MAKING SENSE OF THE NURSING PIPELINE CRISIS: A NARRATIVE RESEARCH
STUDY EXAMINING NURSE LEADER SENSEMAKING OF THE NURSING CRISIS AS
THEY SEEK INNOVATIVE STRATEGIES TO DEVELOP THE NEXT GENERATION OF
NURSE LEADERS

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Tiffany C. Jadotte

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Abstract

In a continuously changing industry, nurse leaders are identified as vital in managing the costs and quality of healthcare delivery. The nurse leader pipeline is set to undergo changes in availability resulting from impending retirement of the Baby Boomer generation, nurse burnout and nurse decisions to leave nursing for other occupations. The time to identify and develop nurses who succeed these exiting nurse leaders has proven to be challenging. In response to this problem of practice, the central purpose of this research was to look at how healthcare organizations address the nursing shortage to build the nurse leadership (NL) pipeline for the future sustainability of the NL practice. Specifically, this research examined: How do experienced nurse leaders describe their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders?

The research was conducted using Weick's (1995) sensemaking theory and included five NL participants in the study. Sensemaking theory was also used for data collection and analysis for this study. This study revealed invaluable lessons in needing to tap into the insights of the organization's nurse leaders to establish a baseline understanding of how they and their organizations have contributed to developing and retaining its nursing staff that will eventually succeed them. Through the complex process of sensemaking, the goal of clinical and leadership development strategies need to be representative of the uniqueness of the nurse and responsive to the continuous changes occurring in the healthcare industry.

Keywords: nurse leadership, leadership development, sensemaking, healthcare, leadership

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CHAPTER 1: INTRODUCTION

This study examined how healthcare organizations develop current and future nurse leaders (NLs). Specifically, this research looked at NL sensemaking of the nursing pipeline shortage that upon reflective perspective of their leadership development experiences and action informed development opportunities for the next generation of NLs. This knowledge will inform healthcare organizations' leadership development stewards of the innovative development practices available to prepare the next generation of NLs.

This chapter begins with the background and context of the problem of practice that is followed by the rationale for use of Weick's (1995) sensemaking theory that will guide the inquiry of the research topic. The next sections of this chapter that follow are: discussion of the significance and purpose of the study, positionality statements related to the topic, presentation of the primary research question and an overview of the research plan that includes the key terms and definitions that will be present in this study.

Background and Context of the Problem

As change remains ongoing in the healthcare industry resulting from healthcare reform and laws regulating better quality of care, so also does the increased responsibility for healthcare organizations to build their clinical capabilities to meet those continuous demands and changes. Several authors have emphasized the importance of leadership in healthcare (Dunham & Fisher, 1990; Hewison & Griffiths, 2004; Carney, 2006; Greenfield, 2007; Sutherland & Dodd, 2008), and recognized that nursing leadership (NL) is an essential aspect of managing the changes in care delivery because nurses represent the largest part of the healthcare workforce in the United States (Curtis et al., 2011). The NL role is also noted as important in the healthcare organization due to its influence on improving patient outcomes (Tregunno et al, 2009), staff outcomes, such

as job satisfaction (Heller et al., 2004), and positive organizational outcomes (Wong & Cummings, 2007).

Nurse leadership is identified as "assuming the responsibility for influencing and improving the nursing practice environment" (Curtis et al., 2011, 307). Additionally, NLs are in a formal clinical leadership role responsible for "developing knowledge, empowering others, facilitating learning and working with or through others in the healthcare organization to achieve success" (Antrobus & Kitson, 1999). In a nursing report on the role and effect of NLs, the nurse leadership role is distinct from leadership counterparts in other industries due to the responsibility of NLs for adopting a "horizontal approach to their leadership" (American Nurse Today, 2011). This style of leadership involves a style of networking that works with a variety of disciplines in the healthcare organization, such as patients, physicians, and non-clinical leadership. NLs also differ from leaders in other industries in the challenges that are faced. NLs must effectively manage increased responsibilities brought by the Affordable Care Act (ACA), while leading a nursing workforce that is experiencing a shortage in personnel and is projected to increase in future years. These challenges are further explained below.

The 2010 ACA reform mandated that healthcare organizations manage costs of healthcare delivery without compromising the quality of care. While the Trump Administration has vowed to repeal and replace the ACA, the basic tenet of managed healthcare costs and quality patient care is a concept that transcends political agenda. With this acknowledgement, the ACA continues to require healthcare organizations to increase the quality of healthcare while limiting costs associated with providing care, and places emphasis on nurse leadership as a key component driving effective and efficient nursing practices, and complementing the modern-day healthcare delivery model.

The United States healthcare industry has been experiencing a shortage in its nursing staff for over a decade. According to scholar, researcher, and nursing professor Patricia Gellasch, PhD, a projected shortage in nursing staff will surpass "500,000 RNs by the year 2025 and persist for the long-term" (Gellasch, 2015). Additional data from the Bureau of Labor Statistics in 2015 show the demand for RNs will reach 1.6 million nurses. Baby boomers presently account for 40% of the active RN workforce and dominate the RN workforce that is entering retirement age in large numbers (Gellasch, 2015).

In addition to the RN workforce set to retire, data from the 2008 *National Sample Survey of Registered Nurses* indicated that 15% or 466,564 licensed nurses are not employed in nursing (U.S. Department of Health and Human Services, 2010). Further, a 2012 survey report conducted by the American Nurses (AMN) Healthcare revealed that 31% of actively practicing RNs expressed intent to take steps that would move them out of the nursing profession within 1 to 3 years due to increased stress, burnout and accountability added from an increased patient-to-nurse workload, and lacking desire to become an NL (AMN Healthcare, 2012).
Further, it is expected that the New England region will be facing an even greater shortage than other areas of the country. According to research performed by Auerbach et al. (2017), Region 1, or New England, has the largest number of nurses over 50 and the lowest number of nurses under 40 (Auerbach et al., 2017, p. 120).

Problem of Practice

As the healthcare industry evolves in delivering care under the ACA mandates on quality while managing a nursing shortage, