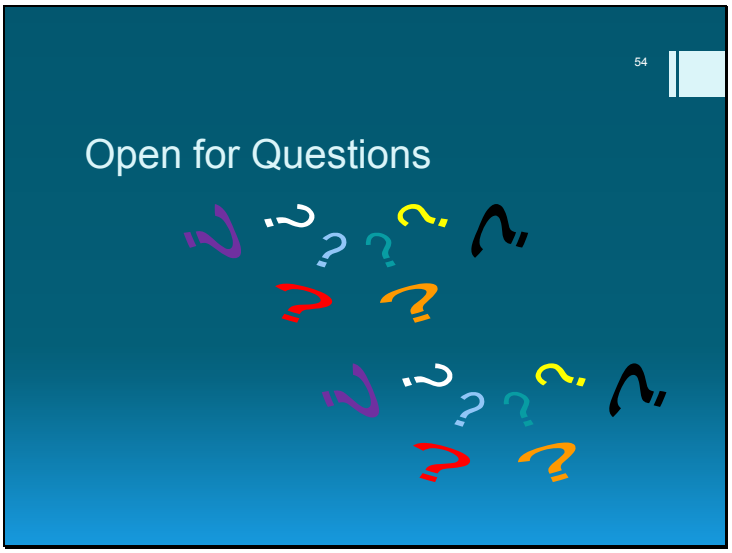
Next month the exercise will be based on the article – communicating effectively from a written speech. They will prepare a speech on a recent experience – no more than three minutes in length. [The crux will be that someone else will read his or her speech.] Schmidt, R. N. (1963). Speaking a written speech. *Today's Speech, 11* (1), 4-5.

Slide 53



Ask if anyone would like to share from his or her journal or any questions/ideas/thoughts.

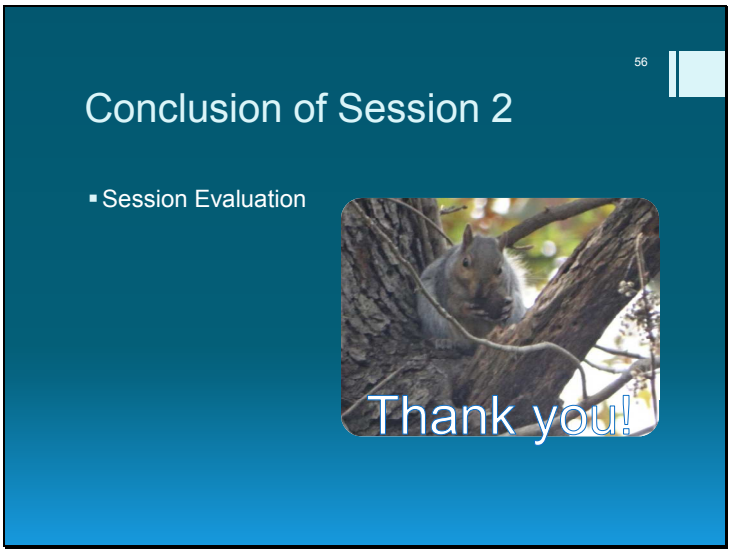
Slide 54



Slide 55


55
Self Appraisal
Please provide examples on how you will integrate servant leadership characteristics of listening and empathy into your personal style of leadership.
Please provide one example of how you will enhance your public speaking skills

Slide 56



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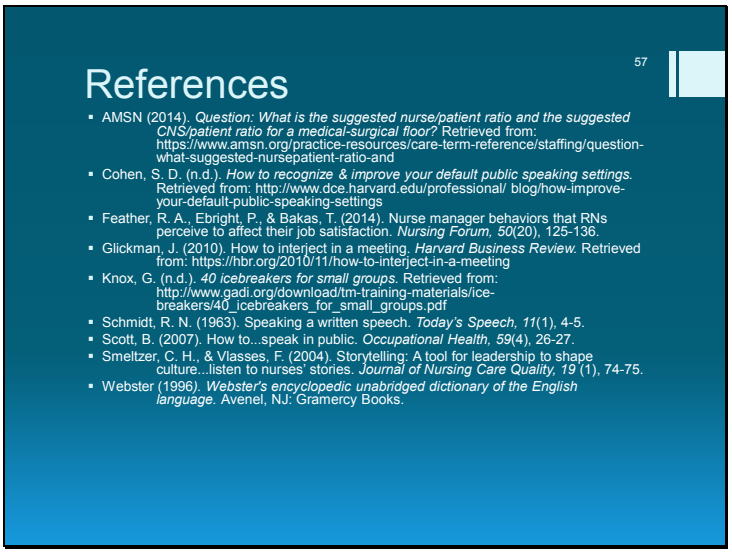

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Slide 58

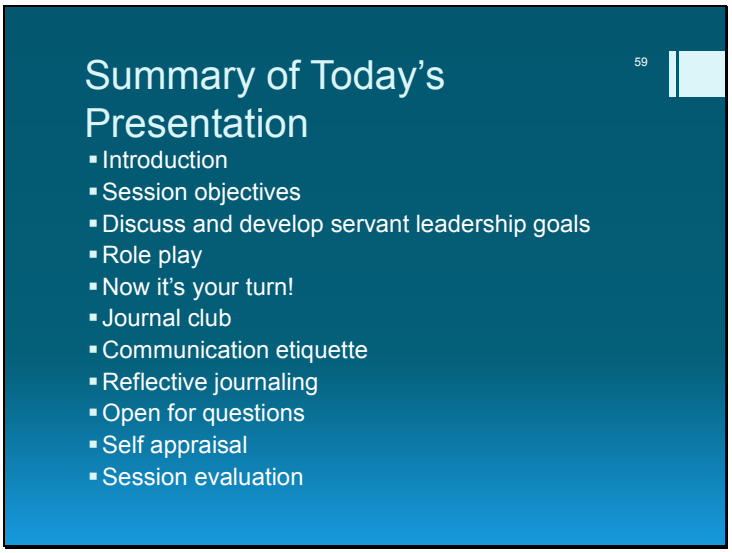
58

Nurse Manager's Professional Development Program

By Jennifer S. Buffenbarger, MSN, RN
Walden University

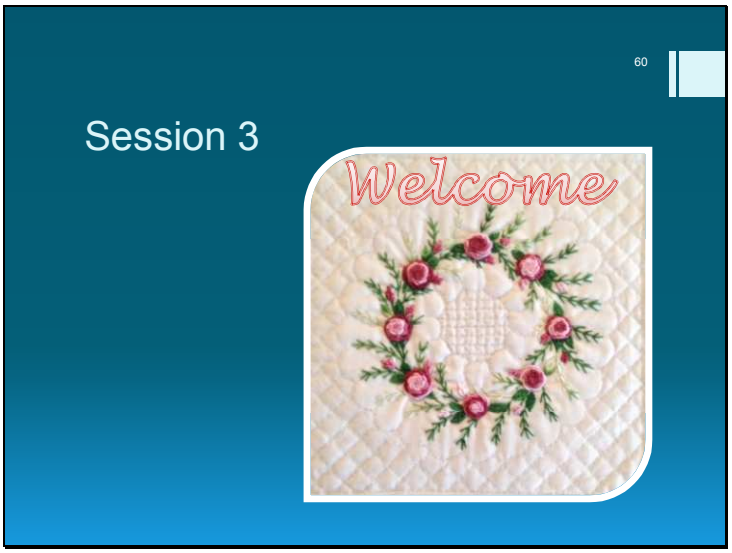
Servant Leaders of Social Change

Slide 59



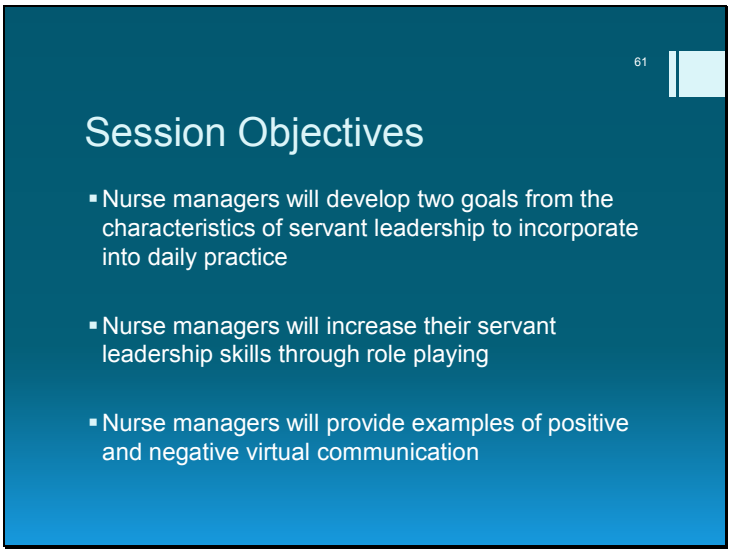
Summary and questions:	1400-1405
Introduction:	1405-1410
Objectives:	1410-1420
Discuss and develop goals:	1420-1435
Role-play:	1435-1505
Now it's your turn:	1505-1525
Communication etiquette:	1525- 1540
Journal Club:	1540-1555
Reflective journaling:	1555-1605
Open for questions:	1605-1610
Self-appraisal:	1610-1620
Session evaluation:	1620-1630

Slide 60



Introductions then everyone share a positive interaction that meant a great deal to him or her on a personal level.

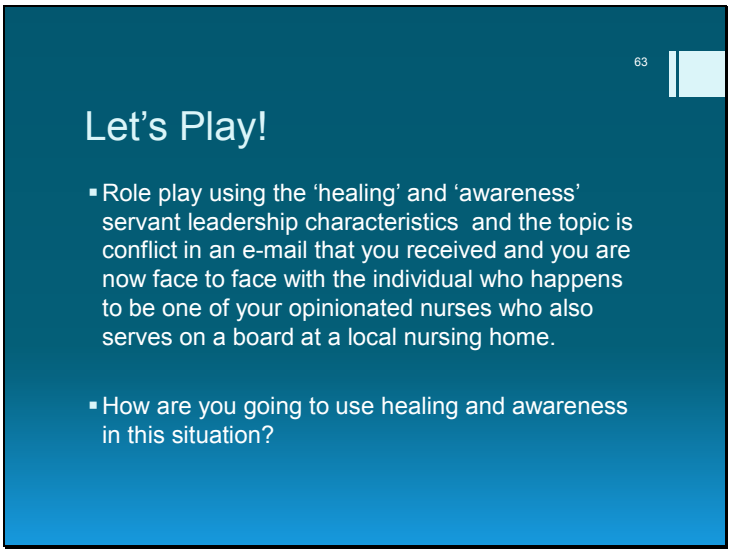
Slide 61


61
Session Objectives
Nurse managers will develop two goals from the characteristics of servant leadership to incorporate into daily practice
Nurse managers will increase their servant leadership skills through role playing
Nurse managers will provide examples of positive and negative virtual communication

Slide 62

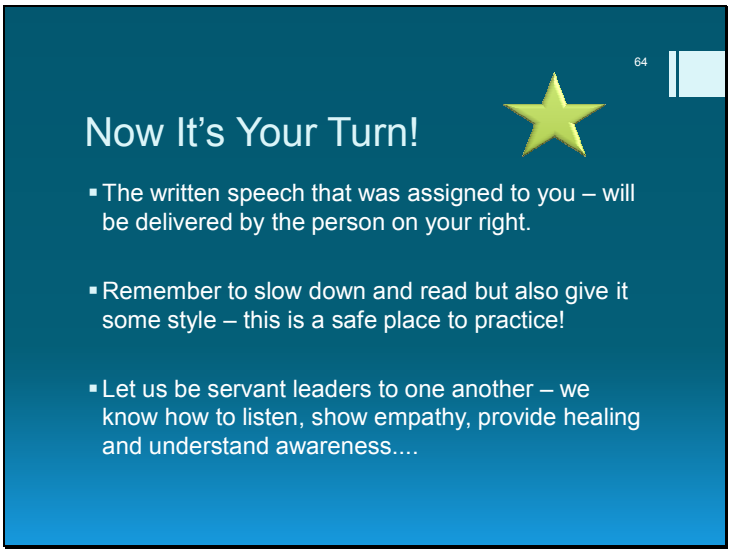
Explain that every month new goals will be developed from the list of SL characteristics – the objective is to continue practicing SL with their past goals and with the new goals – it is an accumulative process – not once practice and then forgotten – it is a work in process that will eventually become part of their practice of leadership skills.
Discuss the two from last month: Listening and empathy – ask for examples as to how they assimilated the characteristics – what are the outcomes – if challenges how to rise above them and continue practicing the art of SL.
New goals of practicing healing and awareness.

Slide 63



In groups of four using the two characteristics, individuals role-play within their group. Looking for how individuals interact with each other and how they are using SL in their practice. Are they listening and empathetic as well as incorporating healing and awareness?
Remind them about the listening and empathy if this is not being observed.

Slide 64

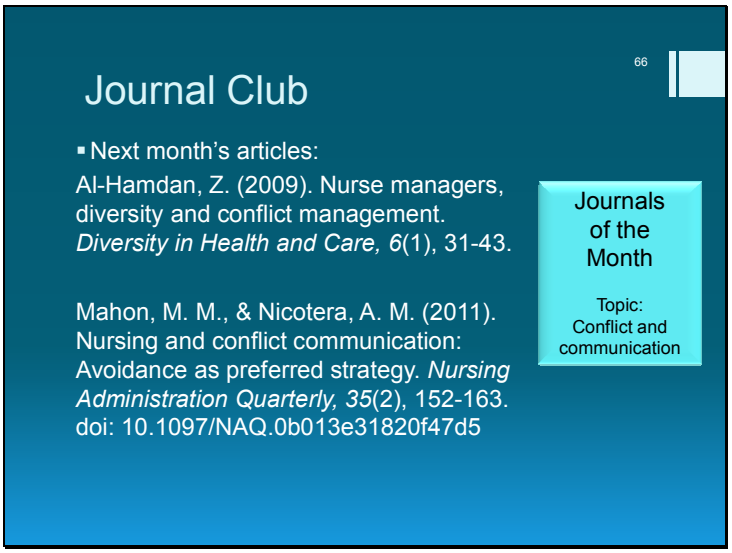


Each person to exchange his or her speech as directed. Provide guidance – and have the group support them with their newly found servant leadership skills!

Slide 65

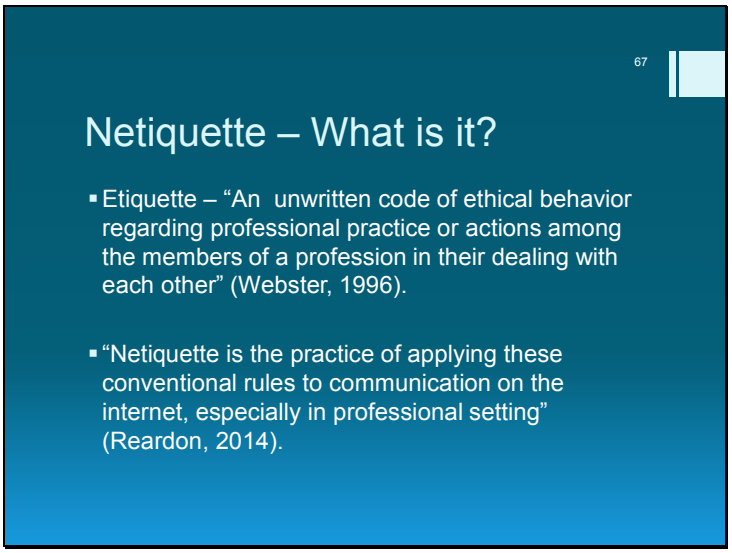
(Schmidt, 1963). Last month's journal – speaking a written speech – what did they think of the activity – what about the article – suggestions?

Slide 66



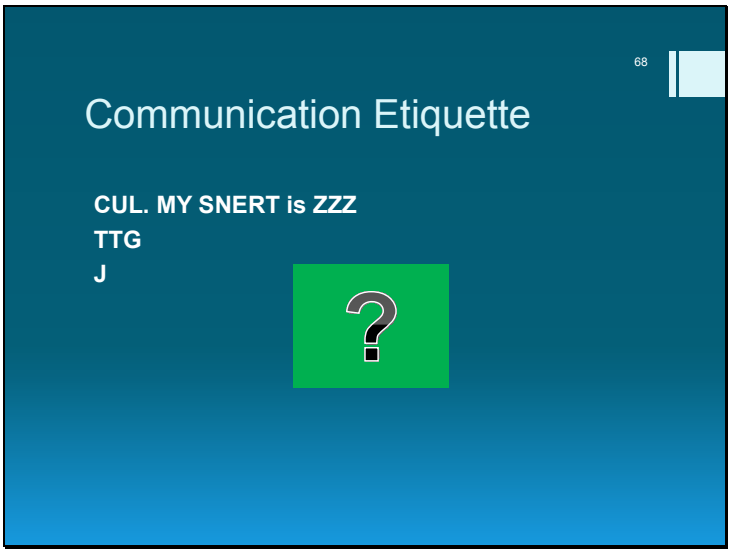
Al-Hamdan (2009).
Mahon & Nicotera (2011). Along with the reading assignment – ask them to reflect on conflict situations that they encountered before being a manager in regards to how they deal with the conflict now – have them record these reflections in their journal for discussion next month.

Slide 67



(Webster, 1996)
(Reardon, 2014)

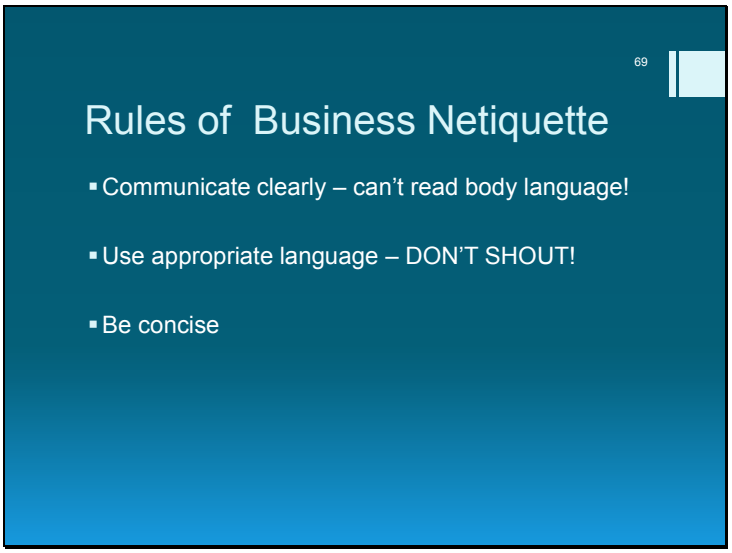
Slide 68



Networking and communicating has crossed over to a faceless world with no boundaries. As we have heard in the news over the last few years – nurses have been terminated due to inappropriate use of cell phones – photographing patients without the patient's consent and posting them in the online environment such as Facebook. Lines have to be drawn to maintain a professional persona and that also applies to how we communicate in the business world but do not forget – that your personal life can quickly bleed over into the business scene – causing embarrassment and possibly termination.

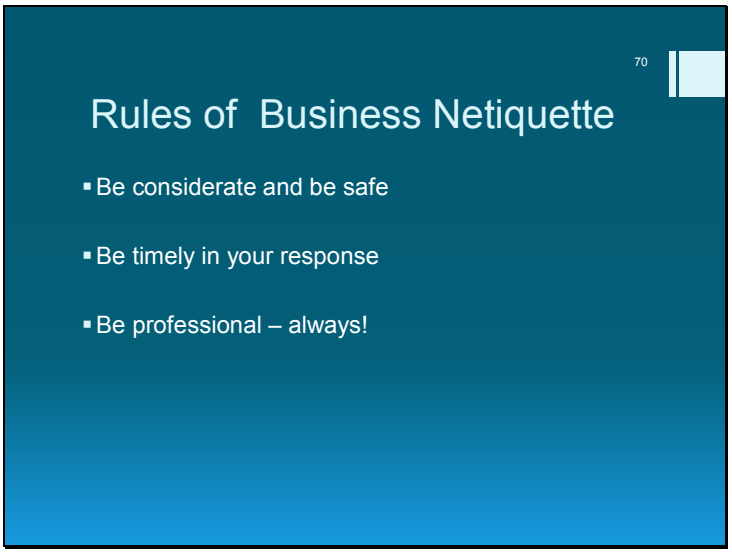
Call you later. My snotty nosed egotistical rotten teenager is sleeping. Time to go. Jenny (NetLingo, 1995-2016).

Slide 69



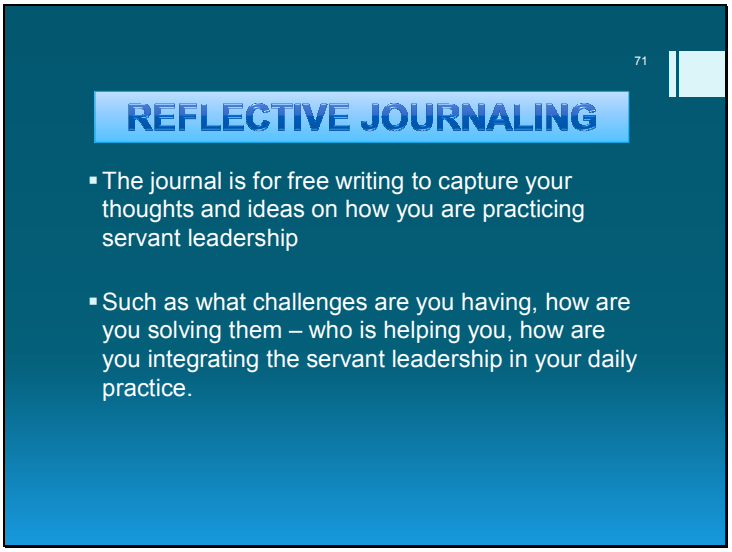
Encourage note taking for future reference. Ask for examples of inappropriate e-mails - how did it make them feel - how did they respond?
Communicate clearly – it is difficult to express yourself so as not to create misunderstandings – you do not have that immediate feedback that you have with face-to-face interactions in which to rectify or clarify - read your message aloud for clarity and appropriateness. Avoid using me or I – the message is about the reader not the writer. Use a font that is easy to read – this is not the place for creative script writing.
Be clear – always make sure that the e-mail subject line identifies what your content is all about – do not just ignore the subject line – it gives the reader a snapshot of your intentions. If it is not clear – the reader may disregard and move onto the next e-mail.
Use appropriate language – if you are not in the right frame of mind then stay off the keyboard and come back when you are not so emotionally charged. Remember – they cannot see that you are upset – they only see emotionally charged words – directed at them!
Do not capitalize all your letters/words – it is SHOUTING or SCREAMING! In fact, I have ignored people's e-mails because of this – I see it as a personal attack!
Do not write long e-mails – people are more apt to reading short e-mails – so keep it short.
Do not use funny acronyms or abbreviations and refrain from those smiley faces – keep them for your kids!

Slide 70



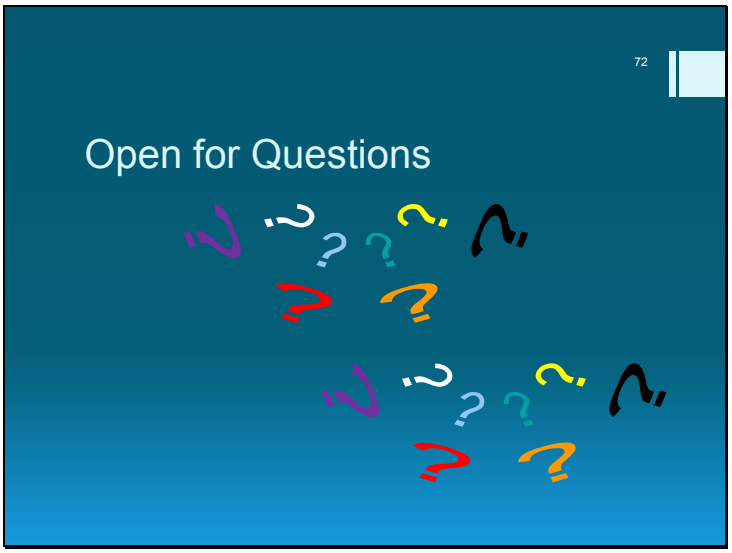
Encourage note taking for future reference. Ask participants if they have sent an email to the wrong person or received an e-mail meant for someone else. What was the outcome? Facilitator may provide examples such as politicians using non-secure networks for confidential communication.
Be considerate and that will impress people. How you write and what you say represents you so make sure you reread before sending and use the spell check. Be selective with the information that you want people to read – it is going public. E-mail does not guarantee confidentiality or anonymity and can be tracked back to you!
Only forward e-mails with the originator's permission. Do not get upset by what you read – forgive first and question later – report inappropriate content to authorities.
Observe copyright laws - if you want to use it – ask for permission first.
Again check your spelling but most importantly – recheck the person you are sending it to. This also applies to texting – I have received texts meant for others.
Be timely in your response to others this is being respectful and can be viewed as a positive impression.
Do not send or forward chain letter, SPAM and please don't respond to any attacks that offend or enflame you – report it!
(Frank, 2007; Reardon, 2014; Study guides and Strategies, n.d.)

Slide 71



Ask if anyone would like to share from his or her journal or any questions/ideas/thoughts.

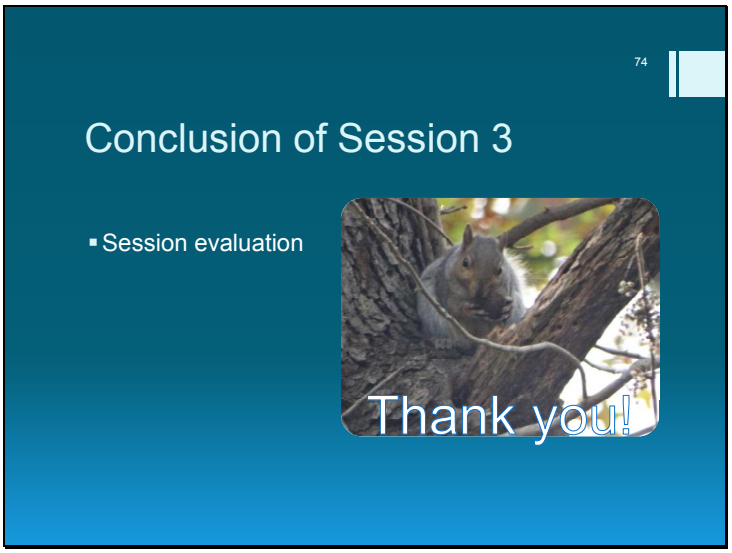
Slide 72



Slide 73


73
Self Appraisal
Please provide examples on how you will integrate servant leadership characteristics of healing and awareness into your personal style of leadership
Please provide three examples of professional netiquette and non-professional netiquette

Slide 74



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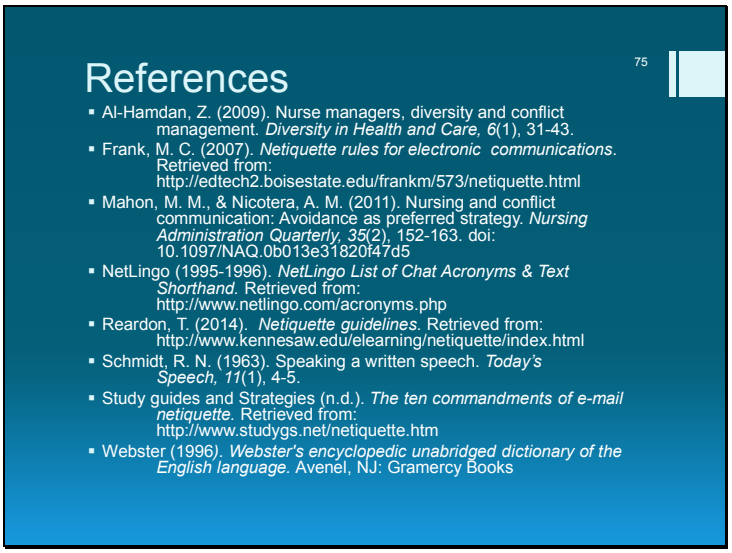

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Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
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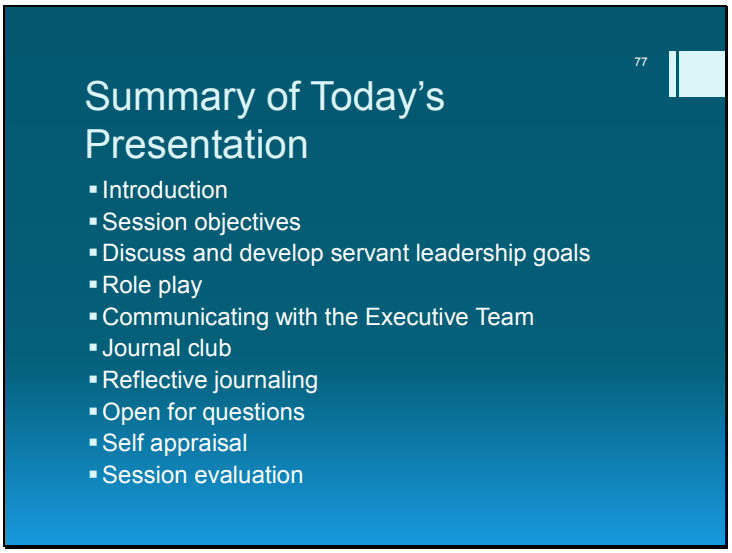
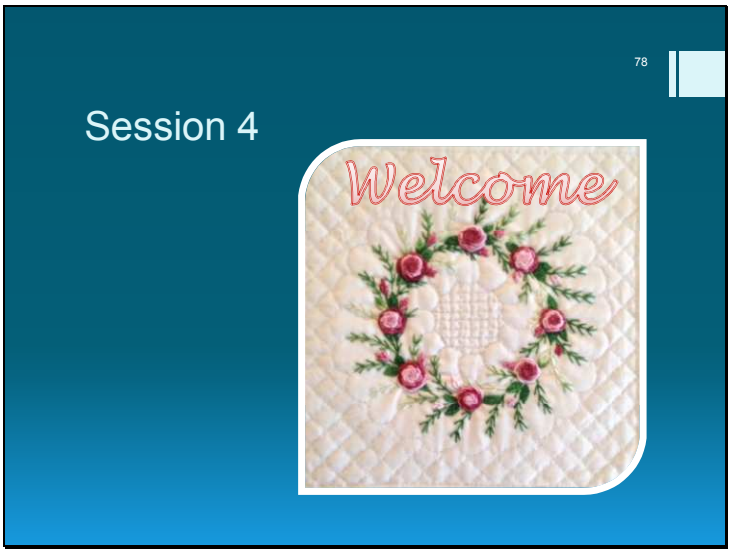


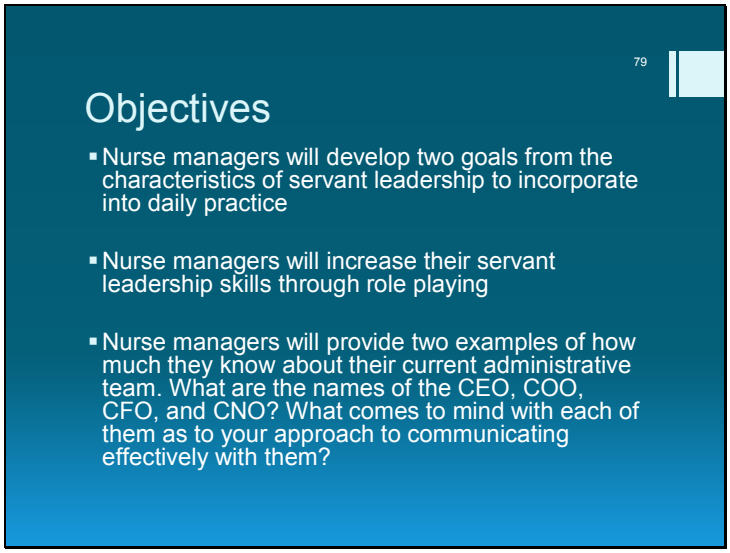
Summary and questions:	1400-1405
Introduction:	1405-1410
Objectives:	1410-1420
Discuss and develop goals:	1420-1435
Role-play:	1435-1505
Communicating with the executive team:	1505-1520
Journal Club:	1520-1555
Reflective journaling:	1555-1605
Open for questions:	1605-1610
Self-appraisal:	1610-1620
Session evaluation:	1620-1630

Slide 78



Introductions – You are exiled to a tropical island - what do you take with you and why (Knox, n.d.).

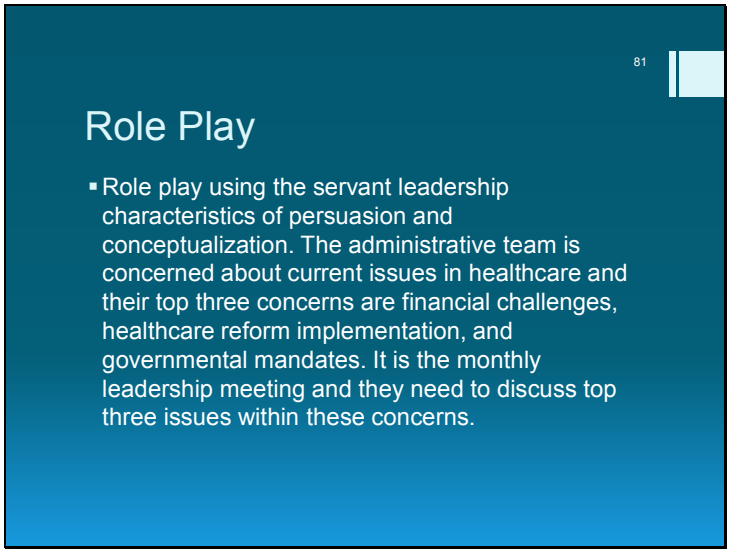
Slide 79


79
Objectives
Nurse managers will develop two goals from the characteristics of servant leadership to incorporate into daily practice
Nurse managers will increase their servant leadership skills through role playing
Nurse managers will provide two examples of how much they know about their current administrative team. What are the names of the CEO, COO, CFO, and CNO? What comes to mind with each of them as to your approach to communicating effectively with them?

Slide 80

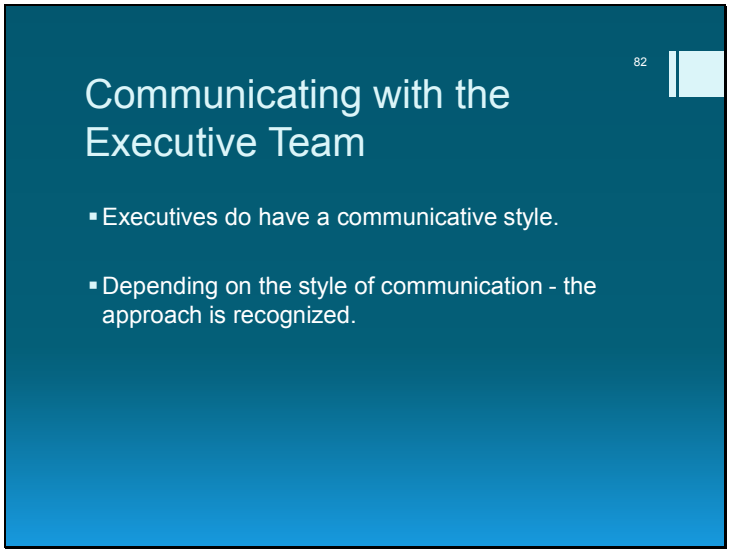
Explain that every month new goals will be developed from the list of SL characteristics – the objective is to continue practicing SL with their past goals and with the new goals – it is an accumulative process – not once practice and then forgotten – it is a work in process that will eventually become part of their practice of leadership skills.
Discuss the two from last month: Healing and awareness – ask for examples as to how they assimilated the characteristics – what are the outcomes – if challenges how to rise above them and continue practicing the art of SL.

Slide 81



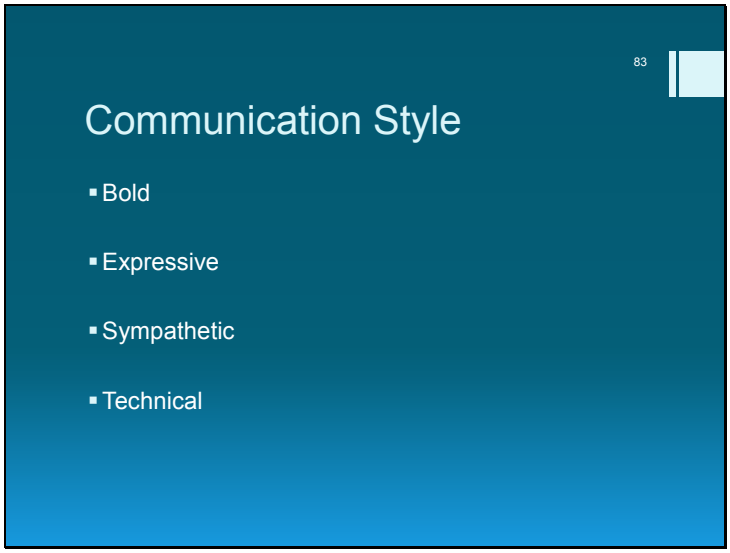
Just FYI – For 2014, the number 4 concern was staffing.
In one group – as if in a meeting - using the two characteristic of persuasion and conceptualizations, individuals role play a scenario with three individuals in the group– each taking on one CEO concern and addressing the situation with the rest of the group. Looking for how individuals interact with each other and how they are using SL in their practice. Are they listening, being empathetic, building relationships through healing, and aware of what is happening on the inside as well as on the outside – how are they reacting to the interactions within the group while incorporating persuasion and conceptualization?
Remind them about the listening and empathy, healing and awareness if this is not being observed. This is a free and open discussion with no map – just their way of communicating and finding a vision that will address three issues. This is an exercise of understanding the executive's team involvement with multiple agencies and current issues within healthcare.
Concerns for financial challenges: Medicaid reimbursement, bad debt, decreasing patient volume, competition with community competitors, governmental funding cuts, increasing cost for staff, supplies etc., emergency department overuse.
Concerns for healthcare reform implementation: Reduce operating costs, shift to value based purchasing, align with physicians more closely, regulatory/legislative uncertainty affecting strategic planning, study unavoidable readmissions to avoid penalties, study avoidable infections to avoid penalties.
Concerns for governmental mandates: CMS audits, implementation of ICD-10, CMS and state regulations, increased governmental scrutiny.
Freund (2014).

Slide 82



The administrative team does have a different approach to communicating and understanding that approach will provide a better understanding as to how the administrative is communicating with you. BEST instruments (O'Connor, n.d.) provided an outline on the Bold – Expressive – Sympathetic – Technical communication style that offers the differences as to how to address individuals within the administrative team. Encourage note taking for future reference.
Ask participants how they have communicated with the executive team - were or are there challenges - how did they navigate the differences in communication - are there differences.

Slide 83

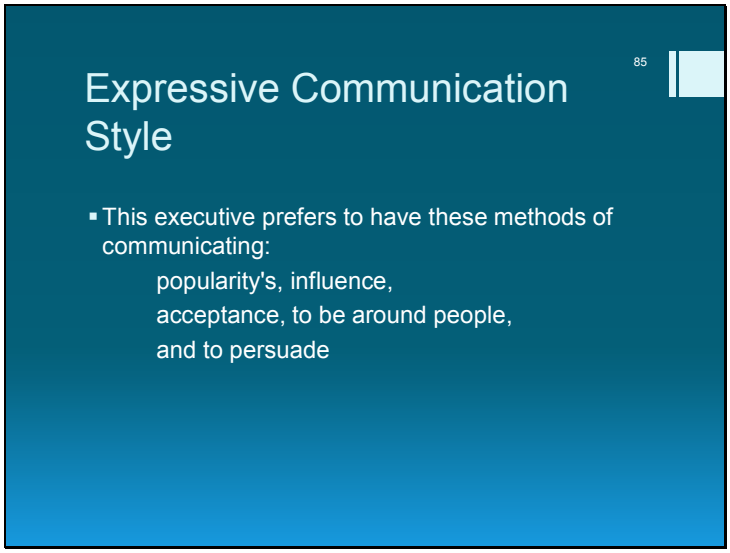


There are four communication styles and each one has it wants and needs. O'Connor (n.d.).
Encourage note taking for future reference - what do they think each style indicates?

Slide 84

O'Connor (n.d.).
Discuss with the participants if they have encountered a member of the administrative team who preferred the BOLD style of communication - how did you communicate - was or was it not effective.

Slide 85



O'Connor (n.d.).
Discuss with the participants if they have encountered a member of the administrative team who preferred the Expressive style of communication - how did you communicate - was or was it not effective.

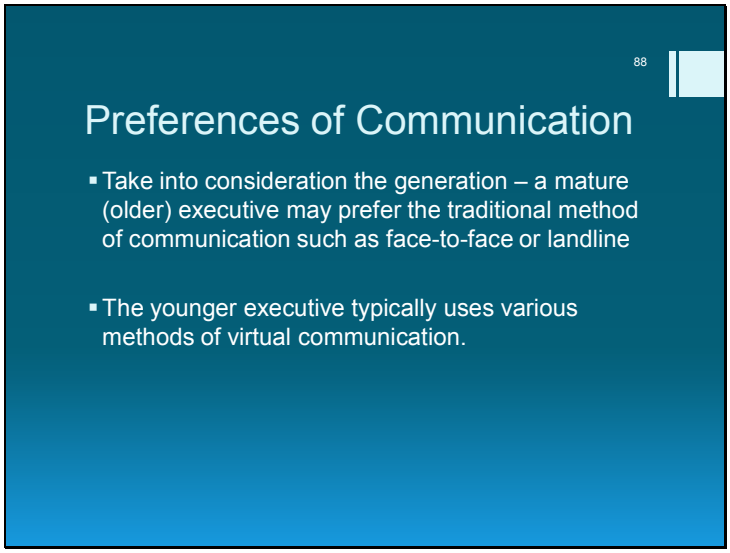
Slide 86

O'Connor (n.d.).
Discuss with the participants if they have encountered a member of the administrative team who preferred the Sympathetic style of communication - how did you communicate - was or was it not effective.

Slide 87

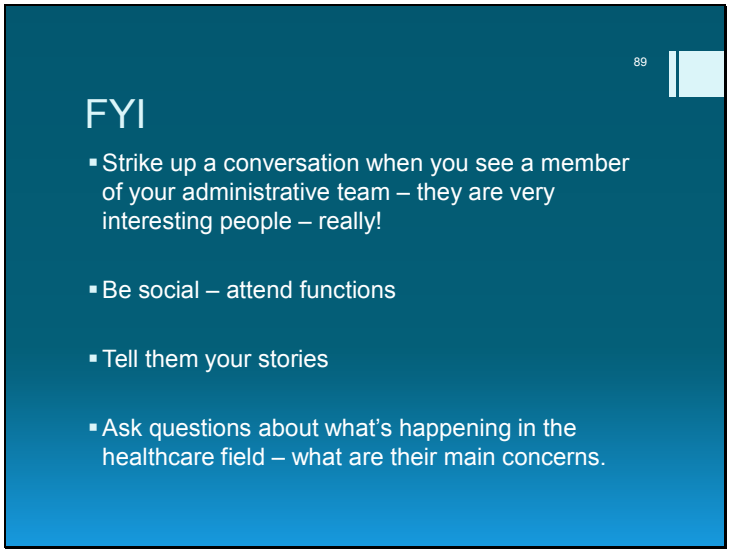
O'Connor (n.d.).
Discuss with the participants if they have encountered a member of the administrative team who preferred the Technical style of communication - how did you communicate - was or was it not effective.

Slide 88



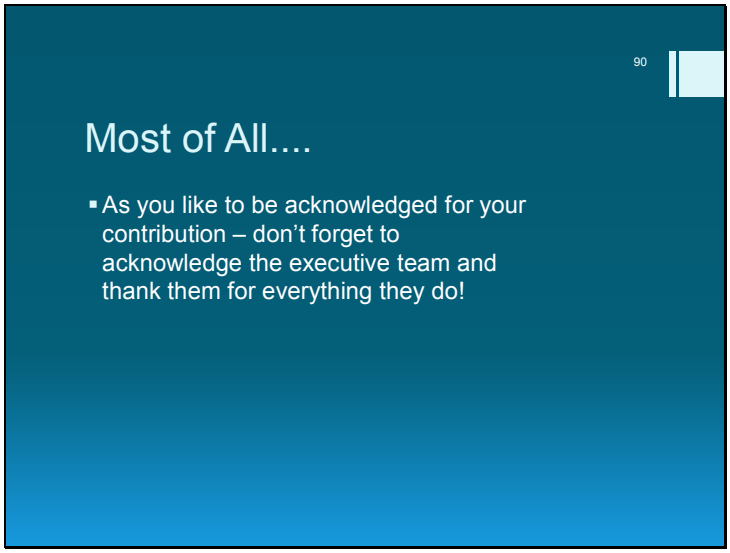
O'Connor (n.d.).
Discuss with the participants if they have experienced the generation differences in communication with the administrative team. What were the differences? Do the differences make your communication easier or harder?

Slide 89



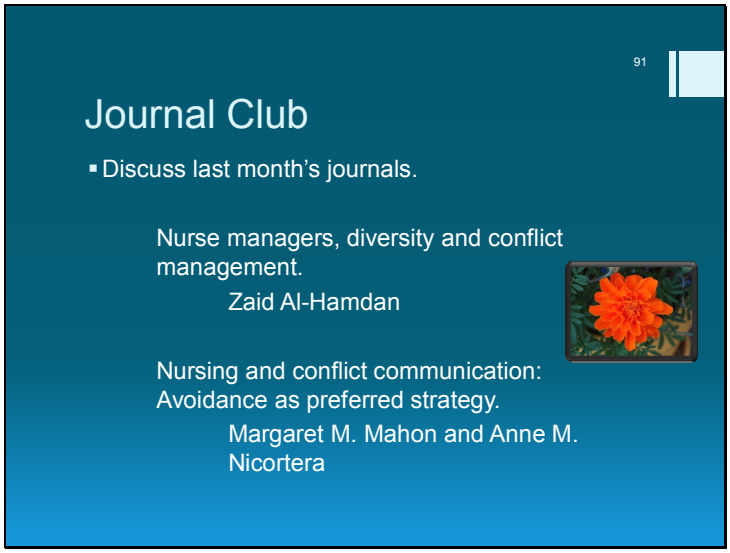
O'Connor (n.d) .).
Ask the participants for their input on casual conversation with the members of the administrative team - has anyone been in casual conversation - what was asked (unless confidential)? Would you feel comfortable starting a casual conversation? What would you say/ask? Ask the participants if they have attended any functions with the administrative team and did they feel comfortable in the environment.

Slide 90



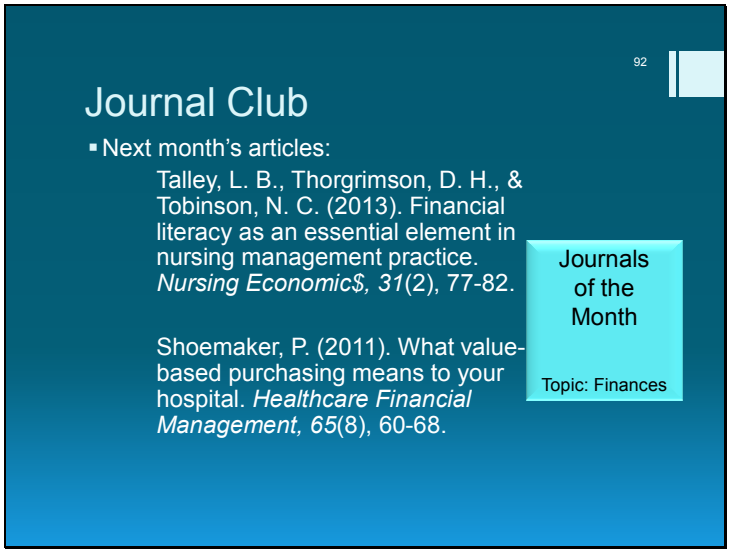
Ask the participants if they have complemented or acknowledged anyone within the administrative team for his or her contribution. What was his or her response? Should you complement/acknowledge them?

Slide 91



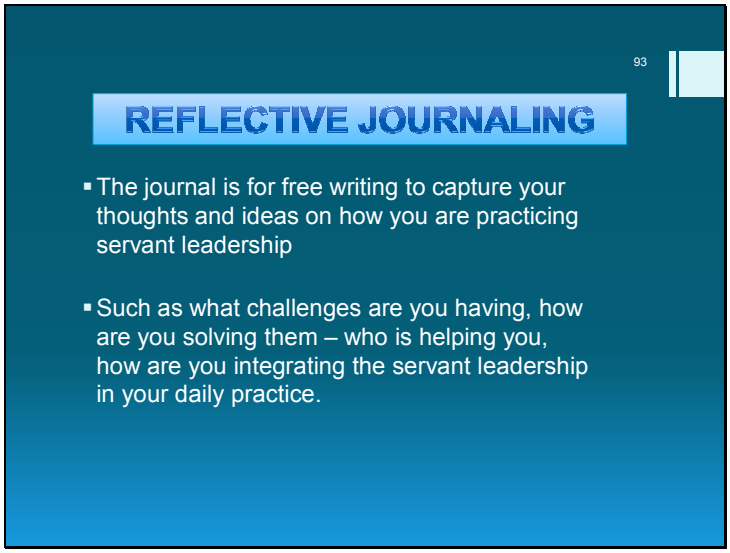
Al-Hamdan (2009).
Mahon & Nicotera (2011).
Along with the reading assignment – ask them to reflect on conflict situations that they encountered before being a manager and how they deal with the conflict now – what did they record in their journals for discussion. May think about conflict with administrative team members – has this happened – how did they navigate the challenges.

Slide 92



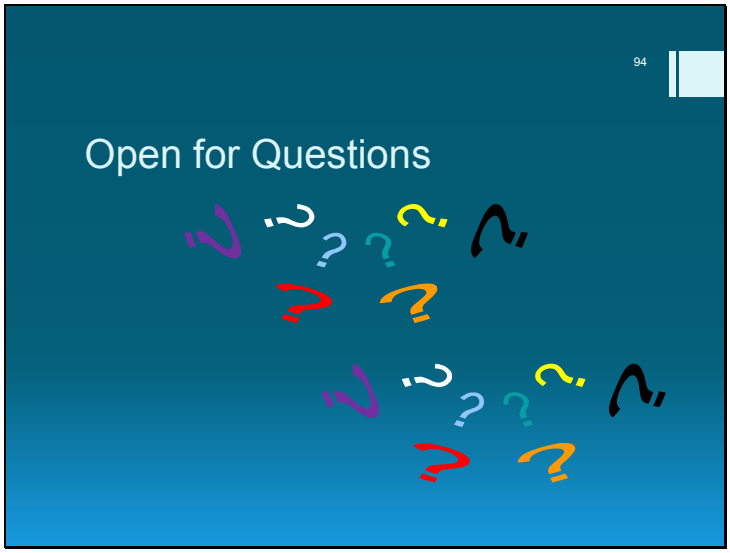
Something else to consider to hand out: Van Dyke, M. (2008). CNOs and CFOs team up to teach nurses business skills. Nurse Leader, 6(6), 17-25.
Financial literacy article provides insight to how a hospital made changes to help improve its bottom line – nursing staff has to be part of the understanding of financial management so that they really understand what it means to be wise and cognizant of the supplies they use and how they use their non-productive time – such as staying on the clock.
The value based purchasing may be a new concept to some individuals but it good to have a basic understanding what it means – especially with the new ICD 10 code.
Provide the participants with next month's articles. Ask the participants if anyone has had any experience in finances and if so, ask them to share their thoughts on how finances influences their decisions on staffing, buying equipment, and supplies. Facilitator may discuss and ask if nurses should have education on healthcare finances?

Slide 93



Ask if anyone would like to share from his or her journal or any questions/ideas/thoughts.

Slide 94



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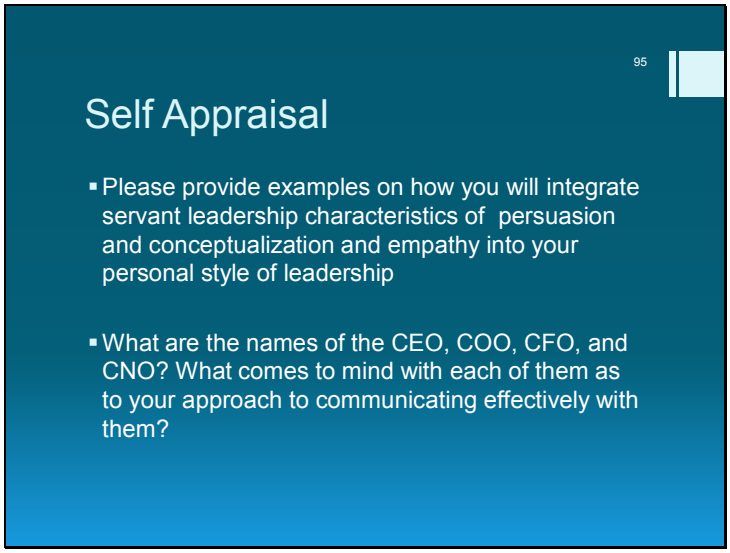
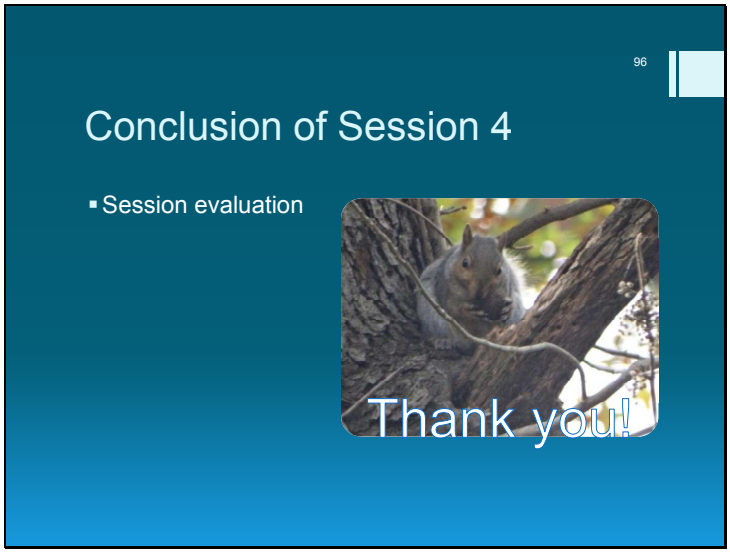

95
Self Appraisal
Please provide examples on how you will integrate servant leadership characteristics of persuasion and conceptualization and empathy into your personal style of leadership
What are the names of the CEO, COO, CFO, and CNO? What comes to mind with each of them as to your approach to communicating effectively with them?

Slide 96



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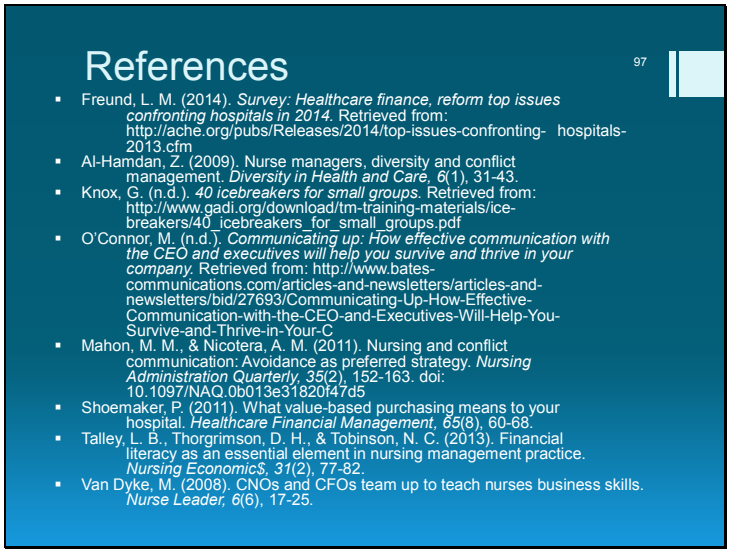

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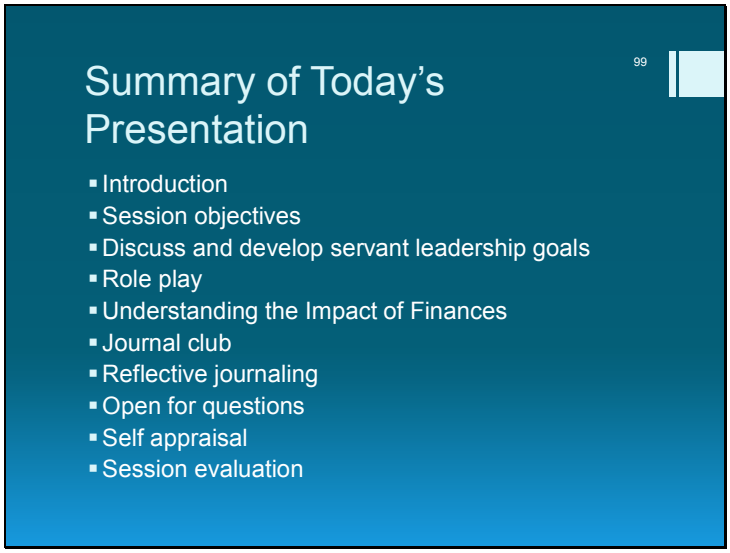
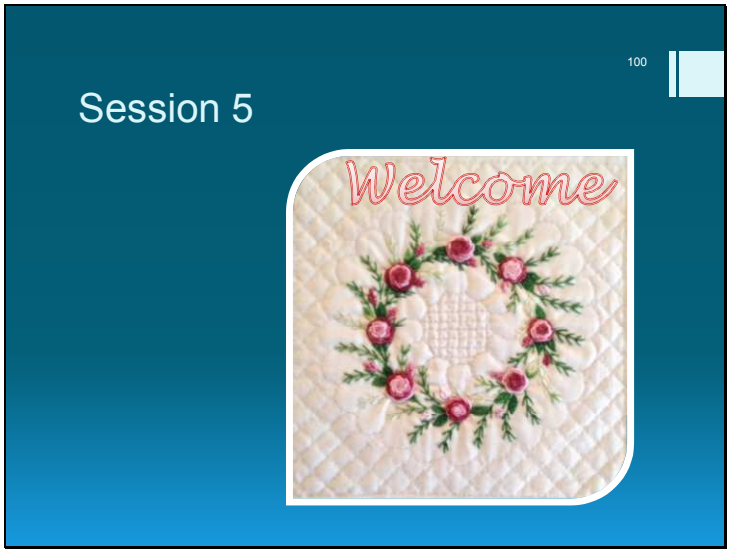
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

Slide 99



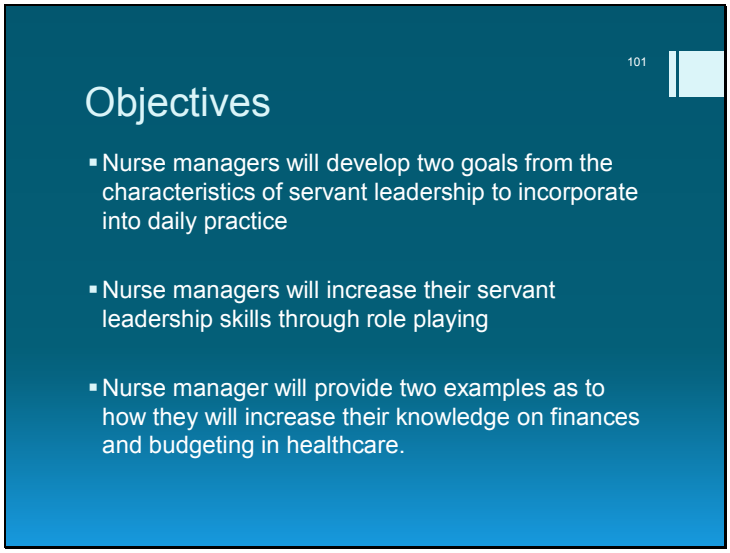
Summary and questions:	1400-1405
Introduction:	1405-1410
Objectives:	1410-1420
Discuss and develop goals:	1420-1435
Role-play:	1435-1505
Understanding the Impact of Finances:	1505-1520
Journal Club:	1520-1555
Reflective journaling:	1555-1605
Open for questions:	1605-1610
Self-appraisal:	1610-1620
Session evaluation:	1620-1630

Slide 100

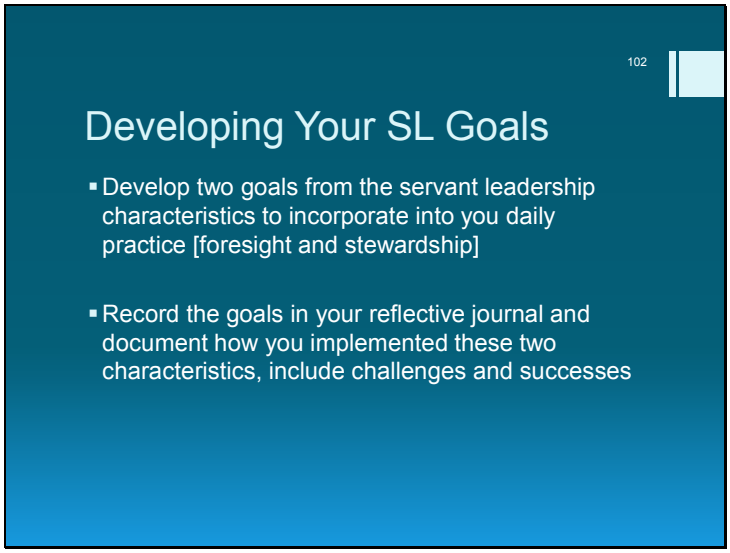


Introductions then each person to share a funny story – can be personal or professional.

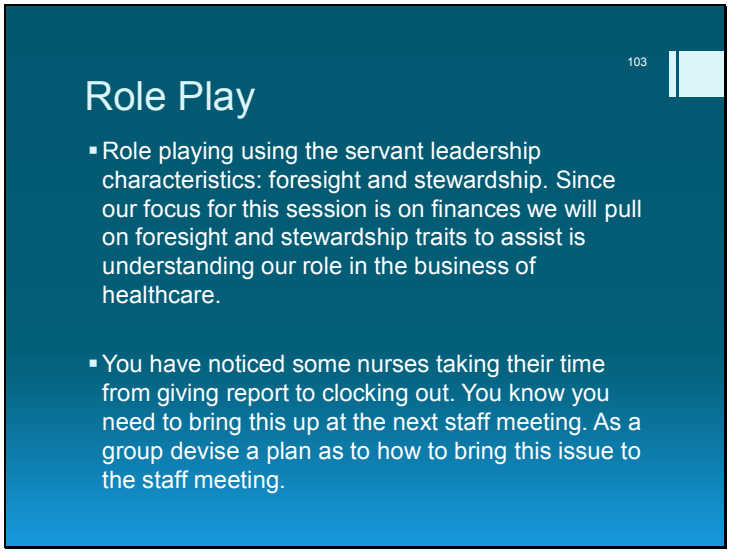
Slide 101


101
Objectives
Nurse managers will develop two goals from the characteristics of servant leadership to incorporate into daily practice
Nurse managers will increase their servant leadership skills through role playing
Nurse manager will provide two examples as to how they will increase their knowledge on finances and budgeting in healthcare.

Slide 102


102
Developing Your SL Goals
Develop two goals from the servant leadership characteristics to incorporate into you daily practice [foresight and stewardship]
Record the goals in your reflective journal and document how you implemented these two characteristics, include challenges and successes

Slide 103

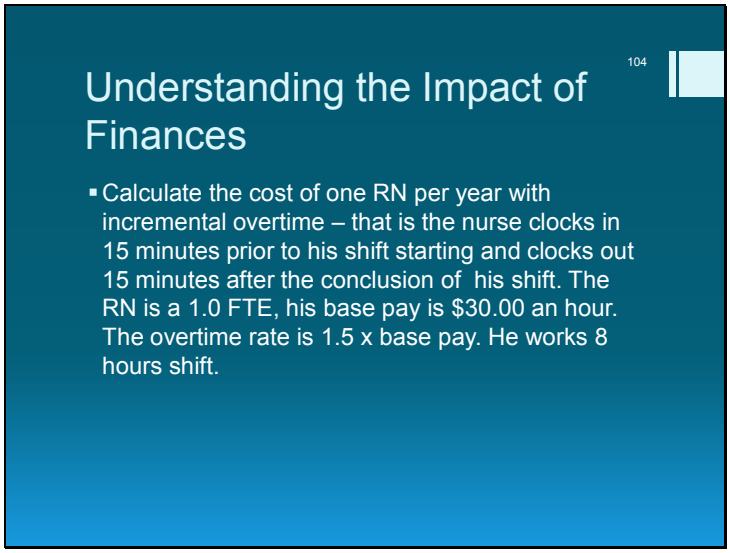


The group should be using the meanings of foresight and stewardship. These are great traits to educate nurses so that they understand that even though cut backs or layoffs have not happened – [especially with the changes in healthcare with reimbursement guidelines] draining the hospital of it's much needs finances in such a 'dripping faucet' fashion may lead to such results – it has an accumulative effect. Nurses need to cognizant of their actions – burying their head in the sand is not an option anymore – they need to be as budget conscious at work as they are at home.

Take note of the activity within the group – are they pulling on the characteristics of listening, empathy, persuasion, and conceptualization as they discuss the best approach to address the given issue?

Again – this is freethinking activity – no map.

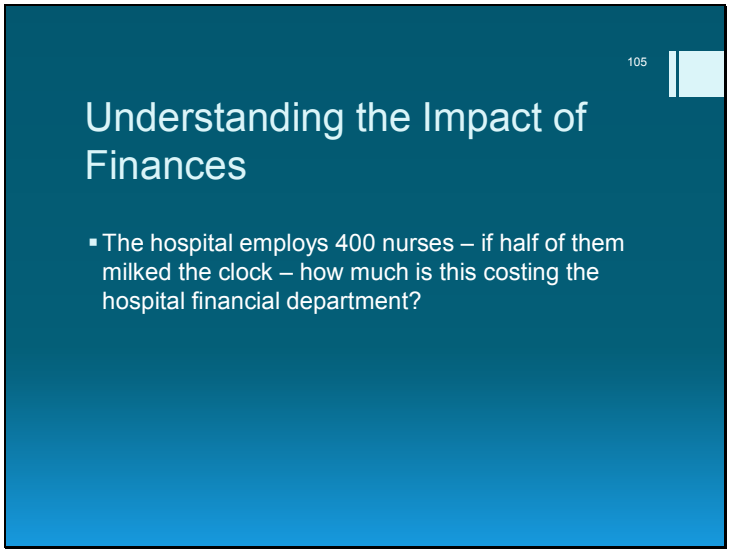
Slide 104



This is very complex subject – there are degrees and post certificating in finances and budgeting – so it is impossible to provide in-depth training on this subject. However, to extend the role playing we will now put the figures to those nurses who stay behind on the clock – known as "milking the clock" which is also called incremental overtime which is really unapproved overtime (Golden, 2008, p. 46).

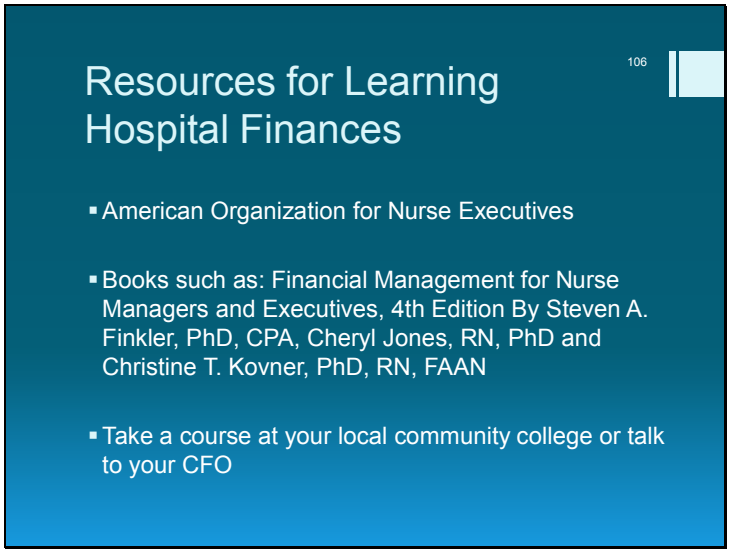
Five shift per week x 52 weeks = 5x52=260 shifts
30 minutes per shift overtime which is ½ of the hourly overtime rate = $22.50.
260 shifts x $22.50 = $5, 850.

Slide 105



200 nurses milked the clocked: $5, 850 x 200 = $1,170,000.00 per year

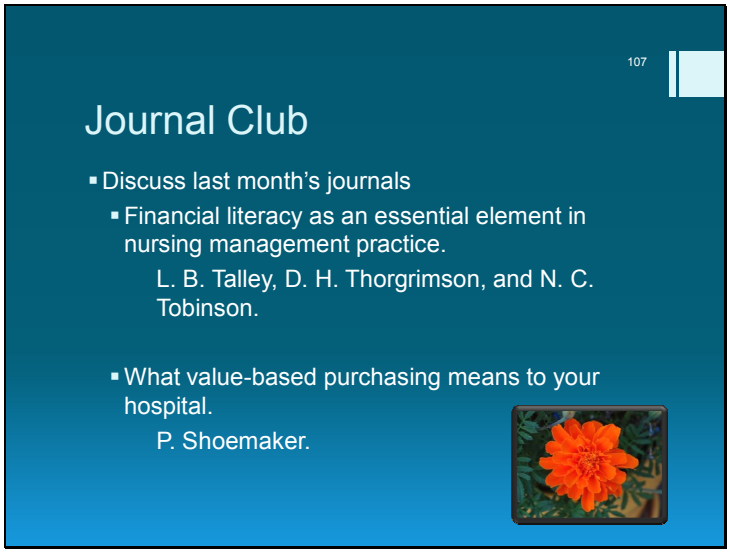
Slide 106



AONE has an inventory tool to assess competency in finances – they also have a course. Check out Golden's article: Golden, T. W. (2008). Connecting the dots: Responding to the challenges of budget and finance education for nurse leaders. Nurse Leader, 6(3), 42-47. doi: 10.1016/j.mnl.2008.04.003
It provides the objectives of the course.

Ask if anyone has taken any courses in finances. Would they consider taking courses in finances? Ask the participants if they would be comfortable asking the CFO for assistance in learning about hospital finance.

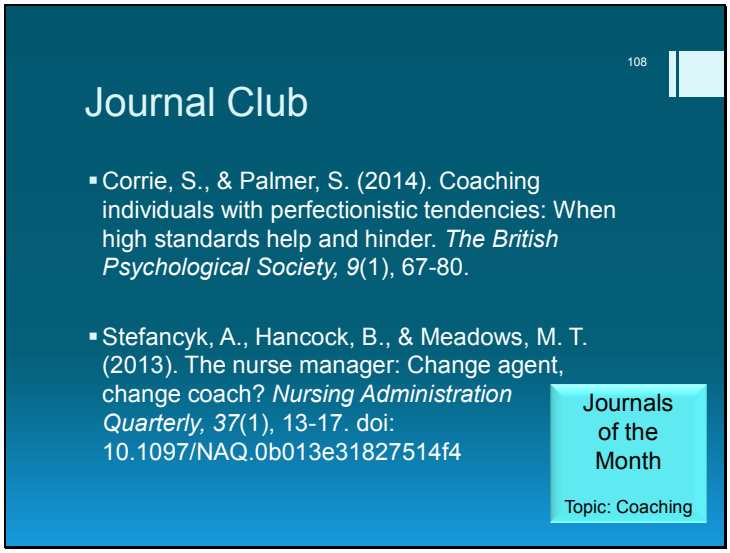
Slide 107



Record goals in your reflective journal and document how you implemented persuasion and conceptualization characteristics, include challenges and successes.

Shoemaker (2011).
Talley, Thorgrimson, & Tobinson (2013).

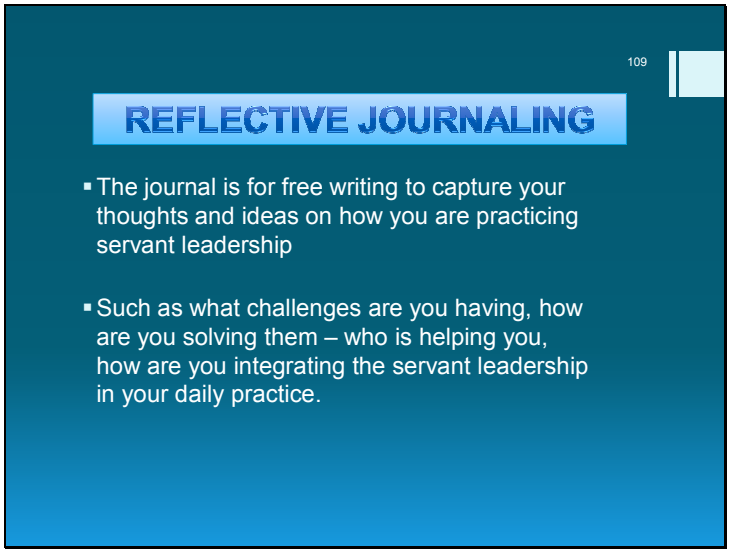
Slide 108



Last month's role-play was to come up with a plan to assist nurses in understanding what it means to milk the clock. Now we need to take it a step further – how do we coach and mentor nurses to become committed to the organization but also to understand that we are a community – for many of us we are here eight or more hours every day, five days a week. This has become our second home.

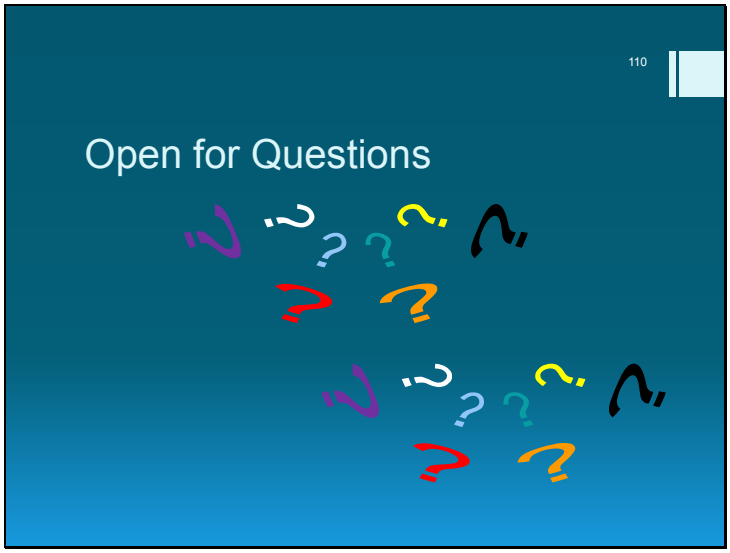
Corrie & Palmer (2014).
Stefancyk (2013).

Slide 109



Ask if anyone would like to share from his or her journal or any questions/ideas/thoughts

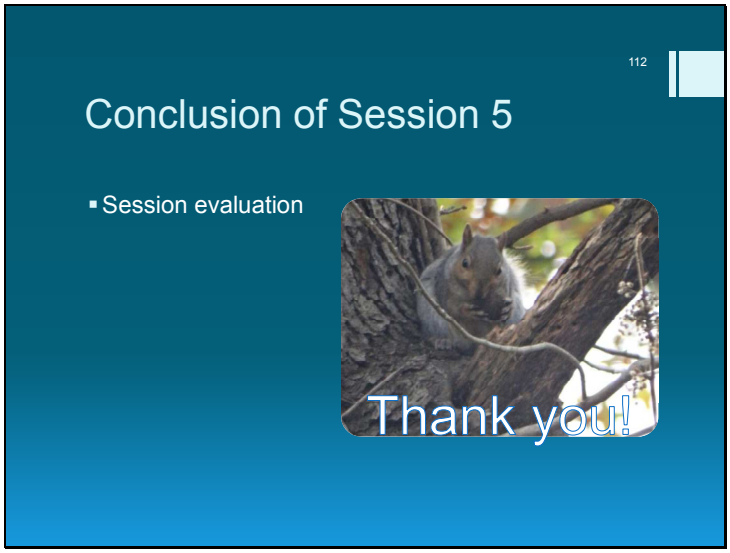
Slide 110



Slide 111


111
Self Appraisal
Please provide examples on how you will integrate servant leadership characteristics of persuasion and conceptualization and empathy into your personal style of leadership.
Please provide 2 examples of available resources to assist in learning about hospital finances and budgets.

Slide 112



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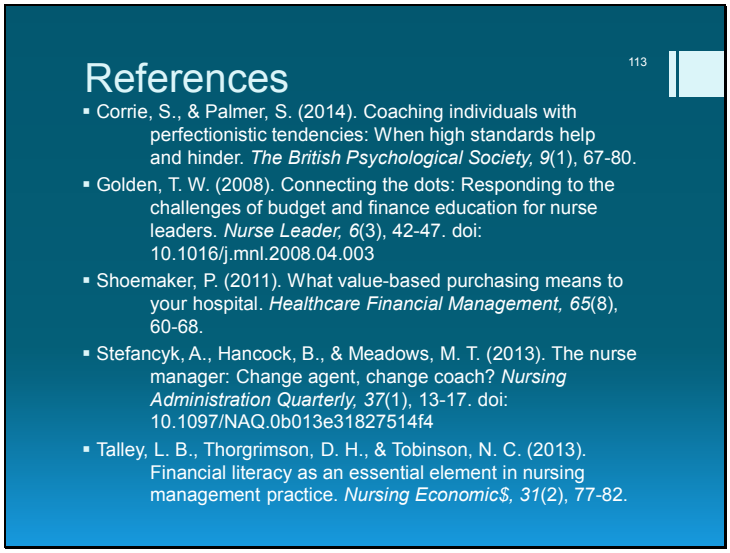

References:

Corrie, S., & Palmer, S. (2014). Coaching individuals with perfectionistic tendencies: When high standards help and hinder. *The British Psychological Society, 9*(1), 67-80.

Golden, T. W. (2008). Connecting the dots: Responding to the challenges of budget and finance education for nurse leaders. *Nurse Leader, 6*(3), 42-47. doi: 10.1016/j.mnl.2008.04.003

Shoemaker, P. (2011). What value-based purchasing means to your hospital. *Healthcare Financial Management, 65*(8), 60-68.

Stefancyk, A., Hancock, B., & Meadows, M. T. (2013). The nurse manager: Change agent, change coach? *Nursing Administration Quarterly, 37*(1), 13-17. doi: 10.1097/NAQ.0b013e31827514f4

Talley, L. B., Thorgrimson, D. H., & Tobinson, N. C. (2013). Financial literacy as an essential element in nursing management practice. *Nursing Economic$, 31*(2), 77-82.

Slide 114

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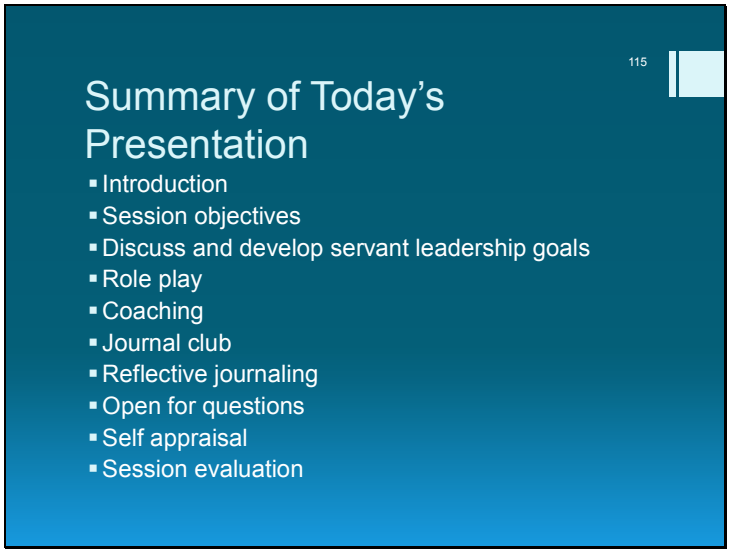
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

Slide 115



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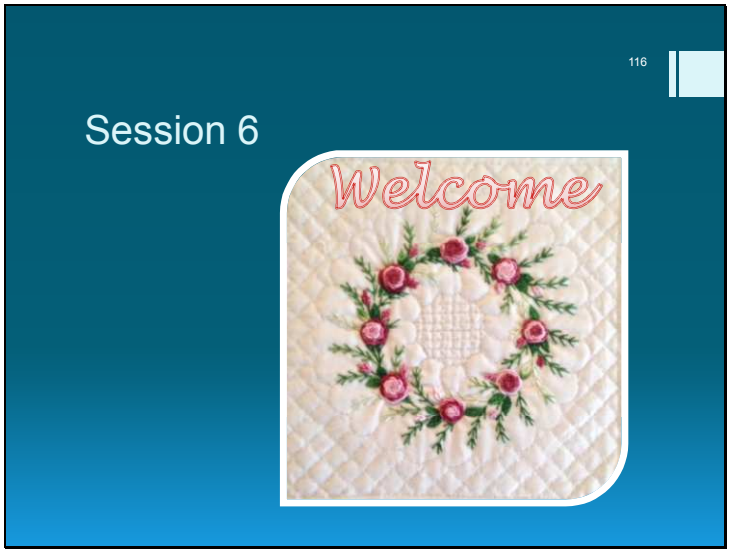
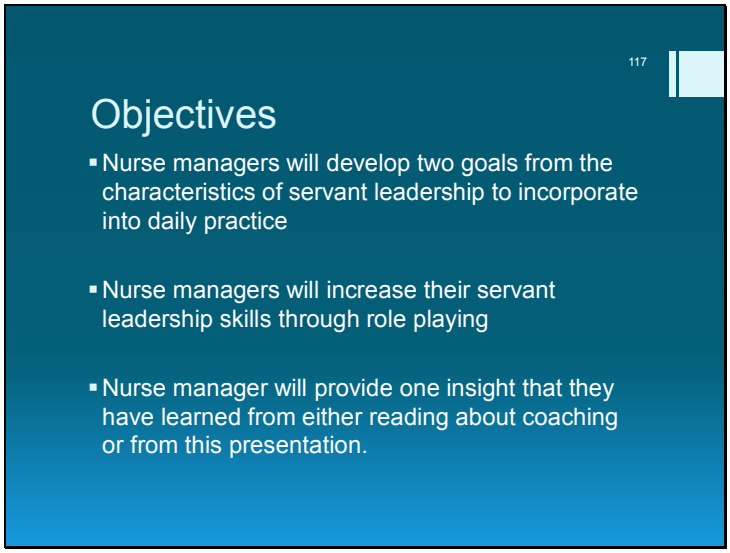
Slide 116



Introductions then each person to share a dream or something he or she has always wanted to – what is on his or her bucket list!

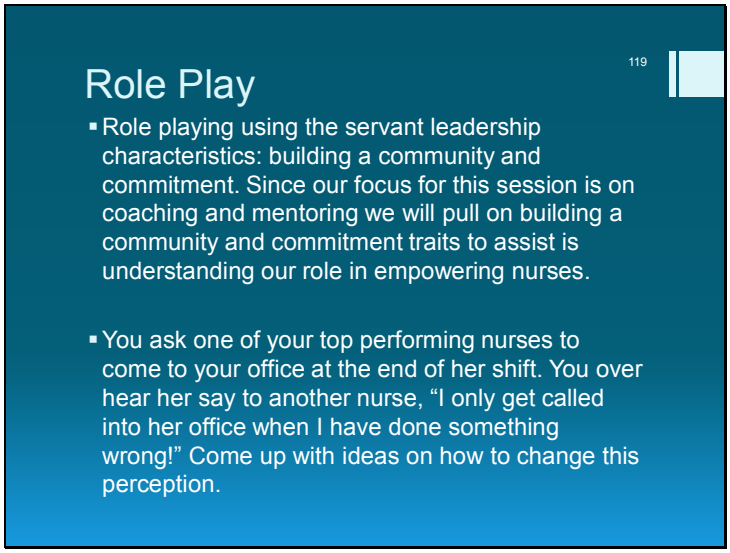
Slide 117


117
Objectives
Nurse managers will develop two goals from the characteristics of servant leadership to incorporate into daily practice
Nurse managers will increase their servant leadership skills through role playing
Nurse manager will provide one insight that they have learned from either reading about coaching or from this presentation.

Slide 118

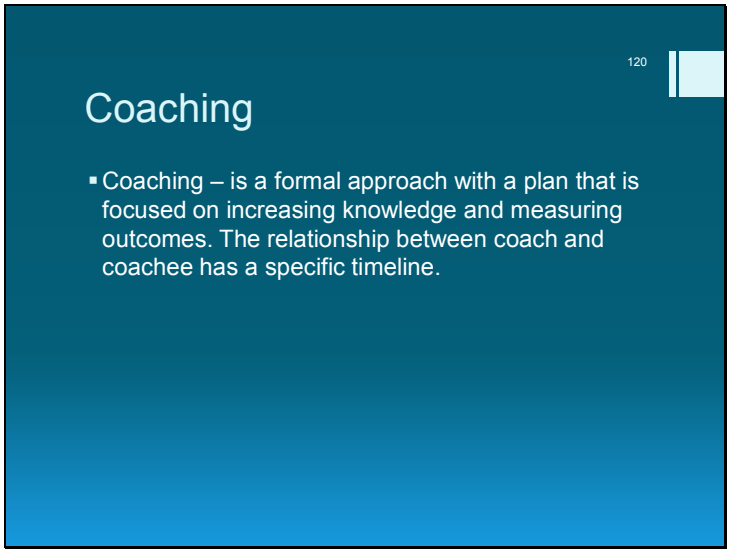

118
Developing Your SL Goals
Develop two goals from the servant leadership characteristics to incorporate into you daily practice [building a community and commitment]
Record the goals in your reflective journal and document how you implemented these two characteristics, include challenges and successes

Slide 119



In groups of four – come up with two outcomes that may change this nurse’s perception as well as other nursing staff.

Slide 120



Even though the definition of coaching is formal and mentoring is informal – coaching is also used informally and mentoring formally, whichever is used, in whatever format, both coaching and mentoring have their common denominator – it is about the coachee or the mentee. We will be looking at mentoring next month.

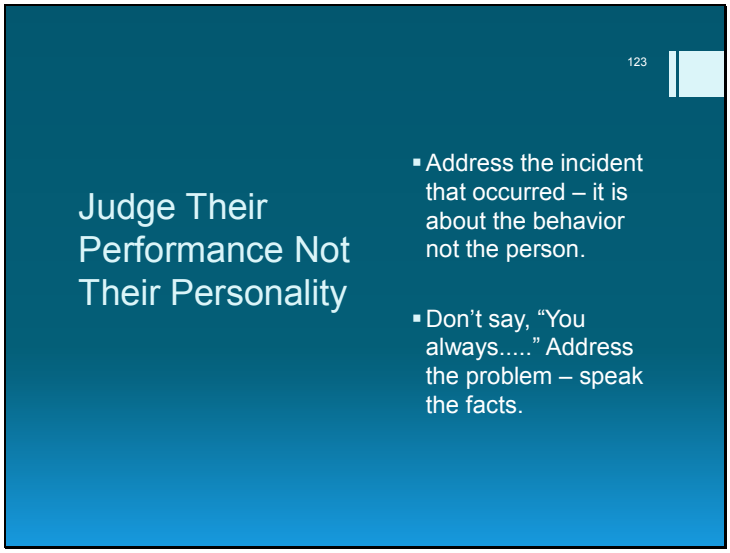
Slide 121

(Goggin, 2000, p. 161-162).
Encourage note taking for future reference. Ask the participants if they have coached anyone or if anyone has coached them - what were their experiences and outcomes?

Slide 122

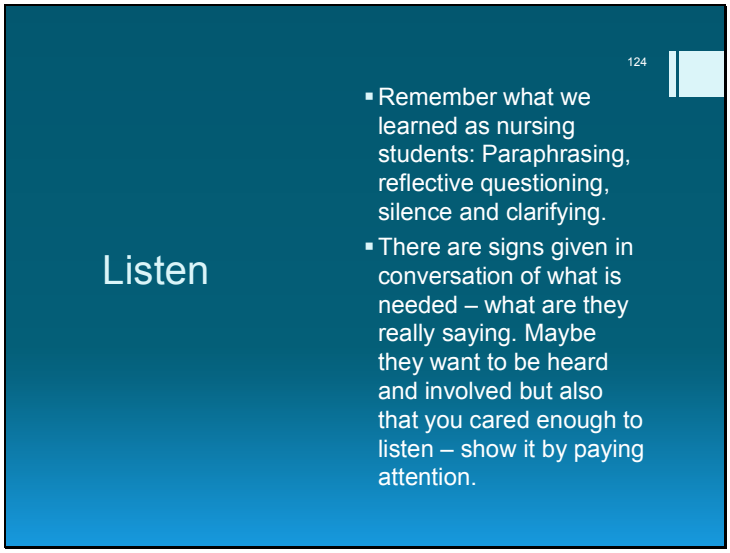
(Goggin, 2000, p. 161-162).
Ask for examples of how they have used the sandwich technique. Ask for other examples? Outcomes?

Slide 123



(Goggin, 2000, p. 161-162).
Ask for examples of how the participants addressed individuals' performance. Did the individual's behavior influence them in anyway - how?

Slide 124

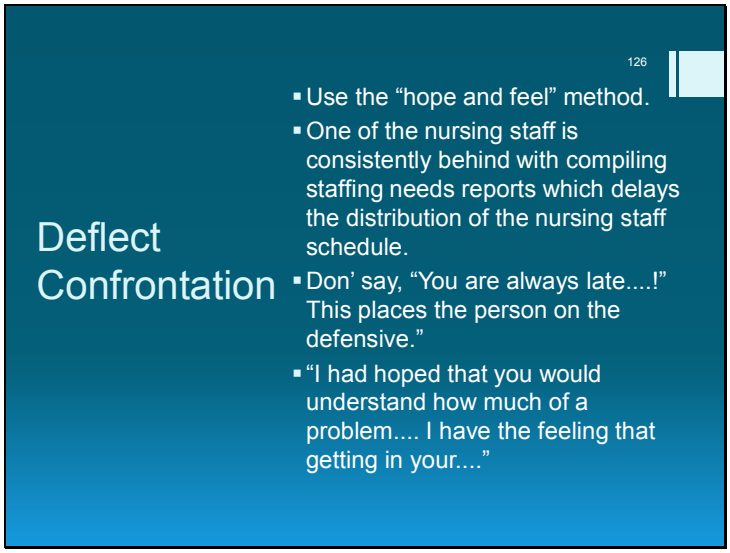


(Goggin, 2000, p. 161-162).
Just like in servant leadership - listening is crucial to effective communication - ask for examples on how not paying attention inhibits ineffective communication

Slide 125

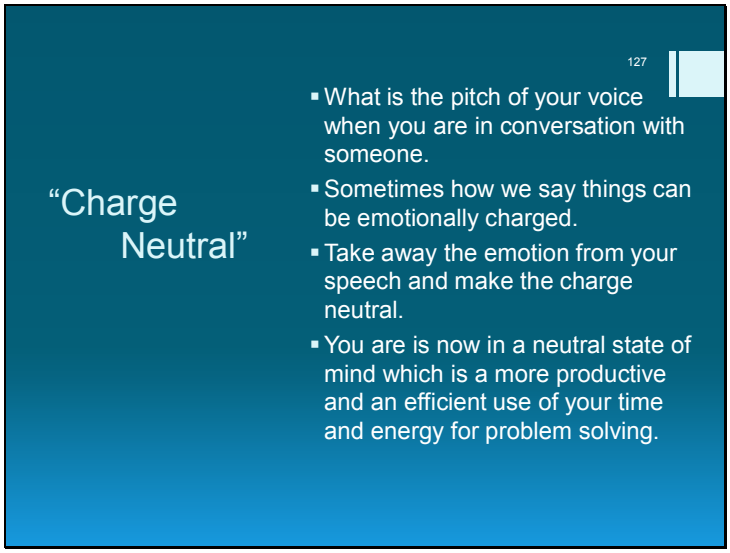
(Goggin, 2000, p. 161-162).
Servant leadership empowers others - what have you done lately to empower others - a comment of encouragement, asking for assistance, praising for a job well done.

Slide 126



(Goggin, 2000, p. 161-162).
Frustrated and worn out nursing staff will feel that everything negative is coming their way and it will be easy for them to be defensive.
Ask the participants if they have encountered conflict and ask for examples on how they deflected confrontation - what worked - what did not?

Slide 127

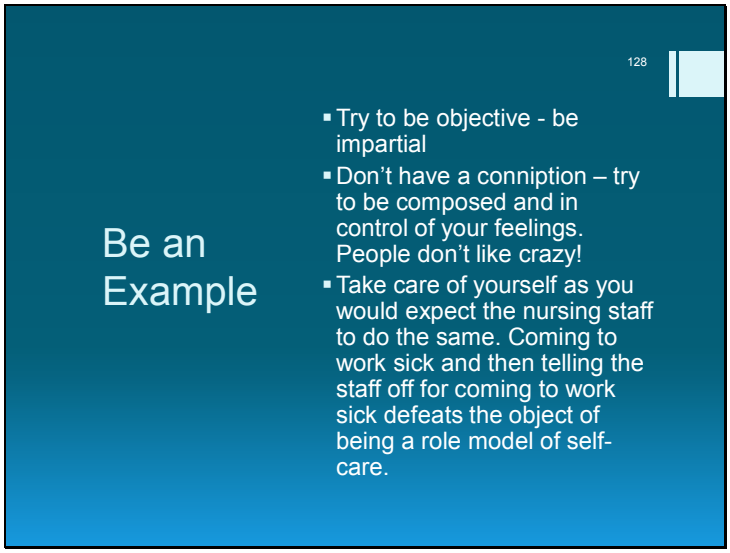


"Charge neutral" was created by Thomas Leonard (as cited in Goggin, 2000, p. 161). (Goggin, 2000, p. 161-162).

When we have to discuss something with someone and the interaction, as well as the topic, may produce an emotional response – the way we say something is as important as what we say.

Ask the participants to practice with the person to their left using the charge neutral approach then without - ask for how the difference between the two approaches made them feel.

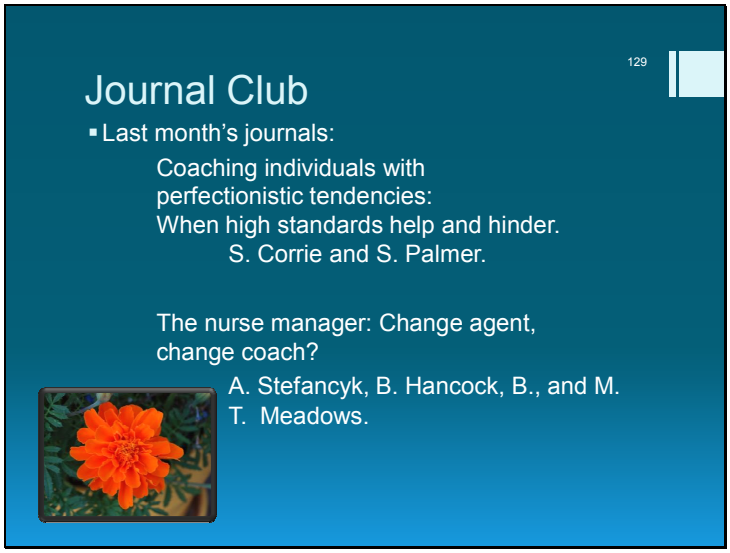
Slide 128



Coaching can happen in just a few minutes – don't try to be the problem solver no matter how gifted you are – if someone is having a challenging time with a departmental head or situation – ask open ended questions that would encourage critical thinking. Do not forget coaching is about the coachee and for them to build their skills and knowledge – "give a leader advice for a situation and he will lead for a day; teach a leader the skills of coaching and he will be a more effective leader for a life time" (Patton & Menendez, 2013, p. 39).

Ask the participants for examples on being an example - do they have or had anyone in their professional career who was or is a role model. How did these individuals influence them?

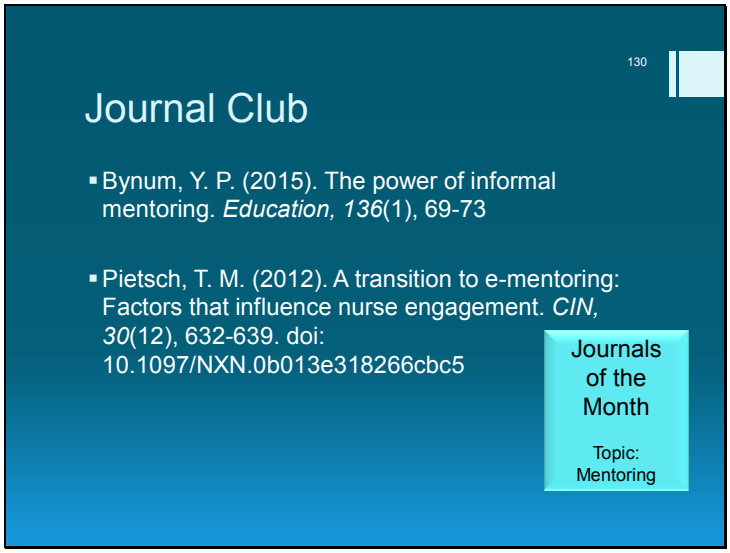
Slide 129



Corrie & Palmer (2014).
Stefancyk, Hancock, & Meadows (2013).

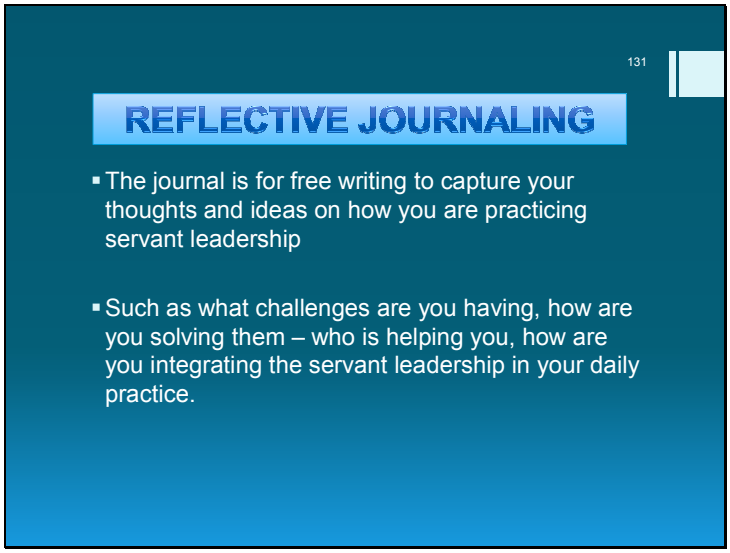
What did they think of the journals – especially about the perfectionistic tendencies, that many nurses have which can be problematic for others as well as for the bottom line?

Slide 130



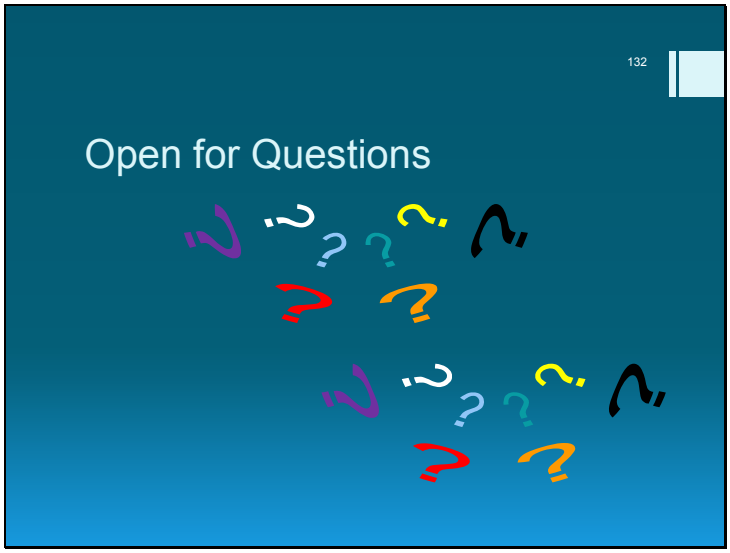
Also, let them know that they have an additional assignment – next month they will be putting all the servant leadership characteristics into a skit or something creative. They may need to get together for this one to plan it out.
Bynum (2015).
Pietsch (2012).

Slide 131



Anything they would like to share.

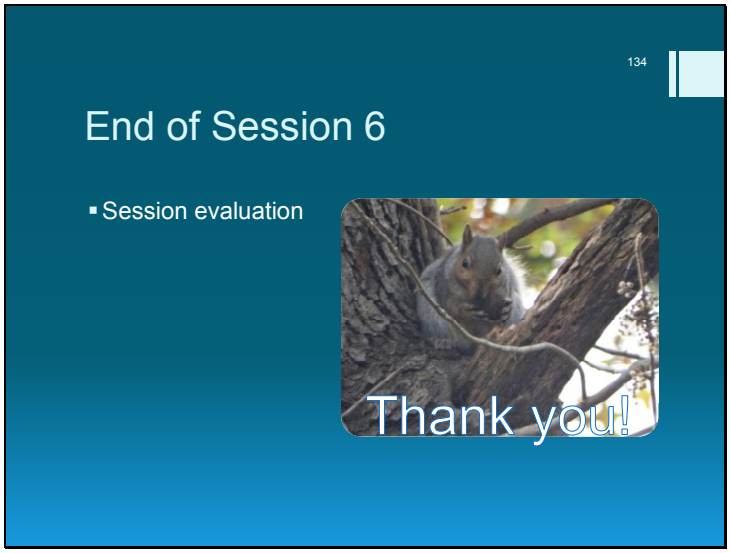
Slide 132



Slide 133

Note – if they have never had a coach or know about coaching other than the articles provided – it will be interesting to read what they think coaching is and if it is something that they would want themselves to help them in their career.

Slide 134



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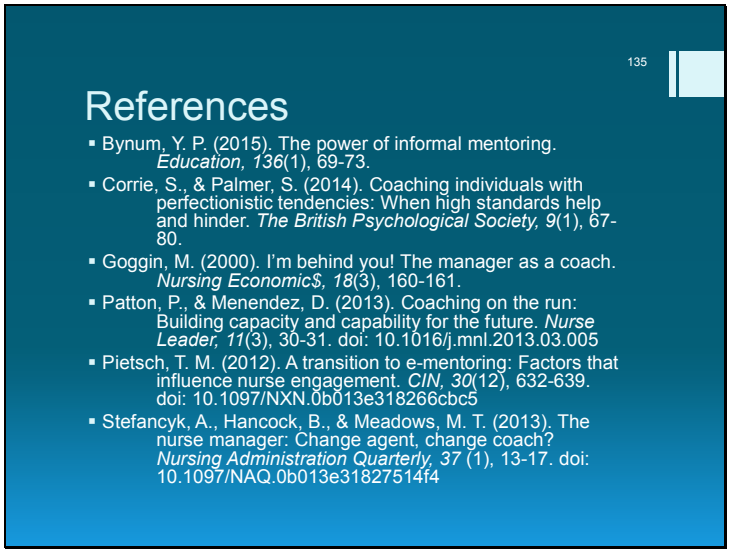

References:

Bynum, Y. P. (2015). The power of informal mentoring. *Education, 136*(1), 69-73.

Corrie, S., & Palmer, S. (2014). Coaching individuals with perfectionistic tendencies: When high standards help and hinder. *The British Psychological Society, 9*(1), 67-80.

Goggin, M. (2000). I'm behind you! The manager as a coach. *Nursing Economic$, 18*(3), 160-161.

Patton, P., & Menendez, D. (2013). Coaching on the run: Building capacity and capability for the future. *Nurse Leader, 11*(3), 30-31. doi: 10.1016/j.mnl.2013.03.005

Pietsch, T. M. (2012). A transition to e-mentoring: Factors that influence nurse engagement. *CIN, 30*(12), 632-639. doi: 10.1097/NXN.0b013e318266cbc5

Stefancyk, A., Hancock, B., & Meadows, M. T. (2013). The nurse manager: Change agent, change coach? *Nursing Administration Quarterly, 37* (1), 13-17. doi: 10.1097/NAQ.0b013e31827514f4

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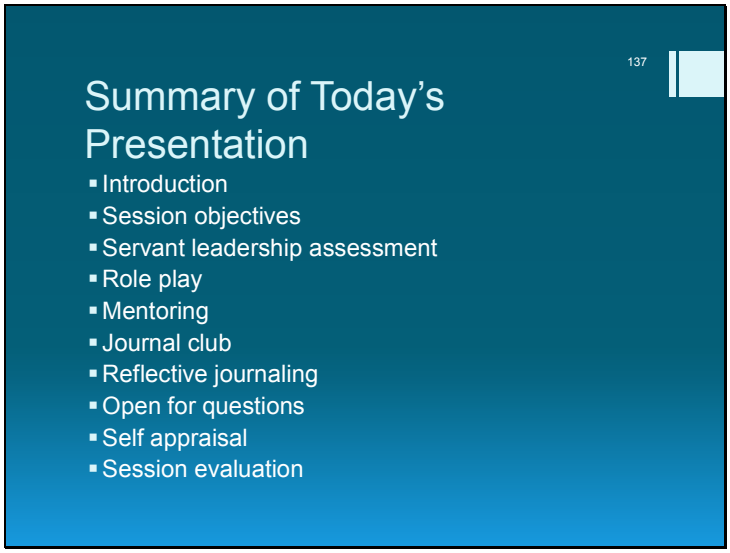
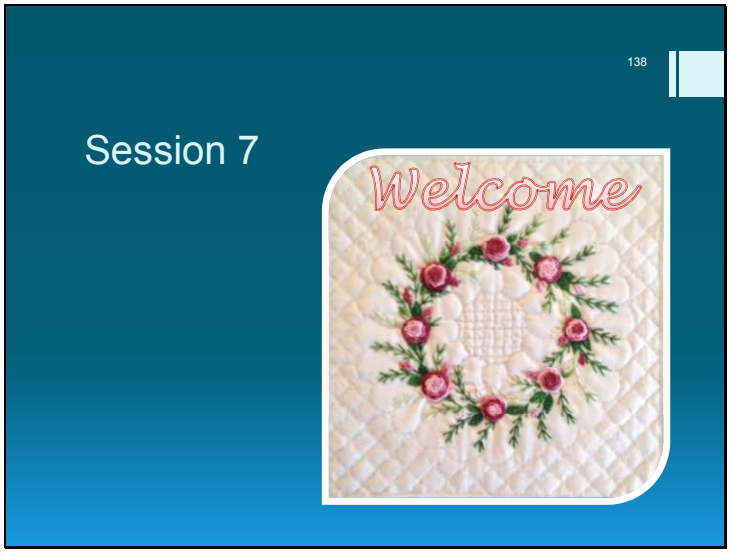
Microsoft (2015). Images of Mother Teresa, Martin Luther King, Jr., & Mahatma Gandhi. Retrieved from http://www.bing.com/images. Free to modify, share and use commercially.
Gandhi: http://www.bing.com/images/search?pq=ghandi&sc=8-6&sp=-1&sk=&q=ghandi&qft=+filterui:license-L2_L3&FORM=R5IR43
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

Slide 137



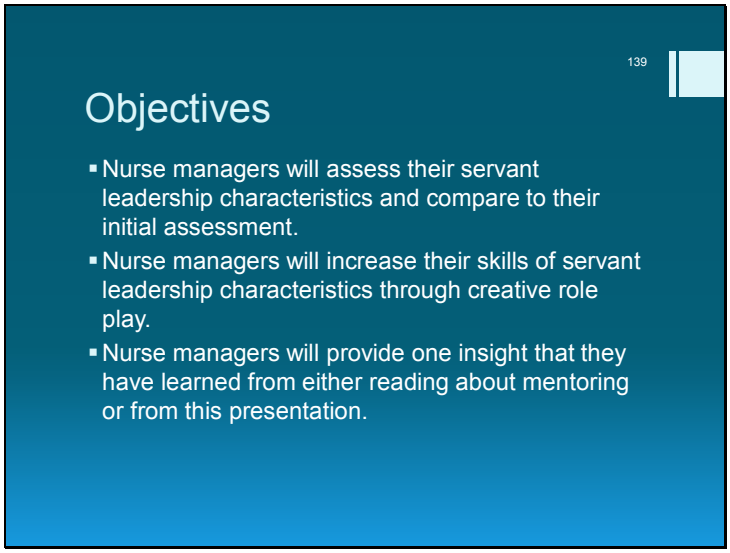
Summary and questions:	1400-1405
Introduction:	1405-1410
Objectives:	1410-1420
Servant leadership assessment:	1420-1435
Journal Club:	1435-1500
Reflective journaling:	1500-1510
Open for questions:	1510-1515
Self-appraisal:	1515-1525
Session evaluation:	1525-1530

Slide 138



Introduction then ask them to share what they like about themselves.

Slide 139


139
Objectives
Nurse managers will assess their servant leadership characteristics and compare to their initial assessment.
Nurse managers will increase their skills of servant leadership characteristics through creative role play.
Nurse managers will provide one insight that they have learned from either reading about mentoring or from this presentation.

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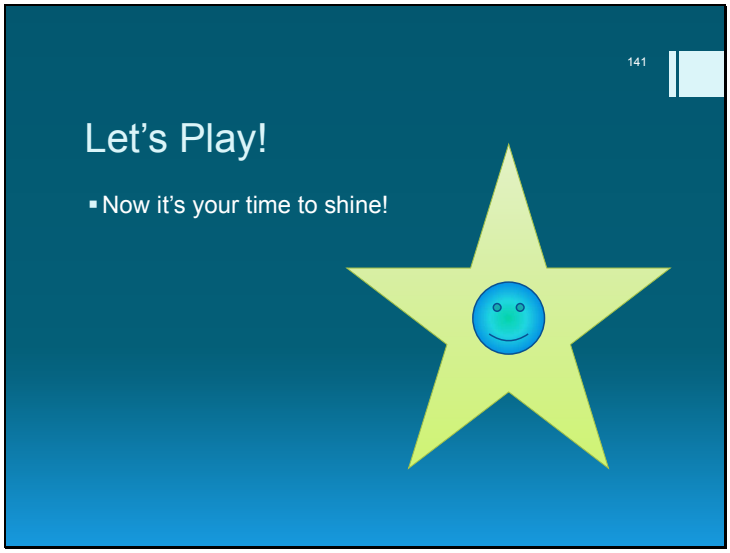
Pass out Servant Leadership profile to assess their SL attributes – please stress there are no right or wrong answers and that the answers should relate to their personal experiences as a manager.
This is their own information and may be used to assess their growth in conjunction with future servant leadership assessments (located at end of the program).
Clark, D. R. (2014). *Servant leadership self-assessment questionnaire.* Retrieved from http://www.nwlink.com/~donclark/leader/servant_leadership_survey.html

Slide 141



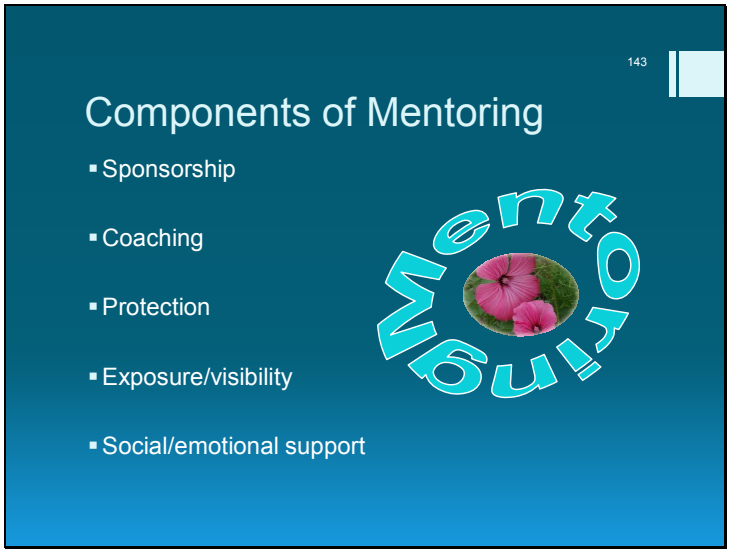
They were assigned to combine all servant leadership characteristics into a skit or something creative. If this was not achieved – assign each person a characteristic and have him or her act out a scenario. Let them decide the scenario as a group.

Slide 142

Mentoring is an informal method that allows the mentee to be supported and guided through the sharing of the mentor's knowledge and experience. Even though the definition of coaching is formal and mentoring is informal – coaching is also uses informally and mentoring formally, whichever is used, in whatever format, both coaching and mentoring have their common denominator – it's about the coachee or the mentee. Coaching can also become a function within mentoring – as the mentor can also be a career counselor (Murrell, 2007) – especially with an experienced nurse who happens to be a nurse manager!

Encourage note taking - Ask the participants if they can see any differences between mentoring and coaching - what are they?

Slide 143

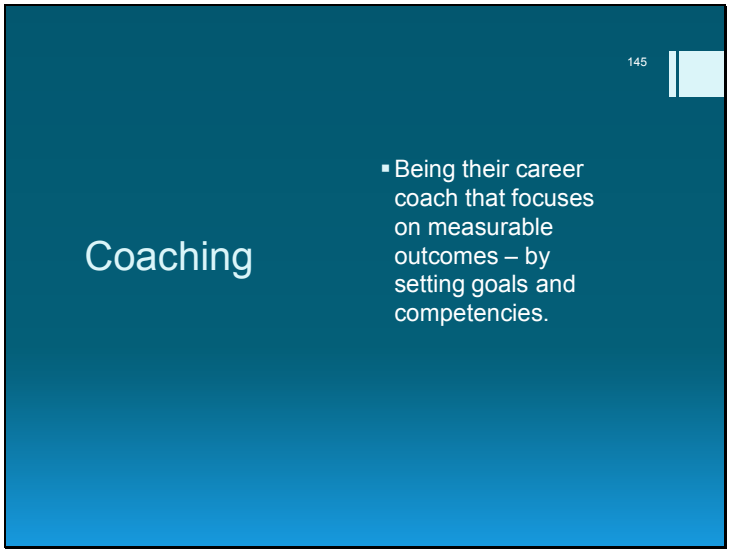


Murrell (2007). Ask if anyone has mentored or been mentored. What were their experiences and outcomes?

Slide 144

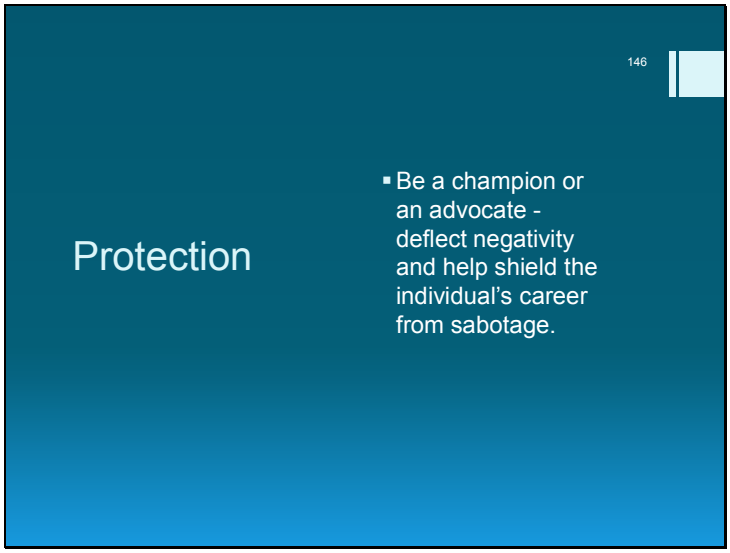
Sponsorship: helping and assisting those who want to advance or provide opportunities that will assist them in meeting their professional/career goals.
Murrell (2007). Ask participants if they have sponsored someone - not necessarily in the organization but elsewhere.

Slide 145



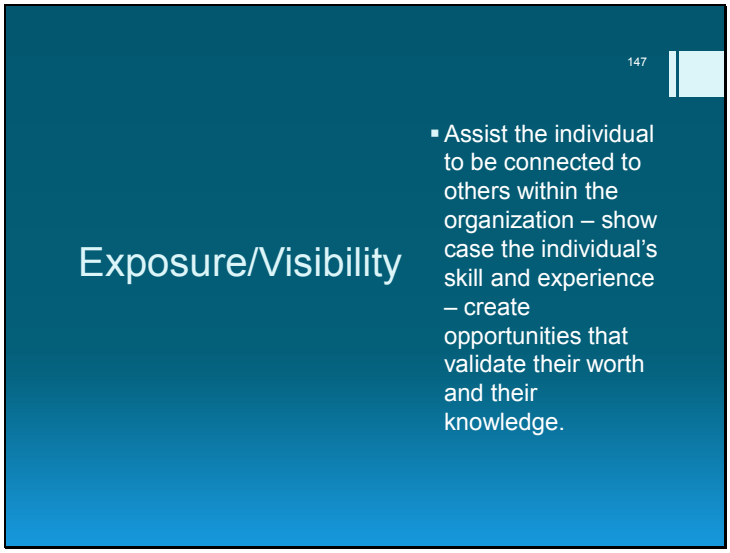
Murrell (2007).
Coaching: Ask if the participants if they have been sponsored or have sponsored anyone - what were their experiences and outcomes?
Coaching can also become a function within mentoring – as the mentor can also be a career counselor (Murrell, 2007) – especially with an experienced nurse who happens to be a nurse manager! This type of mentor not only assists the individuals with career decisions, but also how to function within the organization, the processes and operations, including how to be more efficient and productive.
Ask the participants for any experiences with a career counselor [nursing, management] - did it help? Did they have a career counselor when they were transitioning from high school to college - or in college - what were the outcomes?

Slide 146



Murrell (2007).
Protection: Discuss with the participants for experiences of having to protect someone - what happened? If this were to occur - how would they approach negativity?

Slide 147



Murrell (2007).
Exposure/visibility: Discuss with the participants if they have created opportunities to show case individuals skills and experiences - has anyone done this for you? Have you done this for anyone else?

Slide 148

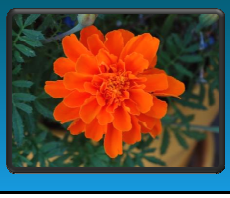
Murrell (2007).
Discuss with the participants if they have experienced someone in a management position that betrayed their confidence - how did it make them feel?

Slide 149

149

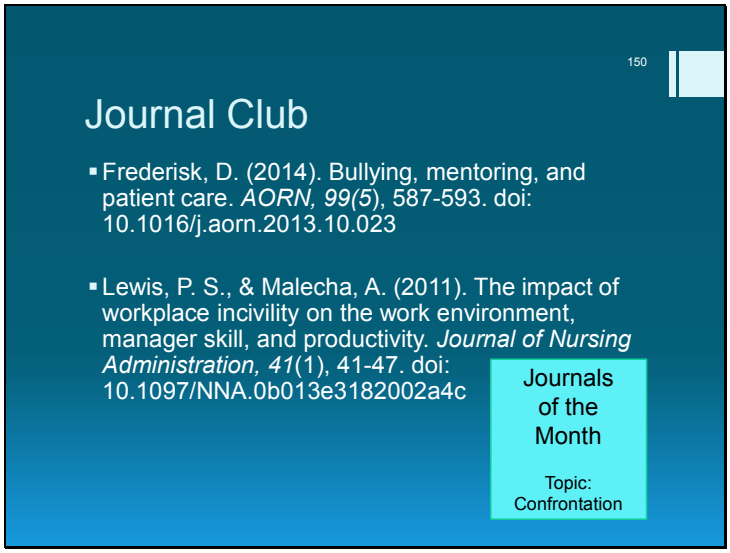
Journal Club

- Discuss last month's journals:
  - The power of informal mentoring.
    Y. P. Bynum
  - A transition to e-mentoring: Factors that influence nurse engagement.
    T. M. Pietsch,



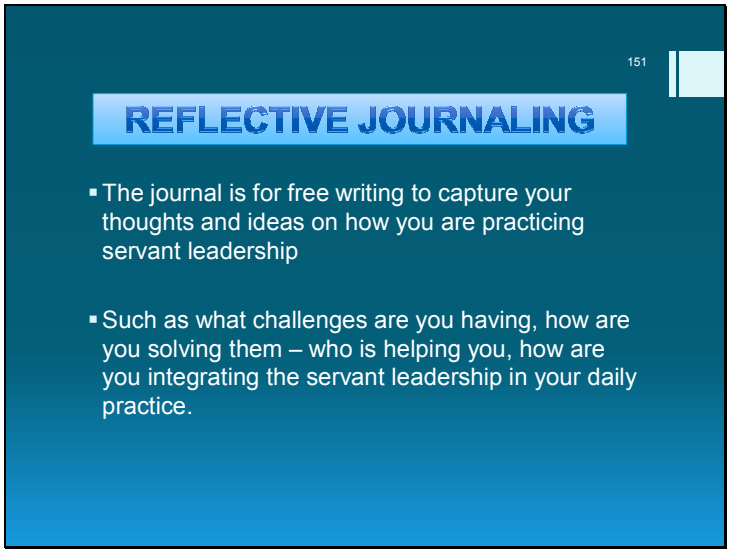
Bynum (2015).
Pietsch (2012).

Slide 150



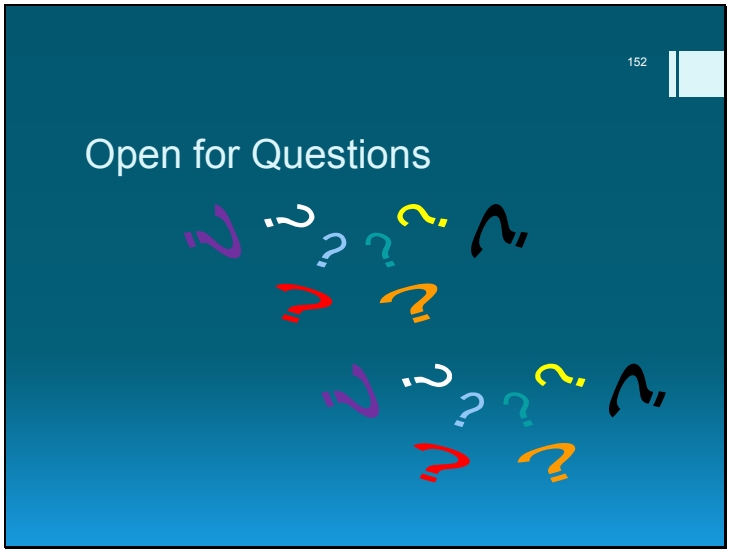
Frederisk (2014).
Lewis & Malecha (2011).
Discuss with the participants if they have experienced bullying or know of anyone who has been bullied - what happened. What do they think about manners in healthcare?

Slide 151



Anything they would like to share.

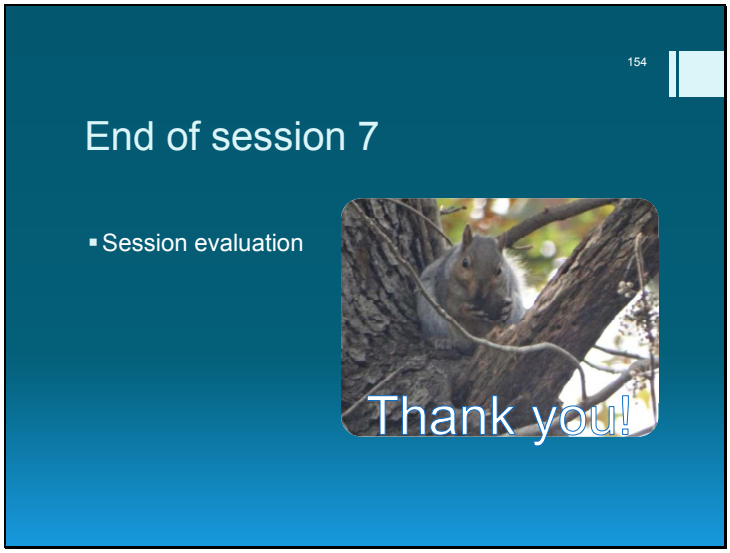
Slide 152



Slide 153


153
Self Appraisal
Please provide two insights from your servant leadership assessment
Please provide an example of mentoring from your perspective. If you have never had a mentor - please describe what you would want from a mentor and how would it benefit you?

Slide 154



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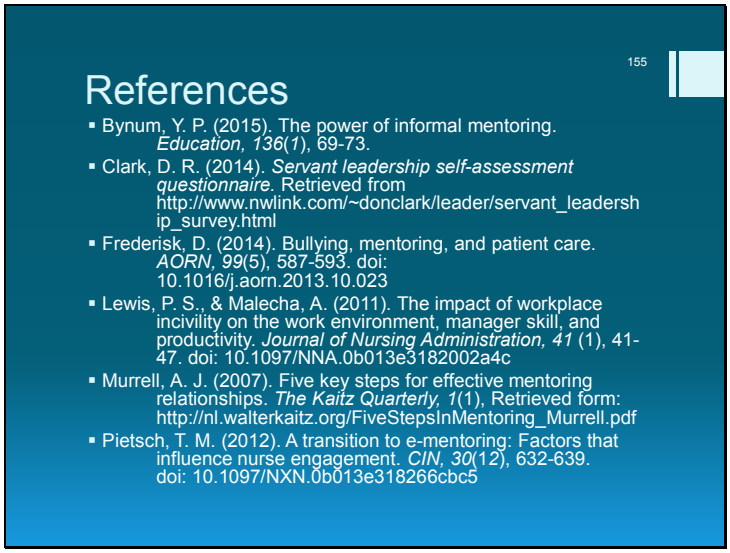

References:

Bynum, Y. P. (2015). The power of informal mentoring. *Education, 136*(*1*), 69-73.

Clark, D. R. (2014). *Servant leadership self-assessment questionnaire.* Retrieved from http://www.nwlink.com/~donclark/leader/servant_leadership_survey.html

Frederisk, D. (2014). Bullying, mentoring, and patient care. *AORN, 99*(5), 587-593. doi: 10.1016/j.aorn.2013.10.023

Lewis, P. S., & Malecha, A. (2011). The impact of workplace incivility on the work environment, manager skill, and productivity. *Journal of Nursing Administration, 41* (1), 41-47. doi: 10.1097/NNA.0b013e3182002a4c

Murrell, A. J. (2007). Five key steps for effective mentoring relationships. *The Kaitz Quarterly, 1*(1), Retrieved form: http://nl.walterkaitz.org/FiveStepsInMentoring_Murrell.pdf

Pietsch, T. M. (2012). A transition to e-mentoring: Factors that influence nurse engagement. *CIN, 30*(12), 632-639. doi: 10.1097/NXN.0b013e318266cbc5

Slide 156

Credit for Images:
Microsoft (2015). Images of Mother Teresa, Martin Luther King, Jr., & Mahatma Gandhi. Retrieved from http://www.bing.com/images. Free to modify, share and use commercially.
Gandhi: http://www.bing.com/images/search?pq=ghandi&sc=8-6&sp=-1&sk=&q=ghandi&qft=+filterui:license-L2_L3&FORM=R5IR43
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

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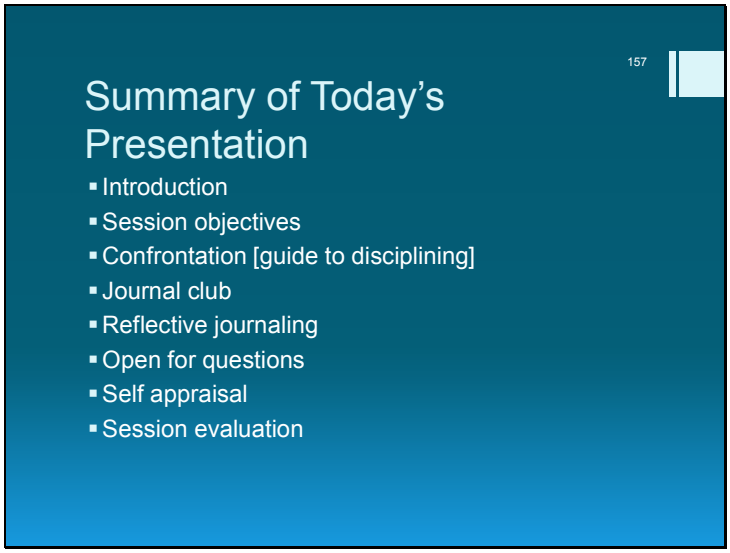

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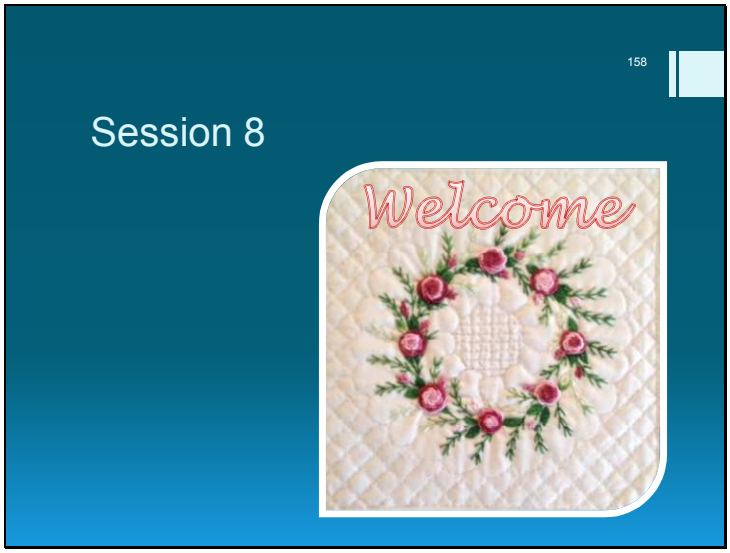
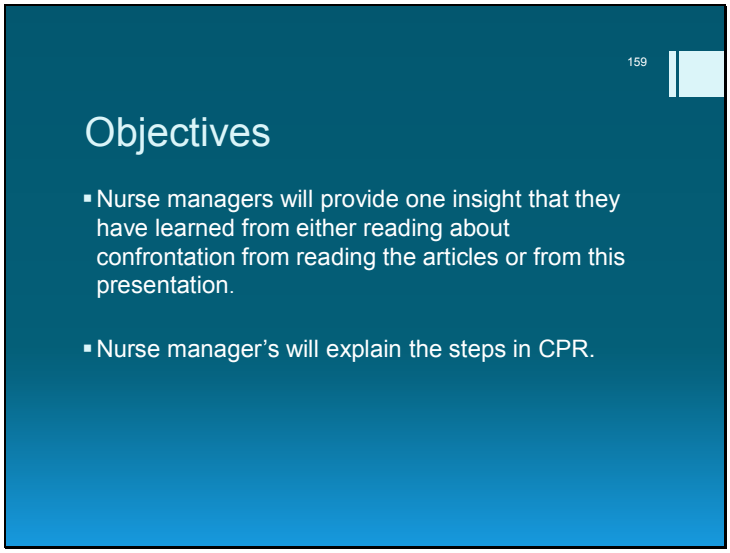
Slide 158



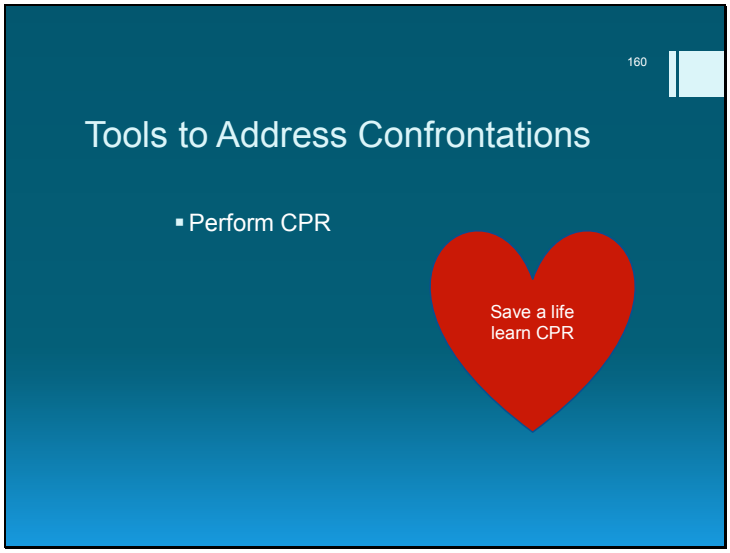
Introduce themselves: 60 seconds if you please! Have a pack of 3 x 5 cards each with a topic or subject matter – randomly select a person in the group who then randomly choses a card (topic sight unseen) – the person is to talk for 1 minute on that subject. They can be as funny and as serious as they want to be (Knox, n.d.)

Topics: Why there is a candy at the checkout.
If I could go into the future – I would change what about the past?
Do vegetables have feelings?
Who influenced me most in my life?
I would be what type of animal and why.
If you were to lose a sense, which one would you choose to lose.
Which season has the most versatility?
When is lying a good thing?
Justify high salaries for athletes
Which profession would I have entered if I was a different gender
Is television necessary?
Defend the use of guns for teachers
Defend the purpose of school uniforms
Do zoos serve their purpose?
My best memory

Slide 159


159
Objectives
Nurse managers will provide one insight that they have learned from either reading about confrontation from reading the articles or from this presentation.
Nurse manager's will explain the steps in CPR.

Slide 160



(Patterson, Grenny, McMillan, & Switzler, 2005, p. 32).
CPR: Content, pattern and relationship: The issue with confrontations is that the 'issue' becomes complex because of the lack of attention to what is the real issue. Using a format will allow you to keep your thoughts straight and the real issue in sight.

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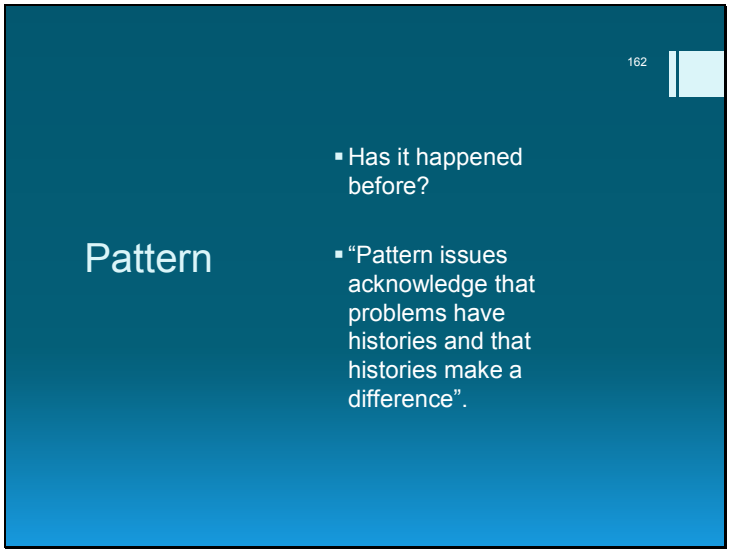
(Patterson, Grenny, McMillan, & Switzler, 2005, p. 32)

Encourage note taking for future reference. Ask the participants for examples to how they approached confrontation. Use one of the examples for CPR and compare the approaches. What was the content - what happened?

Slide 162



(Patterson, Grenny, McMillan, & Switzler (2005, p. 32).
"Frequent and continued violations affect the other person's predictability and eventual harm respect and trust" (Patterson, Grenny, McMillan, & Switzler, 2005, p. 32)
Using the example for the content - ask for the pattern - has this happened before?

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"...the string of disappointments has caused you to lose trust in them: You doubt their competency, you don't respect or trust their promises, and this is affecting the way you treat one another" (Patterson, Grenny, McMillan, & Switzler, 2005, p. 33) (Note this is a good reference for evaluations!).
Continuing with the same example - how did it affect relationships?

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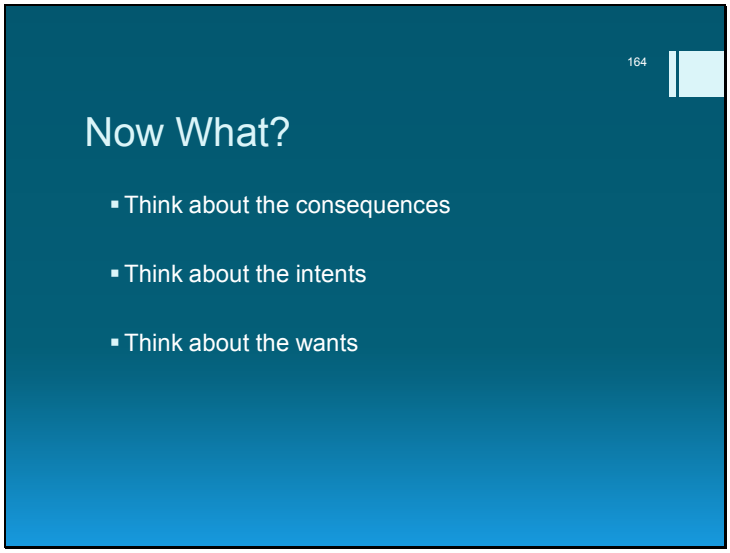
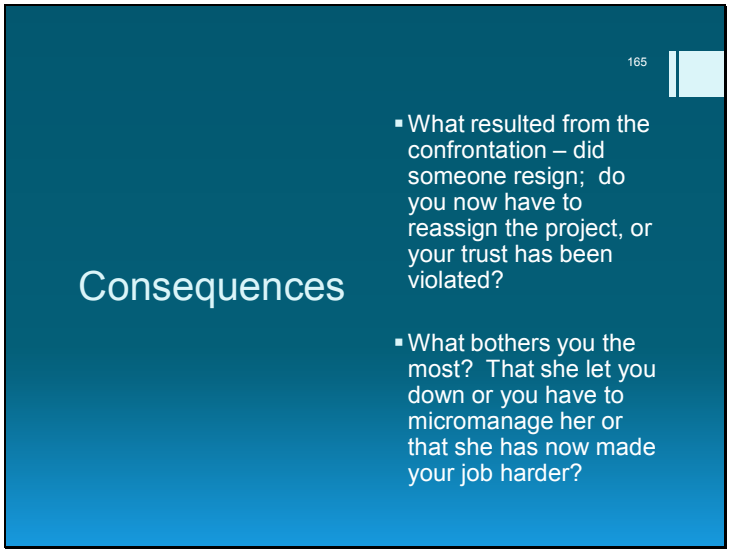


(Patterson, Grenny, McMillan, & Switzler, 2005, p. 33)
Encourage note taking for future reference - ask the participants to reflect on confrontations they have experienced - could continue with the same example from one of the participants used in the CPR or choose a different one from the participants sharing of their experiences.

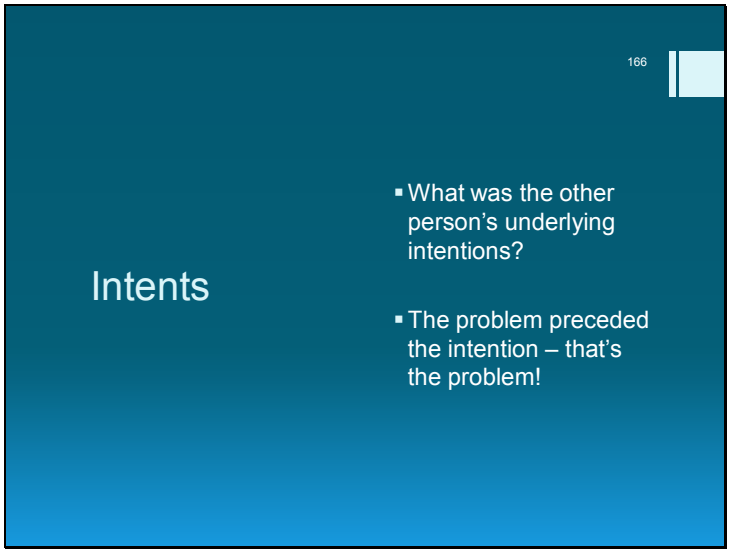
Slide 165



"When you want to clarify the issue your need to confront, stop and ask yourself, what are the consequences of this problem to me? To our relationship? To the task? To the stakeholders? Analyzing the consequences helps you determine what is most important to discuss" (Patterson, Grenny, McMillan, & Switzler, 2005, p. 34)
Stakeholders could be other nurses having to work overtime - what bothers you the most is that you have to spend time looking for extra staff to cover her consistent callouts!

Using either the participant's CPR example or ask for another example or use the above example - discuss the consequences from the confrontation and what really bothered or bothers them the most.

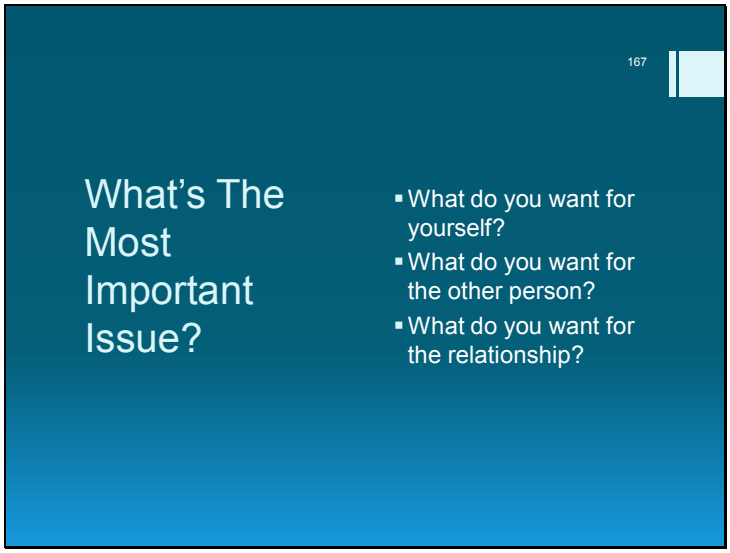
Slide 166



Why did the person do what he or she did – instead of going to the charge nurse – he went to the CNO? The problem is why didn't he go to the charge nurse – is there something confrontational going on between the nurse and the charge nurse that made the nurse bypass the chain of command? Or maybe he has devised a report for the charge nurse and knowing that the CNO loves graphs – he gains points by going directly to the CNO with the report. We perceive the intention to be good or bad – but do not truly know until we ask the person of his or her intentions (Patterson, Grenny, McMillan, & Switzler (2005, p. 34-35).

Ask for another example of a confrontation situation (or continue with the ones prior) - ask them to examine the person's intentions - what was the problem?

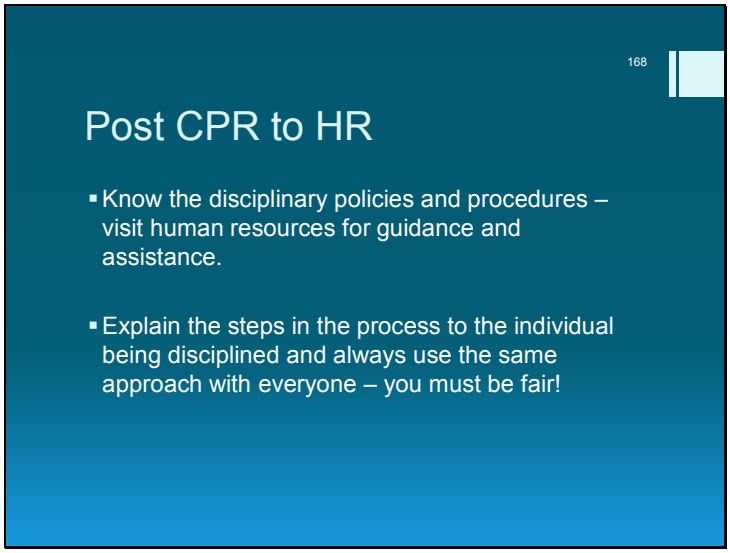
Slide 167



"What don't you want to happen – what is the actual problem you want to discuss?" (Patterson, Grenny, McMillan, & Switzler (2005, p.36).

Reflecting on the discussions of confrontation - choosing one example used - have the participants discuss the most important issue - what do or did you want?

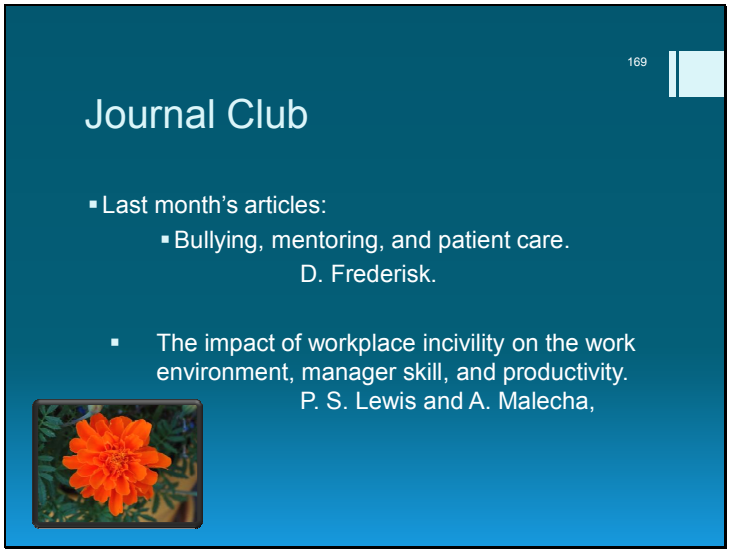
Slide 168



Follow the process and policies for discipline someone – they include verbal, written and final warnings, which offer the process for correcting the unacceptable behavior or performance
(Patterson, Grenny, McMillan, & Switzler, 2005, p. 172).

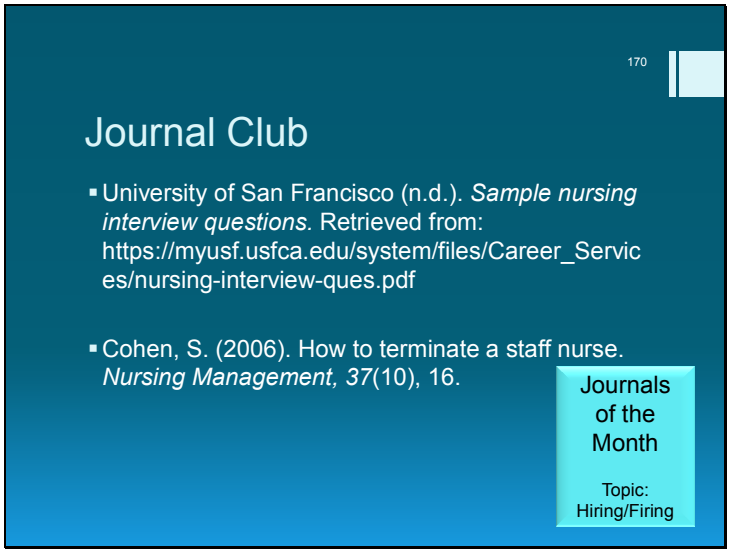
Ask the participants to offer their experiences on disciplining someone - did they go by the policy - did they ask HR for assistance? Did they use the same approach that pervious managers have used on them (if they have been disciplined - they may not want to share).

Slide 169



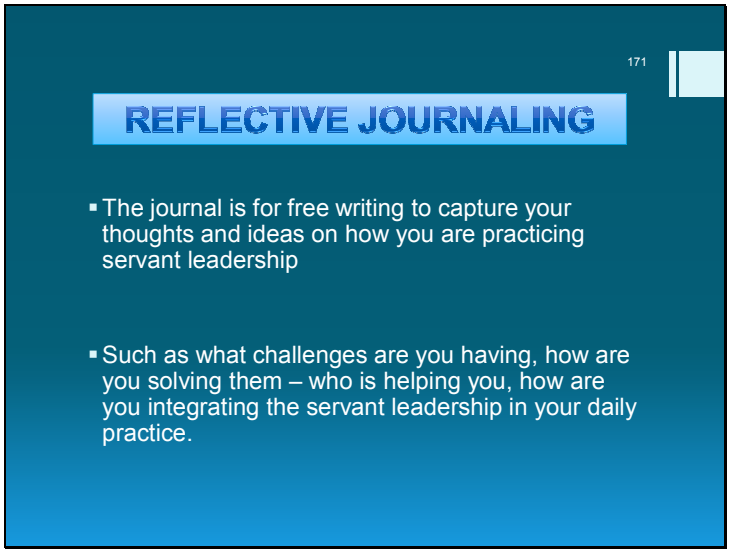
Discuss last month's articles.
(Frederisk, 2014). Bullying, mentoring, and patient care. AORN, 99(5), 587-593. doi: 10.1016/j.aorn.2013.10.023
(Lewis, & Malecha, 2011).

Slide 170

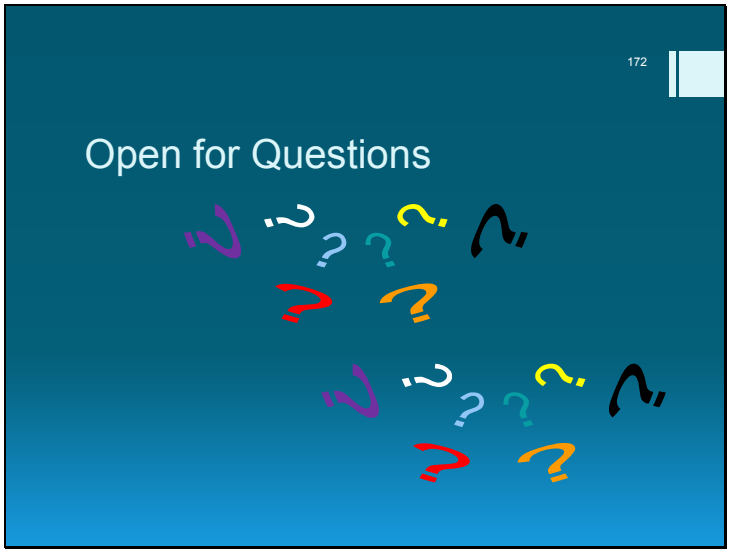


University of San Francisco (n.d.).
Cohen (2006).
Ask the participants if they have terminated anyone. How did it go - good or bad outcome?

Slide 171


171
REFLECTIVE JOURNALING
The journal is for free writing to capture your thoughts and ideas on how you are practicing servant leadership
Such as what challenges are you having, how are you solving them – who is helping you, how are you integrating the servant leadership in your daily practice.

Slide 172



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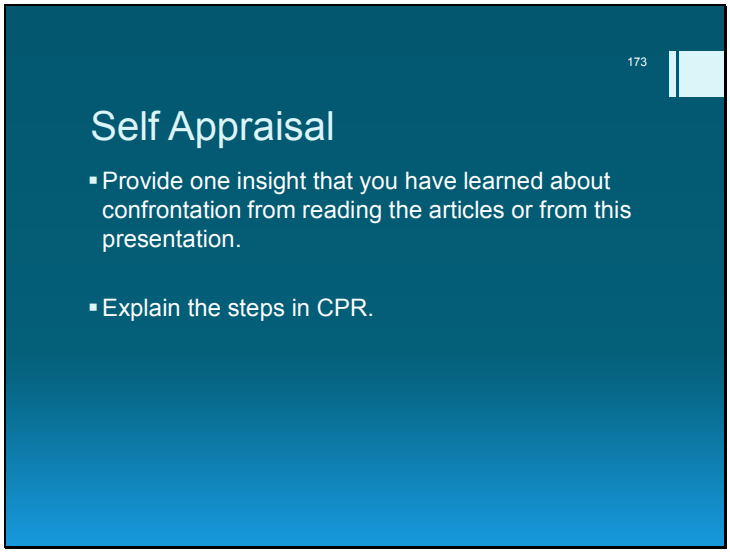
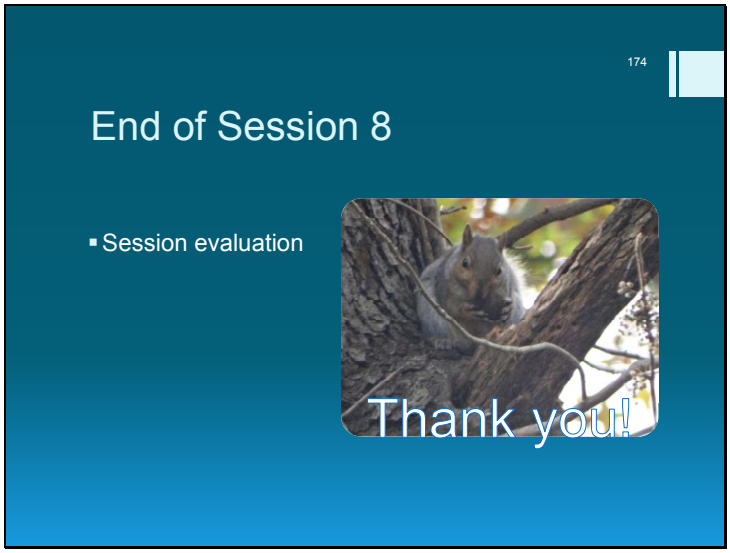

173
Self Appraisal
Provide one insight that you have learned about confrontation from reading the articles or from this presentation.
Explain the steps in CPR.

Slide 174



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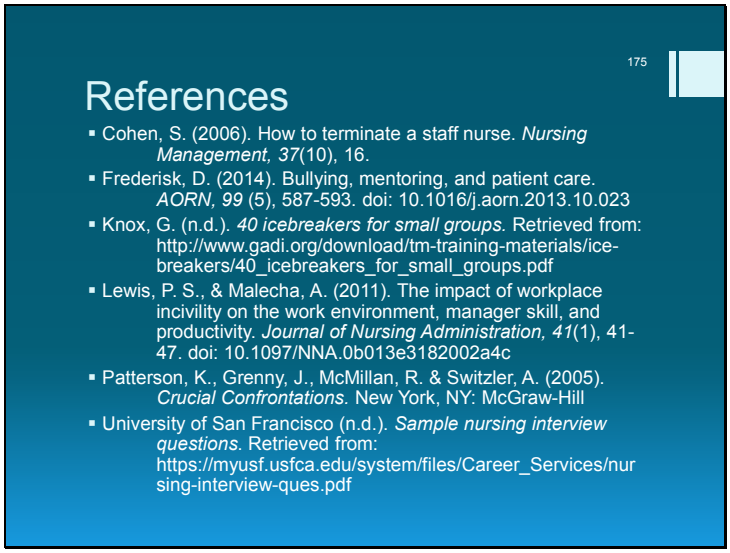

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University of San Francisco (n.d.). *Sample nursing interview questions*. Retrieved from: https://myusf.usfca.edu/system/files/Career_Services/nursing-interview-ques.pdf

Slide 176

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Microsoft (2015). Images of Mother Teresa, Martin Luther King, Jr., & Mahatma Gandhi. Retrieved from http://www.bing.com/images. Free to modify, share and use commercially.
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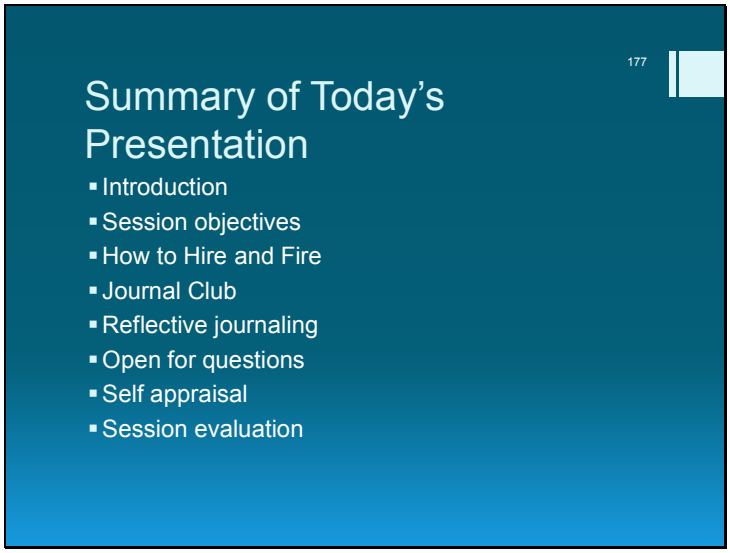
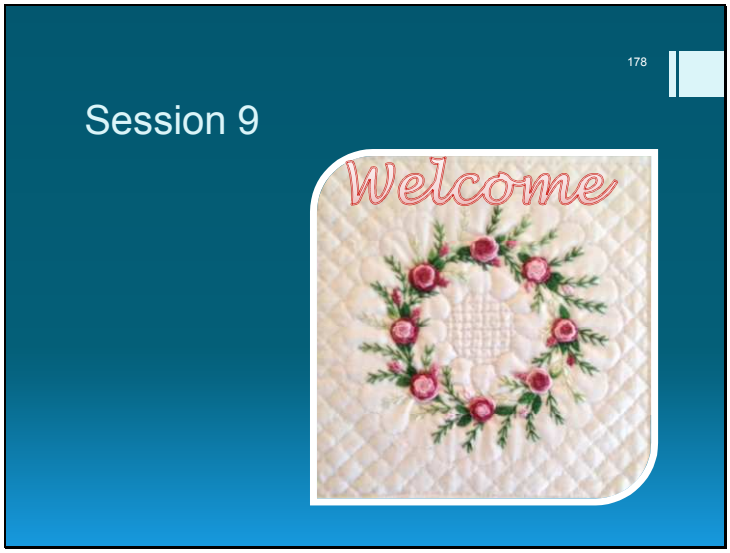
Slide 177



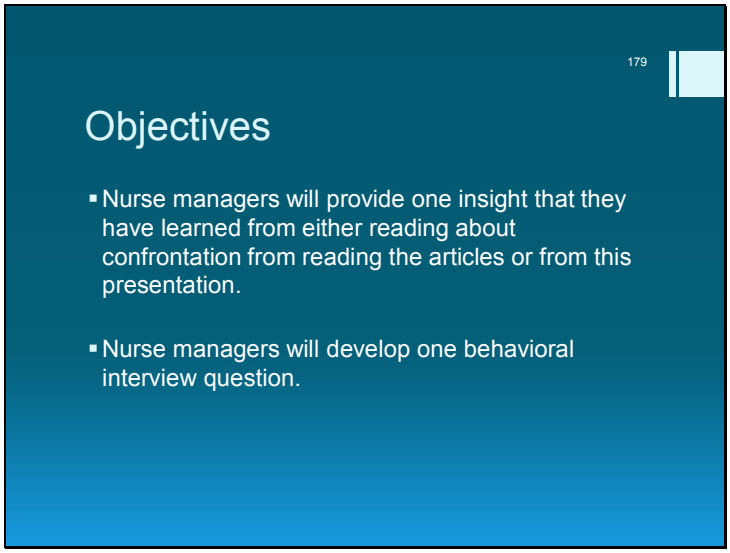
Summary and questions:	1400-1405
Introduction:	1405-1410
Objectives:	1410-1420
How to Hire and Fire:	1420-1435
Journal Club:	1435-1500
Reflective journaling:	1500-1510
Open for questions:	1510-1515
Self-appraisal:	1515-1525
Session evaluation:	1525-1530

Slide 178



Introductions then the instructor begin telling a story but only completes a partial sentence – Such as I was walking down the street when.... Then someone from the group continues the sentence – abruptly stopping and choosing the next person to continue until everyone in the room has contributed – the instructor may choose to add the ending (Knox. n.d.).

Slide 179


179
Objectives
Nurse managers will provide one insight that they have learned from either reading about confrontation from reading the articles or from this presentation.
Nurse managers will develop one behavioral interview question.

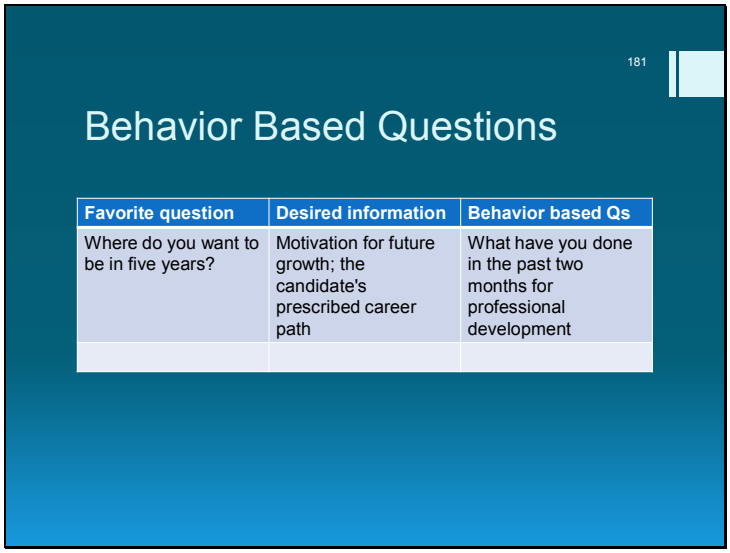
Slide 180

(Hess, 2010, p. 9). If you do not ask the right questions you do not get the right candidate – You do not want to put yourself in situation may regret - do not go for first impressions and do not be sensitive to their situation. Ask participants what they do or did to prepare for when they interviewed for their current position.

There are six steps in the SMARTT process, which provides an outline as to what to ask potential employees. Under each category of SMARTT - allows for a more details approach to hiring.

Recommend Hess's book (in the reference section of this session).

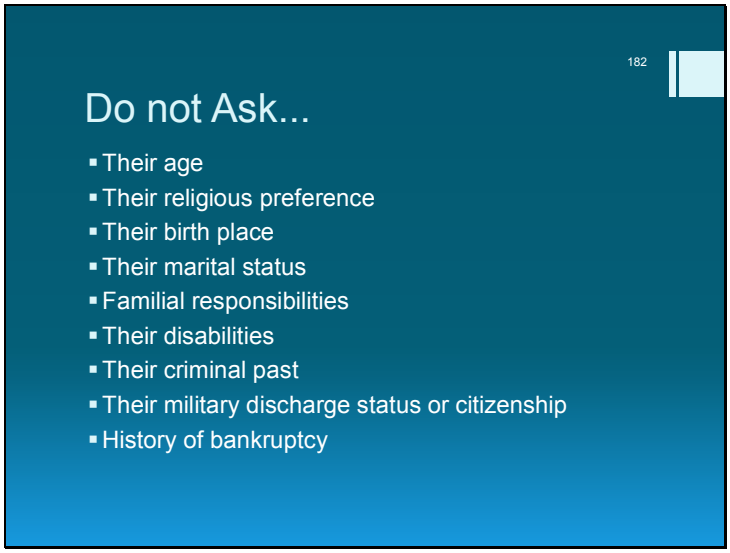
Slide 181



(Hess, 2010, p. 12). Make a three-column table with as many rows as you need, begin the first question that is one of you stand-by questions. Then ask yourself what do you really want to know because hypothetical questions are not specific enough so reword for clarity and place into the desired information that will provide you with the direction to move to behavioral based questions. Behavioral questions are detailed enough in which to get the answer you need to guide you to asking the next behavioral question.
Use this process for all questions ranging from clinical to fitting in with the organization and being a team player.
Most HR departments have already made the interviewing easier by providing a list of behavioral based questions – take advantage of it

Ask the participants if they have interviewed someone - did they ask the question, "Where do you want to be in five years" do they remember any replies - did it provide any information that was beneficial? Would the above behavior based question be more constructive? How?

Slide 182

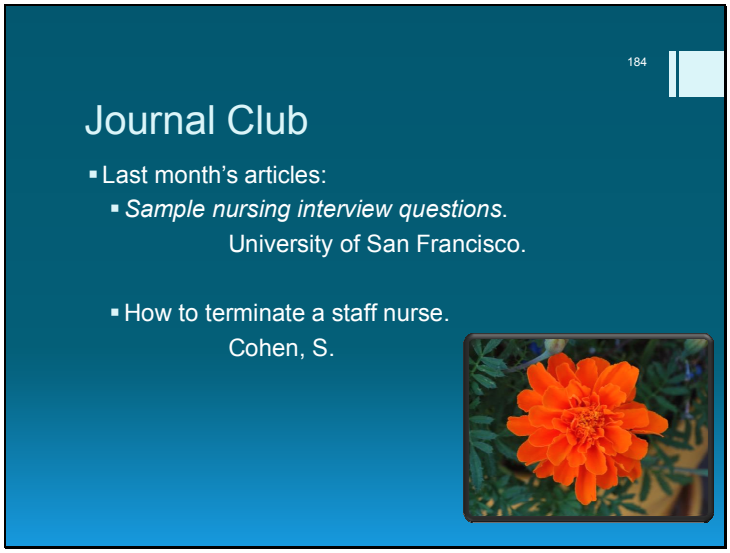


(Hess, 2010, p. 16).
Ask the participants if anyone has asked them for the above information when they were interviewed for their current position. Have they asked anyone the above questions during an interview? Are any of the above questions new to them?

Slide 183

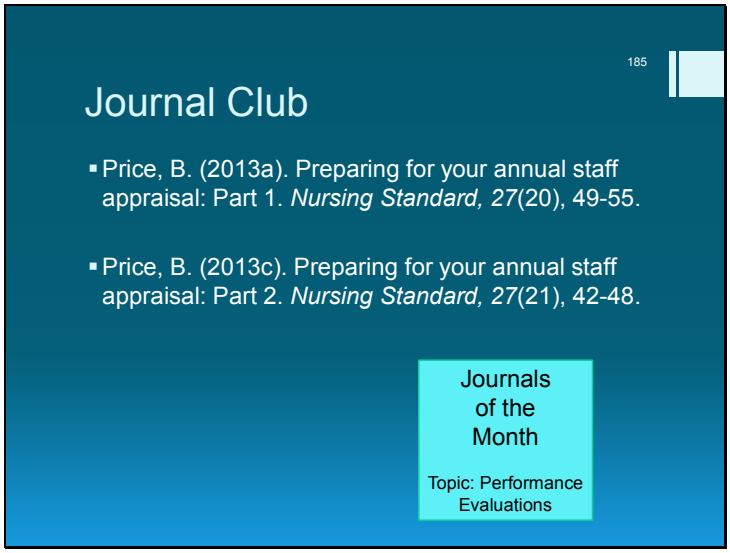
(Hess, 2010, p 172 & 174). Follow the process and policies for discipline someone – they include verbal, written and final warnings that offer the process for correcting the unacceptable behavior or performance (p. 172).
Ask the participants if they have terminated anyone. What happened (if they wish to share)? Did you ask HR for assistance? Was there someone else with you during the termination process?

Slide 184



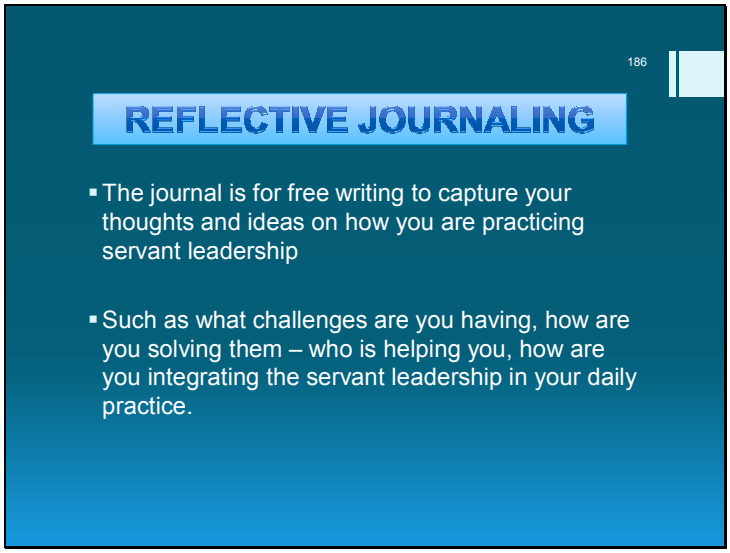
Discuss last month's articles.
(University of San Francisco, n.d.).
(Cohen, 2006).

Slide 185

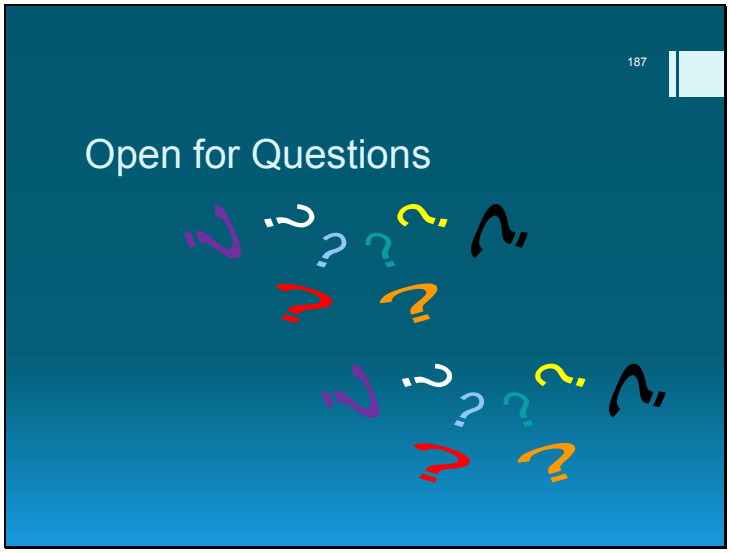


Performance evaluations – behavioral – just like hiring.
Ask if the participants if they have performed employee evaluations - how did they learn to evaluate employees.

Slide 186


186
REFLECTIVE JOURNALING
The journal is for free writing to capture your thoughts and ideas on how you are practicing servant leadership
Such as what challenges are you having, how are you solving them – who is helping you, how are you integrating the servant leadership in your daily practice.

Slide 187



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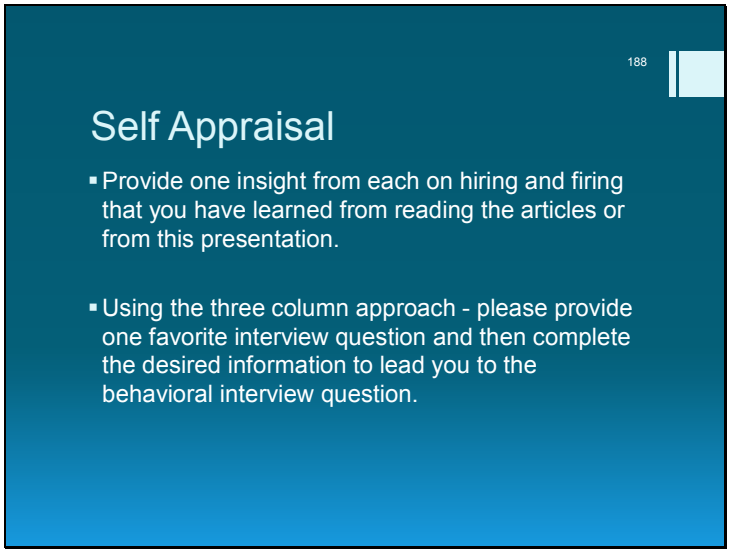
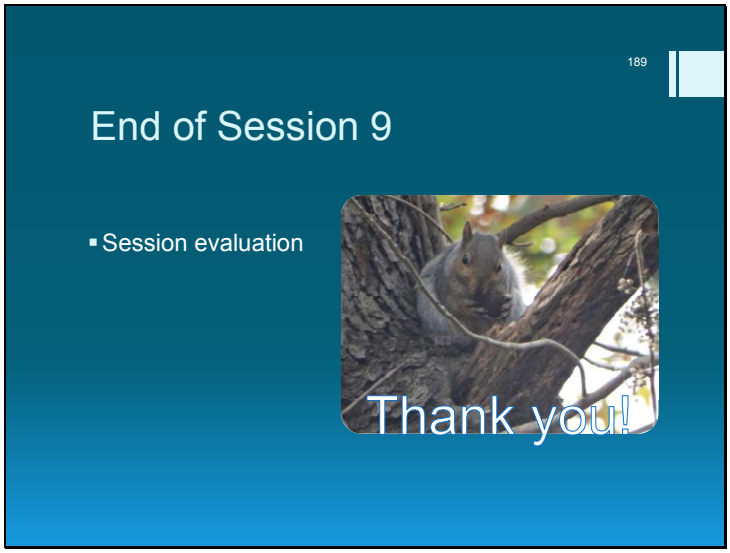
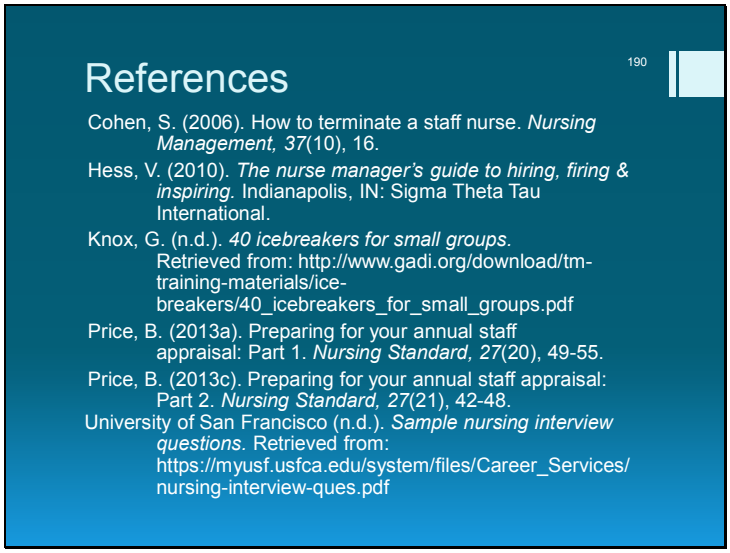

188
Self Appraisal
Provide one insight from each on hiring and firing that you have learned from reading the articles or from this presentation.
Using the three column approach - please provide one favorite interview question and then complete the desired information to lead you to the behavioral interview question.

Slide 189



Slide 190



References:

Cohen, S. (2006). How to terminate a staff nurse. *Nursing Management, 37*(10), 16.

Hess, V. (2010). *The nurse manager's guide to hiring, firing & inspiring.* Indianapolis, IN: Sigma Theta Tau International.

Knox, G. (n.d.). *40 icebreakers for small groups.* Retrieved from: http://www.gadi.org/download/tm-training-materials/ice-breakers/40_icebreakers_for_small_groups.pdf

Price, B. (2013a). Preparing for your annual staff appraisal: Part 1. *Nursing Standard, 27*(20), 49-55.

Price, B. (2013c). Preparing for your annual staff appraisal: Part 2. *Nursing Standard, 27*(21), 42-48.

University of San Francisco (n.d.). *Sample nursing interview questions.* Retrieved from: https://myusf.usfca.edu/system/files/Career_Services/nursing-interview-ques.pdf

Slide 191

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Microsoft (2015). Images of Mother Teresa, Martin Luther King, Jr., & Mahatma Gandhi. Retrieved from http://www.bing.com/images. Free to modify, share and use commercially.
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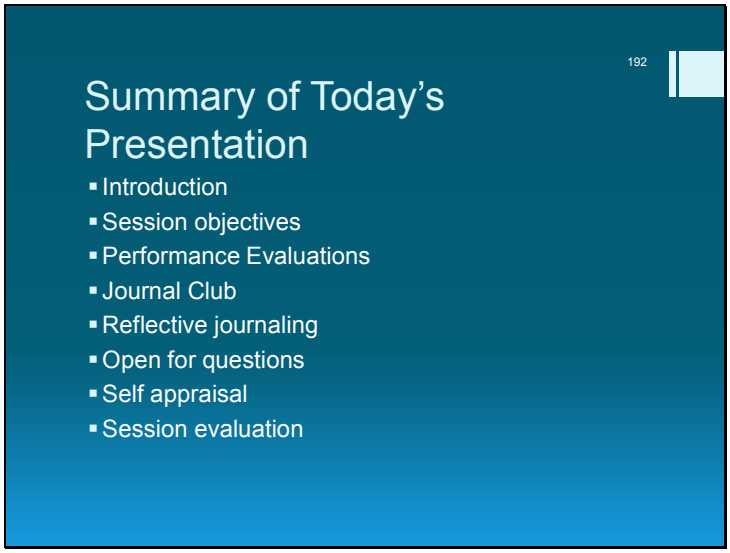
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

Slide 192



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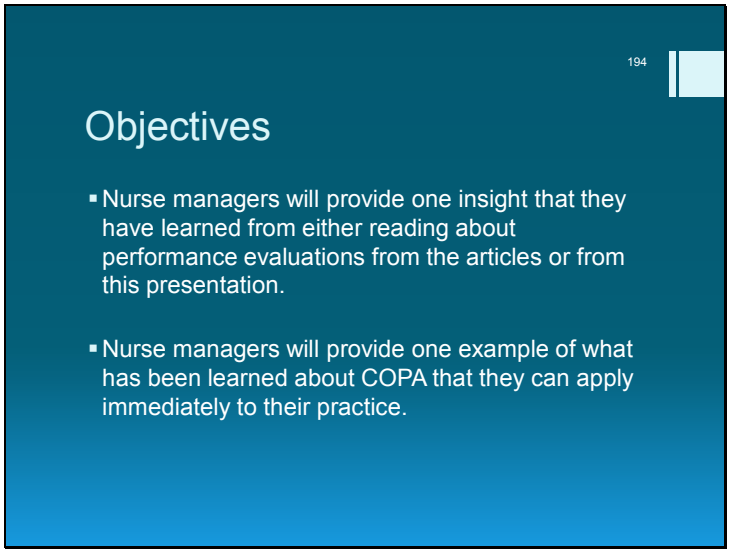
Session evaluation	1525-1530

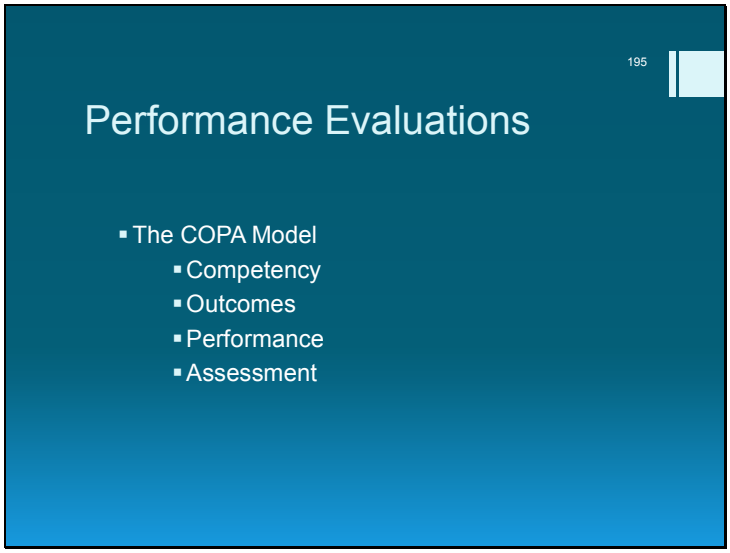
Slide 193

Have them introduce themselves: What has been their greatest challenge so far in the nursing profession?

Slide 194

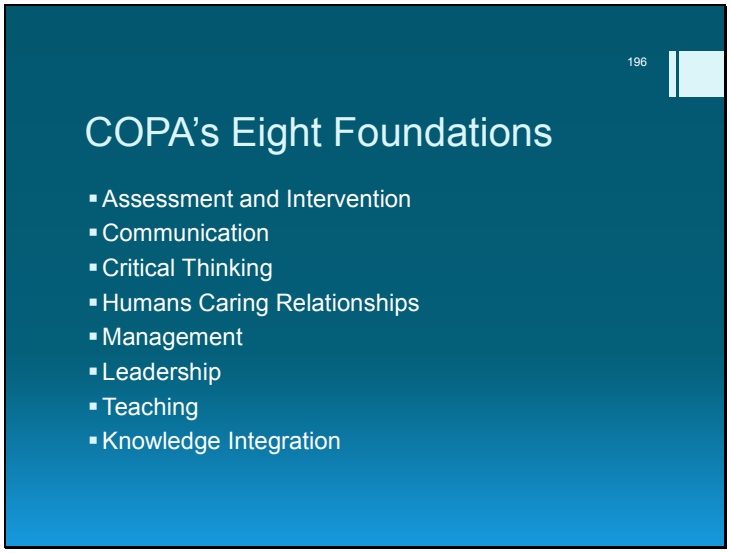

194
Objectives
Nurse managers will provide one insight that they have learned from either reading about performance evaluations from the articles or from this presentation.
Nurse managers will provide one example of what has been learned about COPA that they can apply immediately to their practice.

Slide 195



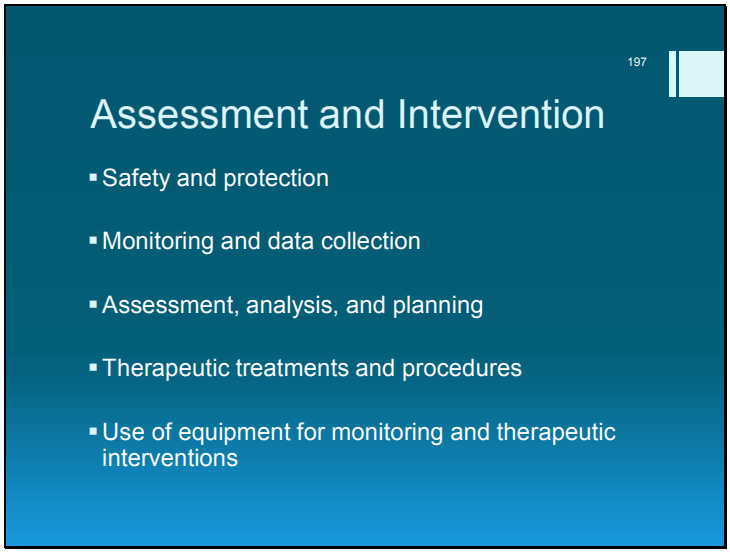
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011)
Your HR department may have a specific one for the hospital RNs – making your job easier. There are many assessment/evaluations tools - we are focusing on COPA as it has been used in both clinical and educational environments. There are four basic questions that COPA asks what are the skills and performance? What are the measurement guidelines for the skills? What are the appropriate skills for learning, and what is the most appropriate way to record performance?
Ask the participants what they use or have used to conduct performance evaluations. Is it a standard form for everyone or is it different for specific specialties?

Slide 196



(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).
Developed for nursing faculty - Competency, Outcomes and Performance Assessment Model (COPA) - this model addresses individual's skills and the application of those skills to the point of care as each area focus on the individual's specific performance. Encourage note taking for future reference. Identify each foundation to the participants indicating a focus on each area for further understanding in the following slides. Ask the participants how they evaluate someone on night shift at this time.

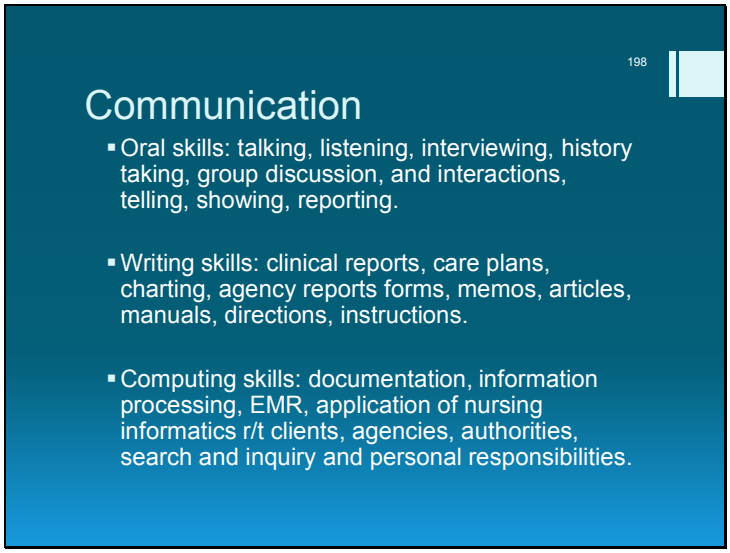
Slide 197



"Safety and protection; monitoring and data collection; assessment, analysis, and planning; therapeutic treatments and procedures; use of equipment for monitoring and therapeutic interventions"
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

Discuss a RN's evaluation for safety and protection - you had noticed that the operating room nurse was not using the SBAR (situation, background, assessment, recommendation) process when giving report on a surgical patient to the recovery room nurse - at times there was no report given at all. You had mentioned it in the staff meetings that this process was part of the Joint Commission initiative for patient safety - How would you address this in her evaluation (remember the COPA: competency, outcomes, performance and assessment).

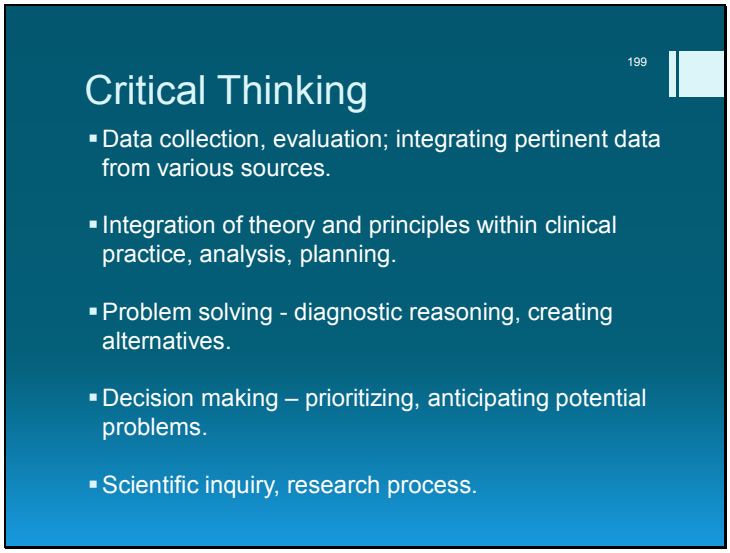
Slide 198



"Oral skills – talking, listening, interviewing, history taking, group discussion, and interactions, telling, showing, reporting."
"Writing skills – clinical reports, care plans, charting, agency reports forms, memos, articles, manuals, directions, instructions."
"Computing skills – documentation, information processing, EMR, application of nursing informatics r/t clients, agencies, authorities, search and inquiry and personal responsibilities."
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

You are evaluating a nurse aid that has difficulties with using the computer to document patient vital signs - instead, she is writing them on paper and giving them to the nurse to put into the computer. How would you address this in her evaluation (remember the COPA: competency, outcomes, performance and assessment).

Slide 199



"Data collection, evaluation; integrating pertinent data from various sources."
"Integration of theory and principles within clinical practice, analysis, planning."
"Problem solving - diagnostic reasoning, creating alternatives."
"Decision making – prioritizing, anticipating potential problems."
"Scientific inquiry, research process."
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

You are evaluating your charge nurse and you ask her how the new data collection on falls is progressing - she suggests that someone else do the data collection for falls, as she does not have the time. Ask the participants as to how they would address this in the charge nurse's evaluation (remember the COPA: competency, outcomes, performance and assessment).

Slide 200

"Morality, ethics, legality in practice."
"Cultural respect, cooperative interpersonal relationships."
"Client advocacy."
"Relationship-based care."
"Interactive teamwork and cooperation."
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

Ask the participants for an example of evaluating someone who has exhibited incompetence on one of the human caring relationship - how would they approach this in the individual's evaluation? (Remember the COPA: competency, outcomes, performance and assessment).

Slide 201

"Administration, organization, coordination."
"Planning, delegation, supervision of others."
"Human and material resource utilization."
"Accountability and responsibility, performance appraisals."
"Quality improvement, quality assurance."
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

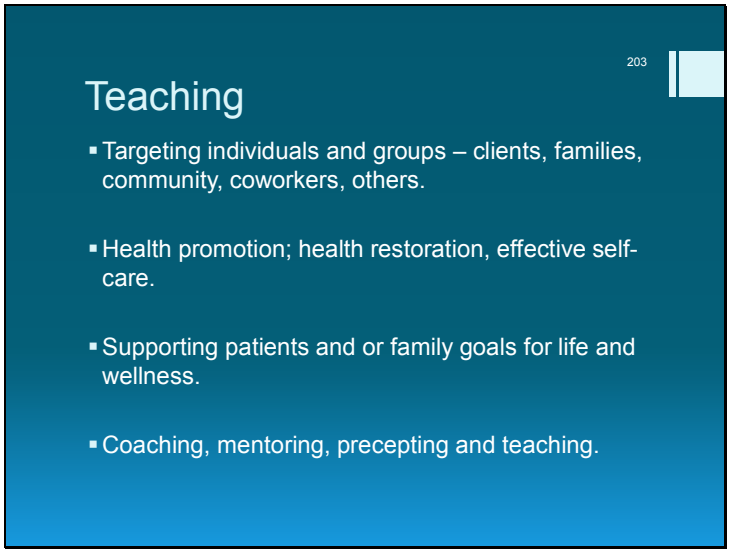
Ask the participants to discuss a management peer evaluation of a nurse manager who has exhibited poor supervision of others (remember the COPA: competency, outcomes, performance and assessment).

Slide 202

"Collaboration, coalition building."
"Assertiveness, risk taking."
"Creativity, vision to formulate alternatives."
"Planning, anticipating, supporting with evidence.
"Professional accountability, role behaviors, appearance."
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

Ask the participants for an example of evaluating someone who has exhibited incompetence in leadership - how would they approach this in the individual's evaluation? (Remember the COPA: competency, outcomes, performance and assessment).

Slide 203



"Targeting individuals and groups – clients, families, community, coworkers, others."
"Health promotion; health restoration, effective self-care."
"Supporting patients and or family goals for life and wellness."
"Coaching, mentoring, precepting and teaching."
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

You have had reports of a RN not giving verbal discharge instructions to patients - just giving the patients paper copies and telling the patients to read the discharge instructions. Ask the participants how they would approach this in the individual's evaluation. (Remember the COPA: competency, outcomes, performance and assessment).

Slide 204

"Integration of knowledge of nursing, health care and related disciplines."
"Systems thinking and systems-based practice."
"Integration of nursing judgement within systematic, care-focused communications."
"Population-specific and individualized specialty-focused care."
"Evidence-based practice."
(Lenburg, Abdur-Rahman, Spencer, Boyer, & Klein, 2011, p. 291).

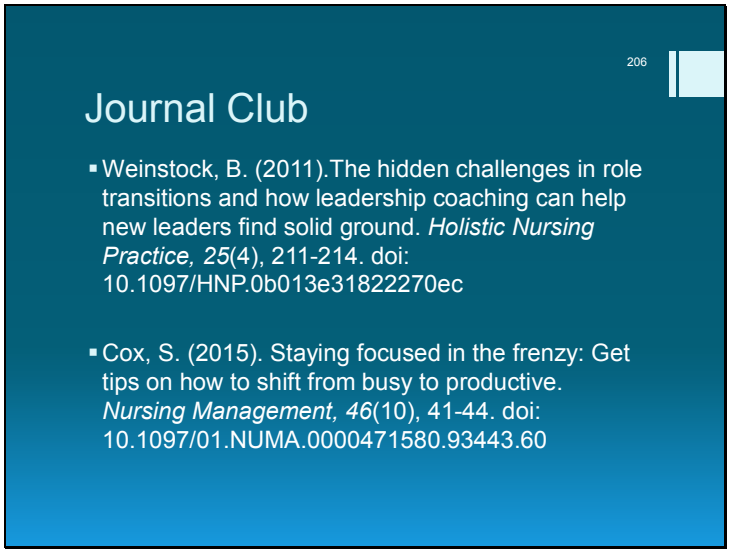
Ask the participants for an example of evaluating someone who has exhibited incompetence in knowledge integration - how would they approach this in the individual's evaluation? (Remember the COPA: competency, outcomes, performance and assessment).

As you can see, there are multiple foci to multiple areas of nursing practice for assessment and performance evaluation. It can be overwhelming but there are resources that can assist you in assessing your nursing staff.

Slide 205

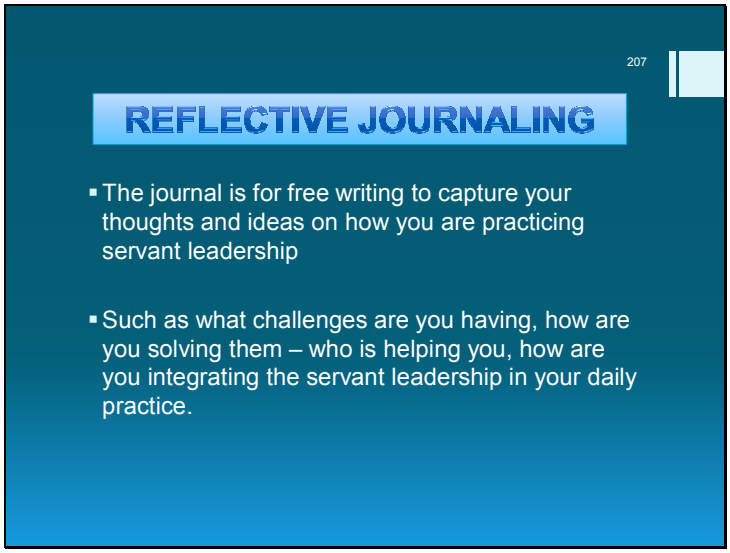
Price, B. (2013a).
Price, B. (2013c).
Price, B. (2013b). Learning Zone Assessment. Appraisal: Part 1. *Nursing Standard, 27*(20). p. 57.
(Answers to the test quiz - this for the appraisal at the end of the session).

Slide 206

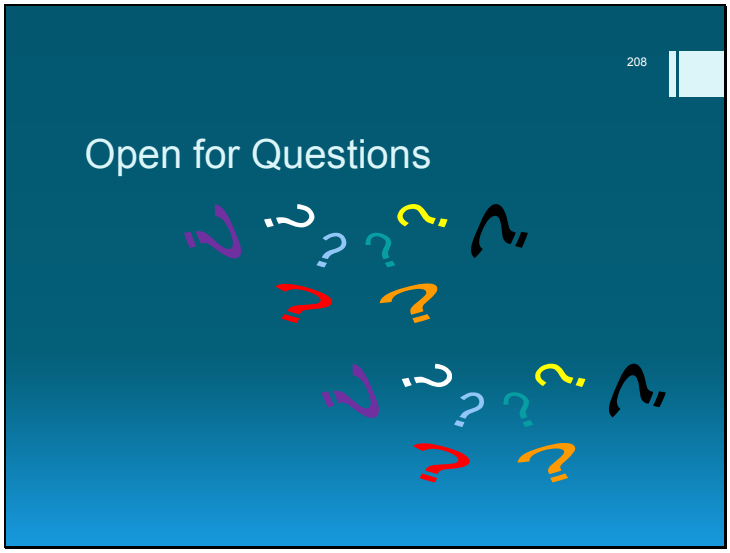


Weinstock (2011).
Cox (2015).
Ask the participants what challenges they have faced in their transition to management.

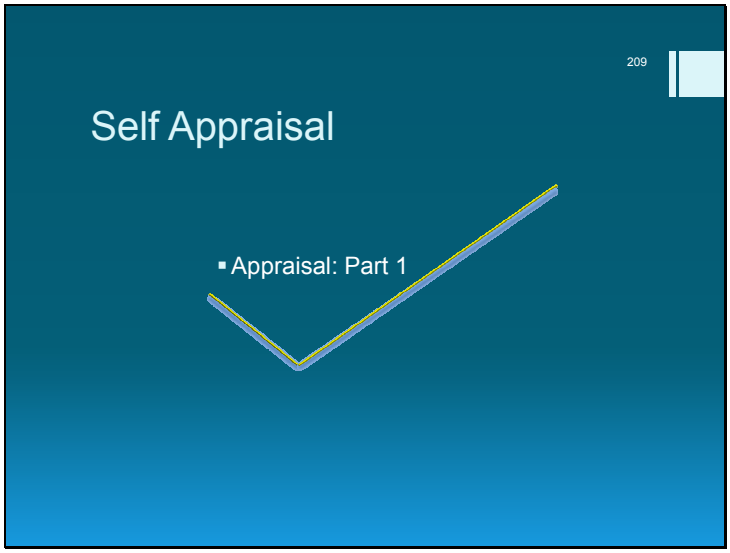
Slide 207


207
REFLECTIVE JOURNALING
The journal is for free writing to capture your thoughts and ideas on how you are practicing servant leadership
Such as what challenges are you having, how are you solving them – who is helping you, how are you integrating the servant leadership in your daily practice.

Slide 208

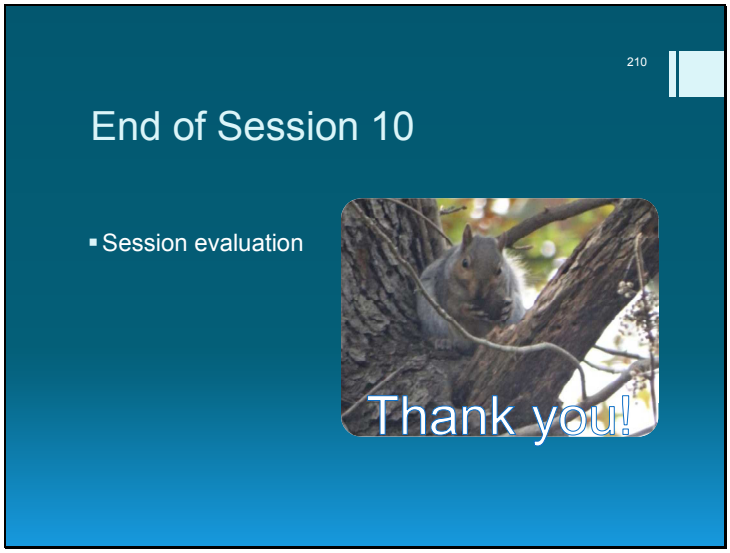


Slide 209



The journals that were provided last month have posttests – give them part one posttest from: Price, B. (2013). Learning Zone Assessment. Appraisal: Part 1. *Nursing Standard, 27*(20). p. 57.
(Have copies of journal just in case - let us keep it non-stressful!)

Slide 210



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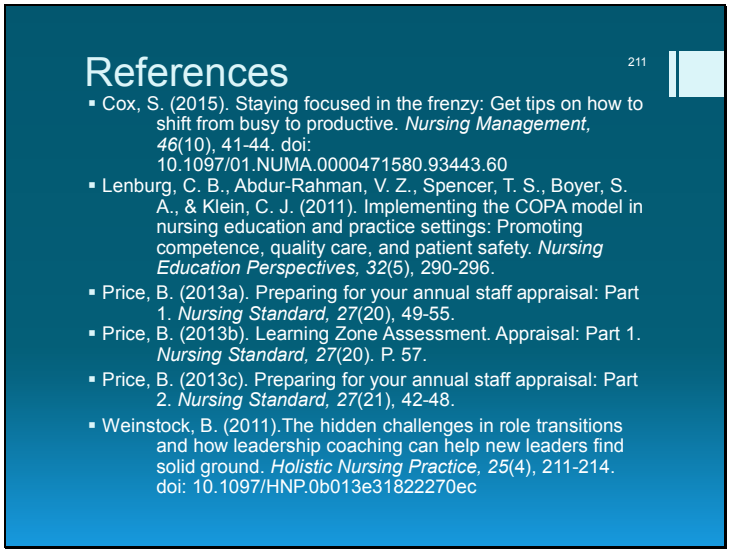

References:

Cox, S. (2015). Staying focused in the frenzy: Get tips on how to shift from busy to productive. *Nursing Management, 46*(10), 41-44. doi: 10.1097/01.NUMA.0000471580.93443.60

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Price, B. (2013a). Preparing for your annual staff appraisal: Part 1. *Nursing Standard, 27*(20), 49-55.

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Weinstock, B. (2011).The hidden challenges in role transitions and how leadership coaching can help new leaders find solid ground. *Holistic Nursing Practice, 25*(4), 211-214. doi: 10.1097/HNP.0b013e31822270ec

Slide 212

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Gandhi: http://www.bing.com/images/search?pq=ghandi&sc=8-6&sp=-1&sk=&q=ghandi&qft=+filterui:license-L2_L3&FORM=R5IR43
Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
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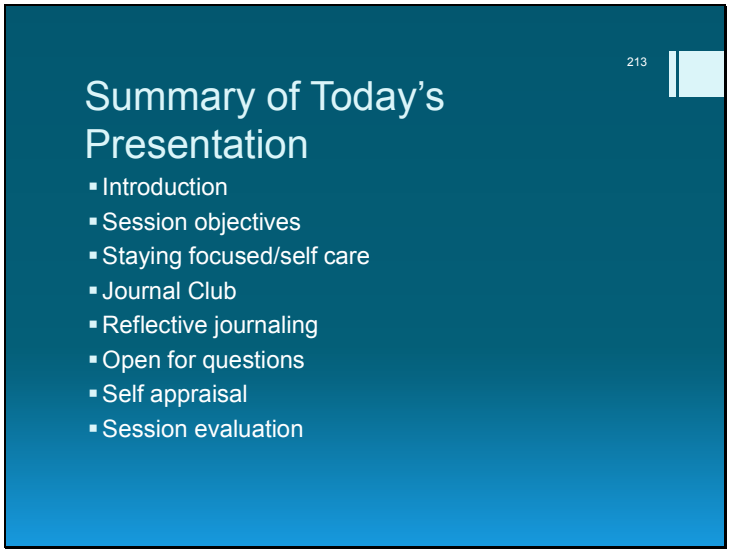
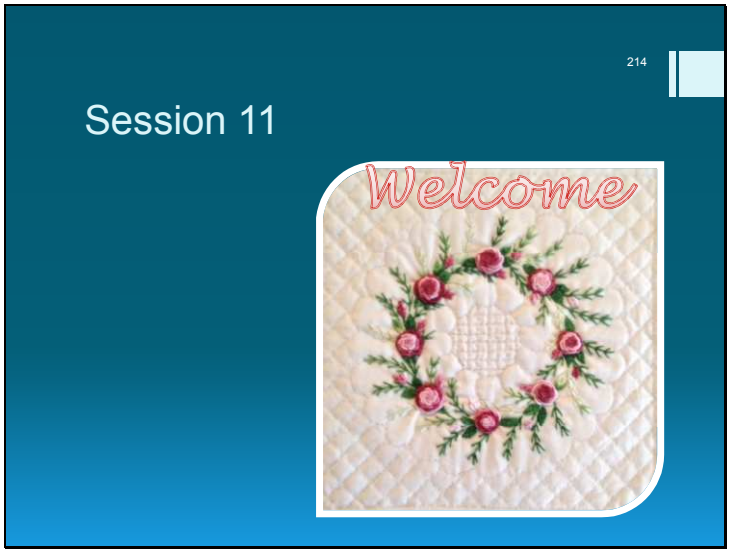


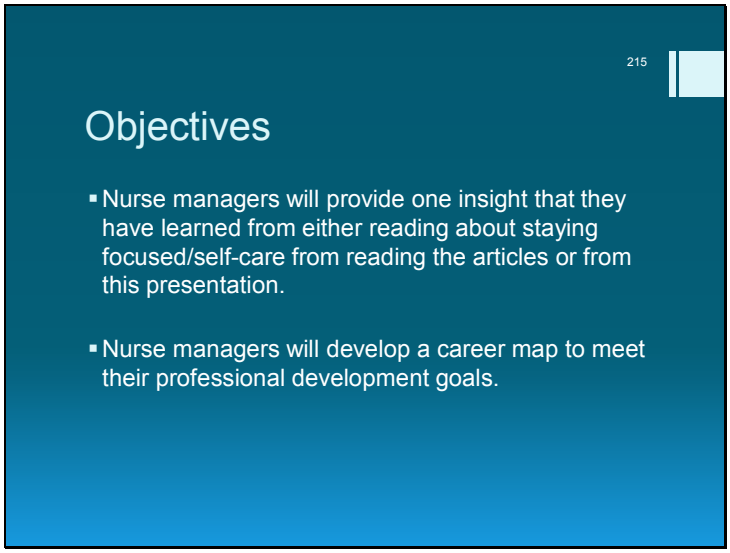
Summary and questions:	1400-1405
Introduction:	1405-1410
Objectives:	1410-1420
Staying focused/self-care:	1420-1435 (discuss assigned journals in with this topic)
Journal Club:	1435-1500
Reflective journaling:	1500-1510
Open for questions:	1510-1515
Self-appraisal:	1515-1525
Session evaluation	1525-1530

Slide 214

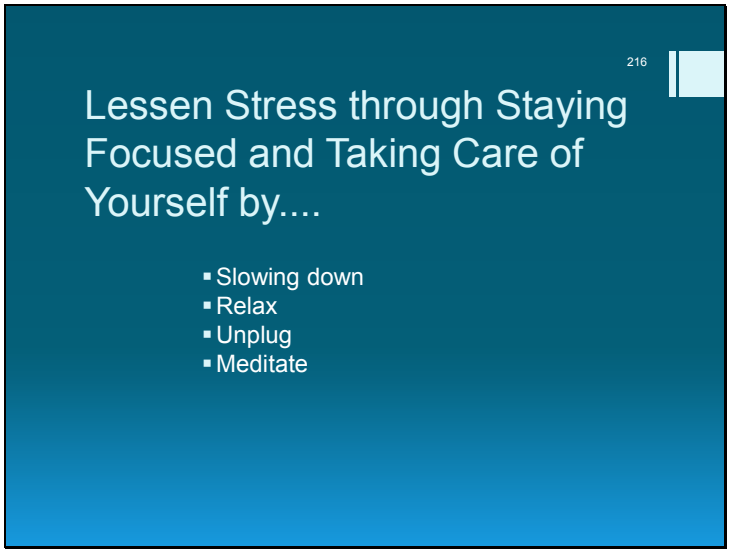


Introductions then ask what they are having for dinner tonight. (I need some ideas).

Slide 215

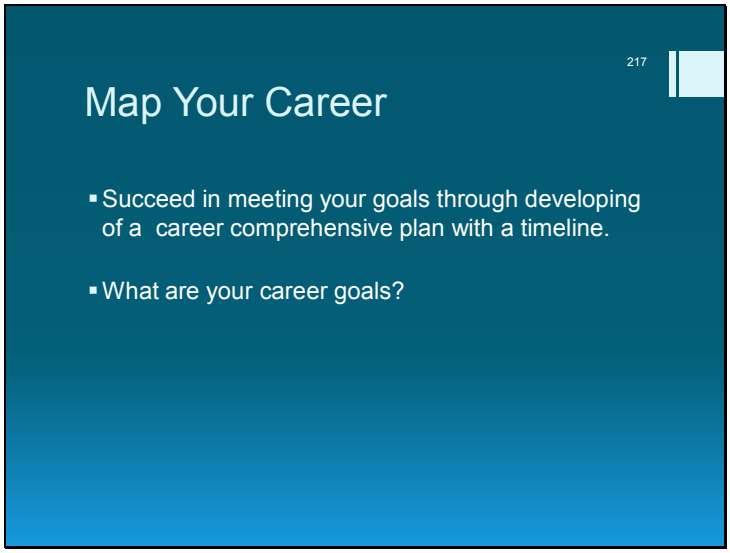

215
Objectives
Nurse managers will provide one insight that they have learned from either reading about staying focused/self-care from reading the articles or from this presentation.
Nurse managers will develop a career map to meet their professional development goals.

Slide 216



The stress of the position may become overwhelming and cause burnout - it is necessary to discuss with the participants the need of giving oneself a breather at times – yes there is a great deal on the management plate – but remember how much more productive one is when refreshed and refocused – it is necessary for one's health and wellbeing to decrease stress and burnout. Regurgitating was has happened does not solve problems only creates sleepless nights. Use – deep breathing exercises, progressive calming, guided imagery and meditation, even group meditation - find what works and use it consistently and regularly.
(Cox, 2015). This journal was assigned last month - discuss the journal with participants

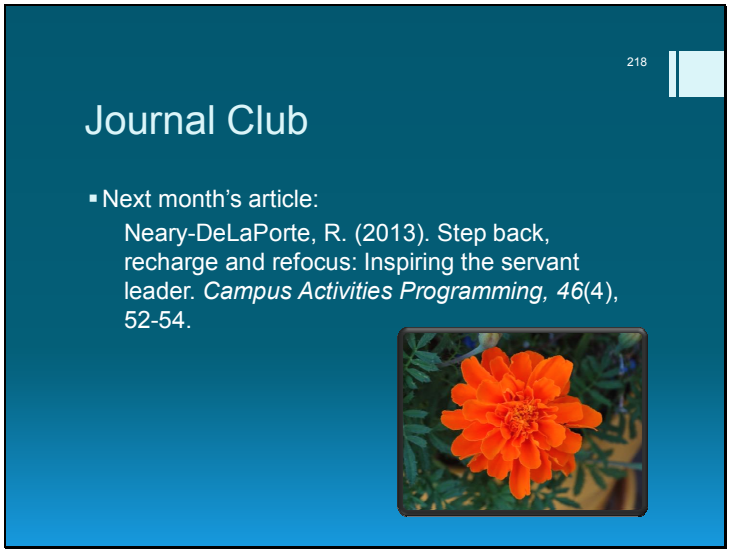
Slide 217



Interview yourself for a job – ask the questions that you would ask a potential employee. You can use the behavior-based questions to answer some of those difficult questions – just like spring-cleaning – reconsider and reevaluate your goals every year – self-appraisal – you may even want to consider attaching this to your own performance evaluation.
(Shermont, Krepcio, & Murphy 2009).

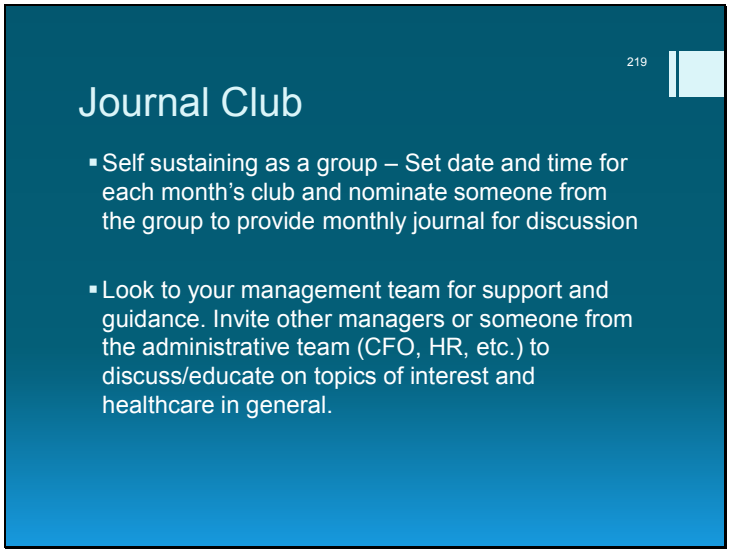
(Weinstock, 2011). Discuss with the participants the journal was assigned last month – Is career mapping and the needs of the managers similar or different?

Slide 218



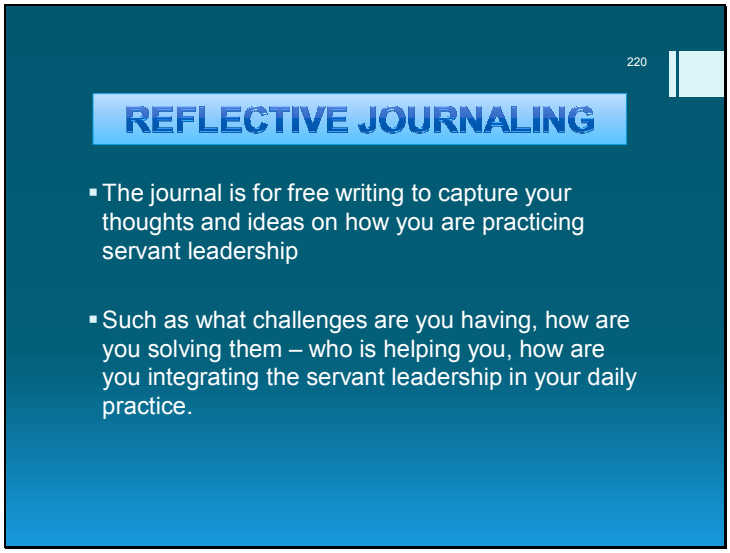
(Neary-DeLaPorte, 2013).
(FYI - Someone from the group will provide a journal info next month for the following month - which will be their first journal club self-sustaining)

Slide 219



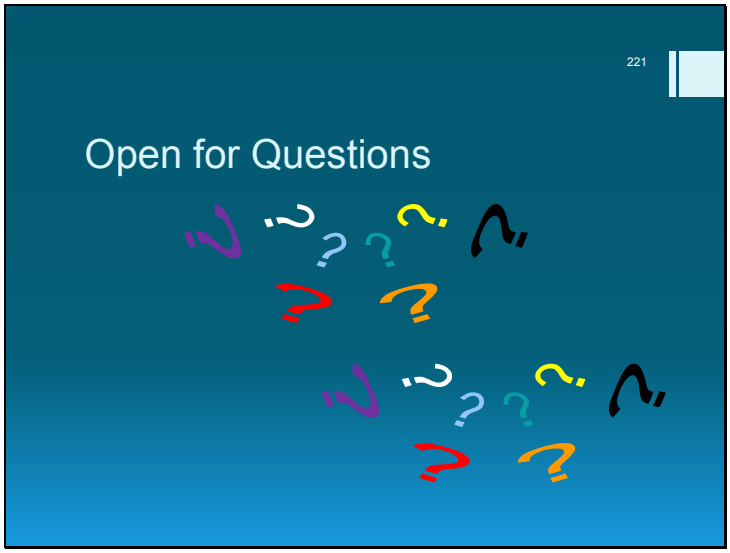
Discuss journal topic for next month and the following month – individual to provide copies or resource of journals - with enough time for reading and reflection.
Share the responsibility of searching for journals and articles!

Slide 220



Ask them to read their reflective journals (optional) and ask if they would like to share insights for next week as well.

Slide 221



Slide 222


222
Self Appraisal
What the one thing that I can do within the next 12 months that will impact my professional development and career goals?
Provide two techniques that help you destress.

Slide 223

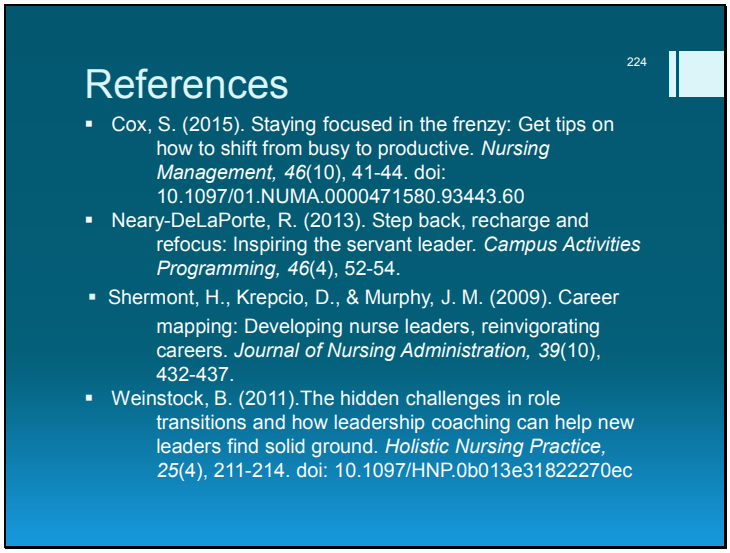
223

End of Session 11

- Session evaluation

Thank you!

Slide 224



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Neary-DeLaPorte, R. (2013). Step back, recharge and refocus: Inspiring the servant leader. *Campus Activities Programming, 46*(4), 52-54.

Shermont, H., Krepcio, D., & Murphy, J. M. (2009). Career mapping: Developing nurse leaders, reinvigorating careers. *Journal of Nursing Administration, 39*(10), 432-437.

Weinstock, B. (2011).The hidden challenges in role transitions and how leadership coaching can help new leaders find solid ground. *Holistic Nursing Practice, 25*(4), 211-214. doi: 10.1097/HNP.0b013e31822270ec

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Mother Teresa: http://www.bing.com/images/search?pq=mother+teresa&sc=8-13&sp=-1&sk=&q=mother+teresa&qft=+filterui:license-L2_L3&FORM=R5IR43
Martin Luther King, Jr.:
http://www.bing.com/images/search?q=martin%20luther%20king%2C%20jr&qs=n&form=QBIR&pq=martin%20luther%20king%2C%20jr&sc=8-22&sp=-1&sk=

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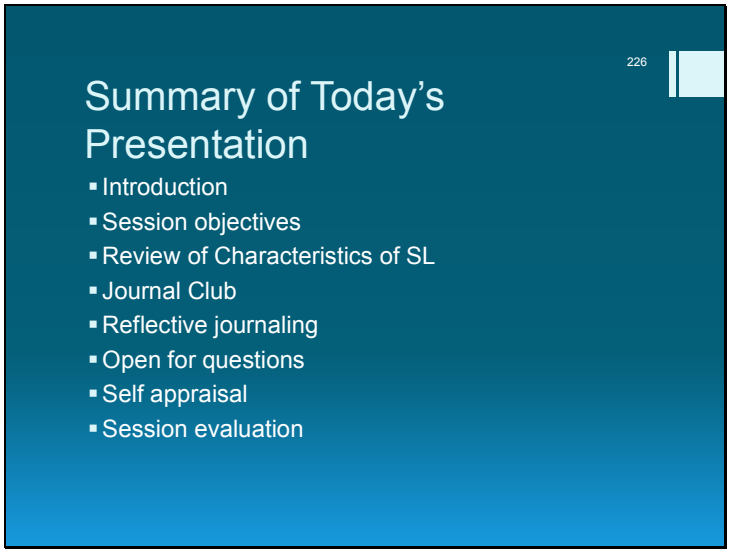
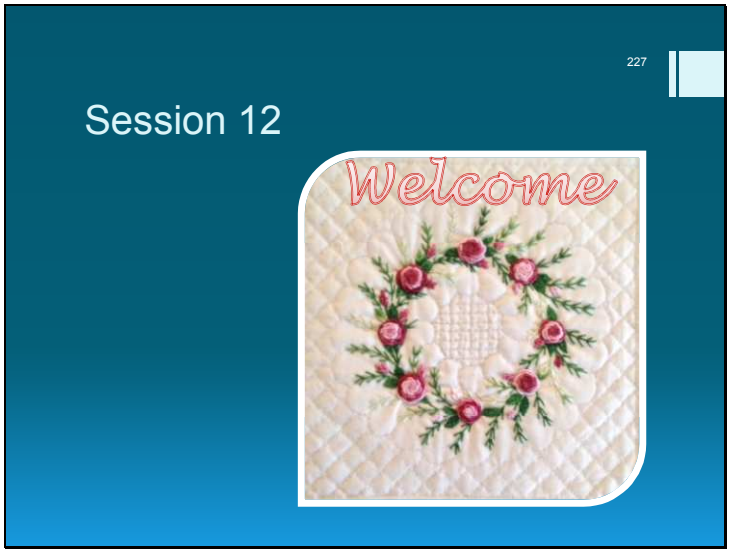


Summary and questions:	1400-1405
Introduction	1405-1410
Objectives	1410-1420
Review of characteristics of SL	1420-1435 (discuss assigned journals in with this topic – and the one assigned provided by individual in the group)
Journal Club	1435-1500
Reflective journaling	1500-1510
Open for questions	1510-1515
Self-appraisal	1515-1525
Session evaluation	1525-1530

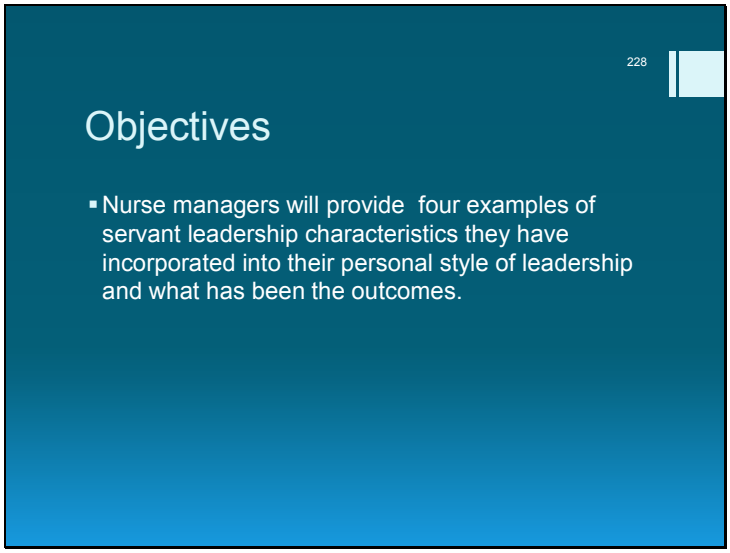
One of the foci for this last session is to have the group become self-sustaining.

Slide 227

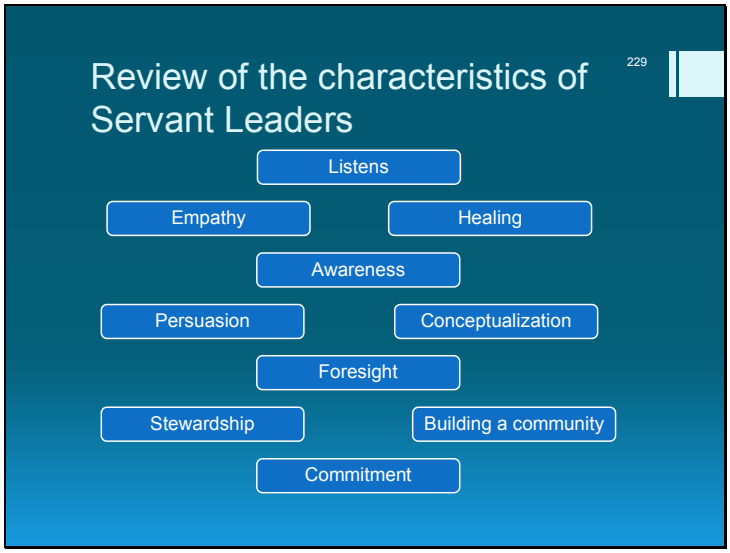


Have them introduce themselves: Ask them reflect as to how they are today compared a year ago – have their grown – ask them to share what has been their greatest accomplishment so far.

Slide 228

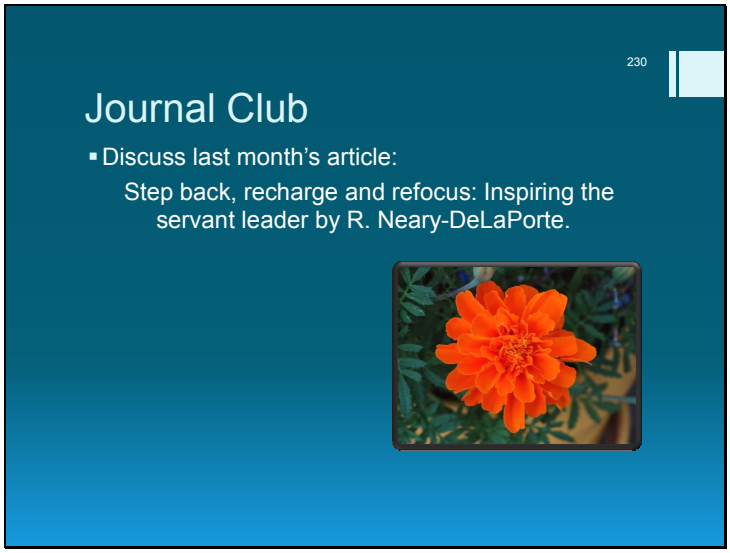

228
Objectives
Nurse managers will provide four examples of servant leadership characteristics they have incorporated into their personal style of leadership and what has been the outcomes.

Slide 229



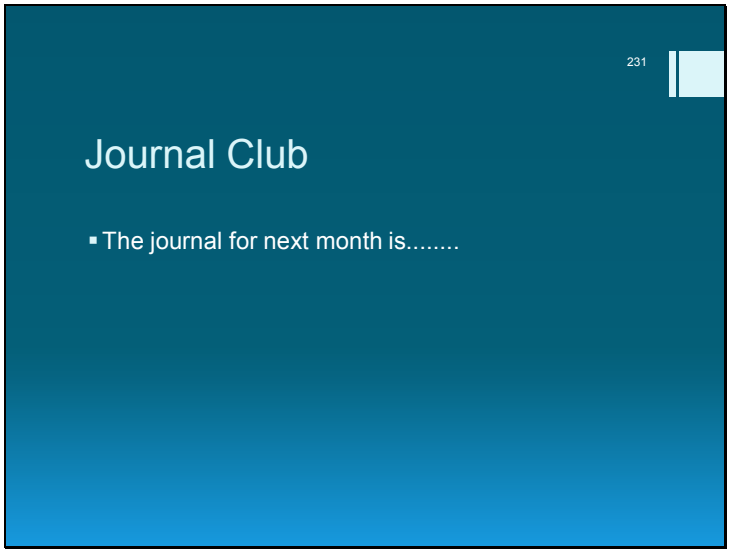
Ask for the description of each characteristic. Review using last month's journal, ask how their leadership style has incorporated servant leadership. (Neary-DeLaPorte, 2013).

Slide 230



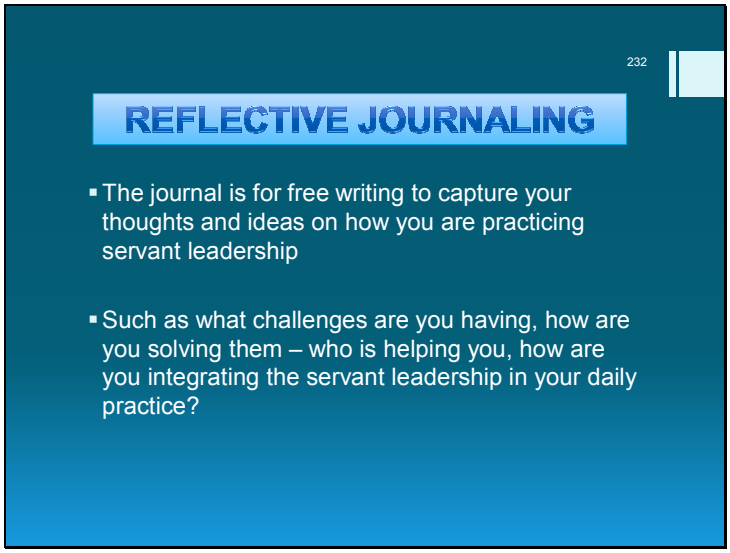
(Neary-DeLaPorte, 2013).

Slide 231



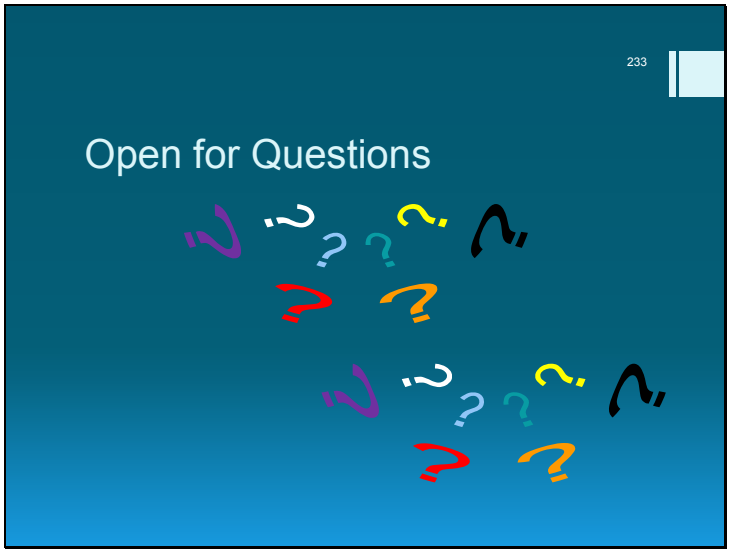
Discuss the topic of the journal for next month - why this topic?

Slide 232



Ask them if they would like to share something from their reflective journals – insights etc.

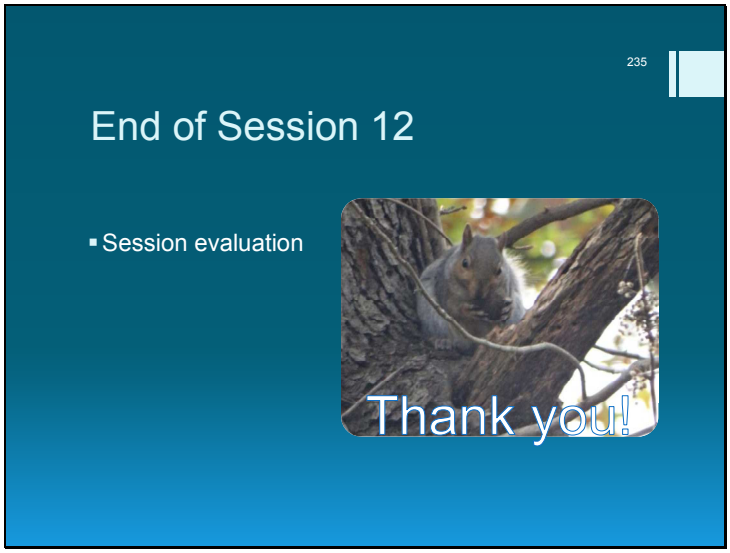
Slide 233



Slide 234

Ask for feedback on how the participants can help themselves succeed - such as commitment to each other with the continuance of the monthly journal meetings, quiet the negative mind voices and replace with empowering statement, put aside time for oneself (make it an appointment so that it is taken seriously), set realistic goals, eat healthy, drink plenty of water, let go of what you cannot control....

Slide 235

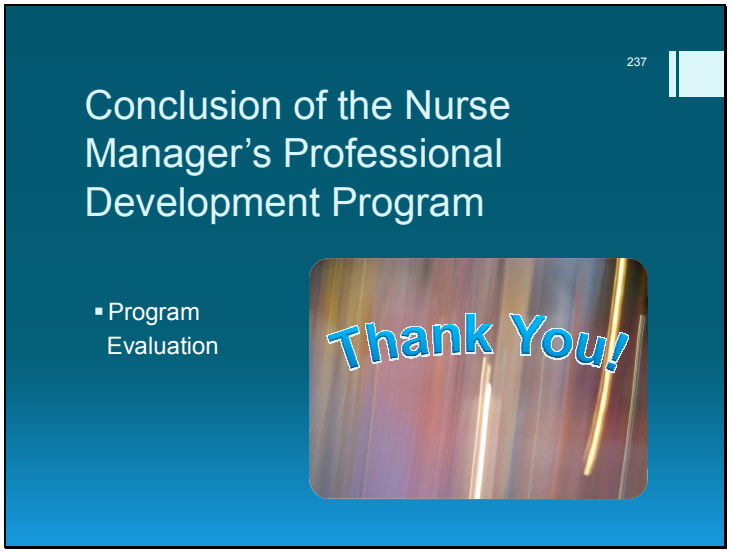


Provide the session evaluation

Slide 236

Reference:
Neary-DeLaPorte, R. (2013). Step back, recharge and refocus: Inspiring the servant leader. *Campus Activities Programming, 46*(4), 52-54.

Slide 237



Provide the program evaluation (summative).

Servant Leadership Self-Assessment Questionnaire

This questionnaire contains statements about servant leadership. Next to each statement, circle the number that represents how strongly you feel about the statement by using the following scoring system:

- Almost always true = 5
- Mostly true = 4
- Occasionally true = 3
- Seldom true = 2
- Almost never true = 1

Be honest about your choices, as this will help you to reflect on your strengths and areas that need improvement. If you are not in a leadership position, try to relate each question to similar actions you have taken in the past.

1	**I have made a deep commitment to listen intently to others so that I can identify and clarify the will of a group.**	**5**	**4**	**3**	**2**	**1**
2	I normally assume the good intentions of others, understand, and empathize with them by accepting and recognizing their special and unique spirit.	5	4	3	2	1
3	I search for wholeness and the potential to heal others and myself so that transformation and integration can take place.	5	4	3	2	1
4	I have the capacity for introspection and the ability to recognize myself as an individual who is separate from the environment and other individuals (awareness)	5	4	3	2	1
5	When making decision I rely on persuasion to convince others in order to build consensus within the group, rather than relying upon my positional authority.	5	4	3	2	1
6	I bring visions to reality by looking at a problem or the organization from a conceptualizing perspective (form an idea or picture), rather than just looking at the day-to-day operations.	5	4	3	2	1
7	When solving complex problems I use my intuitive mind to understand lessons from the past, the realities of the present, and the likely consequences of a decision that affects the future.	5	4	3	2	1
8	I hold the institution in trust for the greater good of society	5	4	3	2	1
9	I believe people have an intrinsic value beyond their tangible contributions as workers, thus I am deeply committed to the personal, professional of each individual within the organization.	5	4	3	2	1
10	I seek to identify a means for building community among those who work within the institution.	5	4	3	2	1

This self-assessment questionnaire is designed to measure your servant leadership attributes by assessing the ten principles of servant leadership. By reflecting upon your scores for each of the principles, you can determine your stronger and weaker attributes. The maximum score you can receive for each dimension is 5, while the lowest you can receive is 1. Scores in the upper range indicates you have a strong leadership principle, while a score in the lower range indicates a weaker principle. You should reflect upon the weaker scores, identify opportunities to improve them and create an action plan that will help you implement your plan. (Clark, D. R. (2014). *Servant leadership self-assessment questionnaire.* Retrieved from http://www.nwlink.com/~donclark/leader/servant_leadership_survey.html)

Formative Evaluation

Monthly Session Evaluation

Date and name of presenter_____

Please rate the following:

The presenter clearly identified and followed the session's objectives.

Strongly Agree ✡ *Agree* ✡ *Disagree* ✡ *Strongly Disagree* ✡

The presenter was familiar with the session's content.

Strongly Agree ✡ *Agree* ✡ *Disagree* ✡ *Strongly Disagree* ✡

The presenter was clear and professional in the delivery of the content.

Strongly Agree ✡ *Agree* ✡ *Disagree* ✡ *Strongly Disagree* ✡

The presenter provided ample time for questions and discussions.

Strongly Agree ✡ *Agree* ✡ *Disagree* ✡ *Strongly Disagree* ✡

The content of the sessions are applicable to my practice.

Strongly Agree ✡ *Agree* ✡ *Disagree* ✡ *Strongly Disagree* ✡

The activities provided opportunities to enhance learning.

Strongly Agree ✡ *Agree* ✡ *Disagree* ✡ *Strongly Disagree* ✡

Please provide any information or suggestions for improving this session.

_____

_____

_____

_____

Your feedback is greatly appreciated—thank you!

Summative Evaluation

Program Evaluation

Date and name of presenter: _____

Please provide feedback and comments on the overall quality of the nurse manager development program. Your opinion matters!

1. Did the program meet with your expectations? *Agree* ◇ *Disagree* ◇
2. Was the scheduling of the program content realistic? *Agree* ◇ *Disagree* ◇
3. Was the presenter throughout the program courteous and respectful to your style of learning? *Agree* ◇ *Disagree* ◇
4. Was the content of the program overall, applicable to your skill setting and practice? *Agree* ◇ *Disagree* ◇
5. Were the handouts and journals helpful? *Agree* ◇ *Disagree* ◇
6. Would you recommend this program to others? *Agree* ◇ *Disagree* ◇
7. What were the major strengths of the program?

   _____

   _____

   _____

8. What changes would you suggest to improve the program?

   _____

   _____

   _____

Your feedback is greatly appreciated—thank you!

Appendix B: Demographic Data

Name_____

Gender_____ Ethnicity_____

Years in Nurse Manager Role_____

Full Time Employment: Yes_____ No_____

Years in Nursing Profession_____

Present Position Held_____

Education_____

Appendix C: Interview Questions

1. Research Question: What empowerment factors do nurse managers perceive as important in transitioning from staff nurse to management?

    A. Interview Question:

        i. I am interested in your experience in transitioning from staff nurse to management. Think back on a specific incident that stands out in your mind that convinced you to take on the nurse manager role? I would like you to describe this incident as if you were telling a story, including details that you remember and what factors were especially important in making that transition.

2. Research Question: What empowerment factors do nurse managers perceive as important in their decision whether or not to assume a management role?

    A. Interview Questions

        i. I am interested in how nurse managers perceive empowerment in their decision to assume a management role. Please think back to the time when you were trying to decide whether to assume the nurse manager role. What empowerment factors were important in your decision? Why did you choose these factors? [Empowerment factors such as structural, psychological, behavioral/attitudes, and servant leadership].

2. Research Question: What empowerment factors do nurse managers perceive as important in their decision whether or not to remain in a management role?

    A. Interview Questions

i. I am interested in how nurse managers perceive empowerment in their decision whether to remain in the nurse manager role. What empowerment factors were important in your decision to remain in the nurse manager role? Why did you choose these factors? [Empowerment factors such as structural, psychological, behavioral/attitudes, and servant leadership].

3. Research Question: What empowerment factors do nurse managers believe should be integrated into training programs for new nurse managers?

    A. Interview Questions:

        i. I am interested in what empowerment factors should be integrated into training programs for new nurse managers. What empowerment factors do you believe should be integrated into training programs for new nurses? Why did you choose these factors? [Empowerment factors such as structural, psychological, behavioral/attitudes, and servant leadership].

4. Research Question: How are nurse managers' perceptions of servant leadership reflected in their observations and in their descriptions of their role as nurse manager?

    A. As you may know, our hospital uses the concept of servant leadership as a guide for the way it functions. Servant leadership characteristics include such activities as Listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to the growth of others, and building a community. People sometimes have difficulty incorporating this servant leadership concept into their practice. Can you talk to me about how

you define servant leadership in your practice and as your role as nurse manager?

B. How did you increase your knowledge and awareness of the four basic principles of servant leadership: service to others, holistic approach to work, promoting a sense of community, sharing of power decision making?

C. Please give me examples how you integrated the four basic principles of servant leadership in your role as nurse manager.

Appendix D: Servant Leadership Traits Observation Guide and Legend

SL Traits/Participants:	#1	#6	#7
Listens			
Empathy			
Healing			
Awareness			
Persuasion			
Conceptualization			
Foresight			
Stewardship			
Building a community			

Servant Leadership Traits Legend and Reflective Notes

Servant Leadership Traits Legend	Reflective Notes
Shows empathy to others (body language, facial expressions, and appropriate verbal support)	
Healing (addresses opportunities to heal self and relationships with others: Recent conflict voiced and resolved)	
Openly aware and perceptive of stepping out of the comfort zone (Verbal communication to take on projects, resolve conflict, address ethical issues etc. [patient, nurses, physicians, family members].	
Persuasion (Convinces others rather than coerce compliance—builds consensus in the group).	
Conceptualization (Verbally indicates to look beyond the short-term goals).	
Foresight (Verbally utilizes past experiences, present realities with the likely consequences of future decisions. Acknowledges the challenges of change)	
Stewardship (Shows service to others and verbally supports the hospital)	
Commitment (Takes personal interest in the growth of others, nurtures the personal, professional and spiritual growth of others)	
Building a community. (Demonstrate obligations to fostering positive relations within the hospital and the local community).	

Appendix E: Permission Letter for Use of Servant Leadership Self-Assessment Questionnaire

Permission Letter for Use of Previously Copyrighted Material

Jennifer Buffenbarger
[redacted]

May 18, 2016

Donald Clark
14712 58th Pl W
Edmonds, WA 98026

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Servant Leadership Self-Assessment Questionnaire.

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Sincerely,

Jennifer Buffenbarger

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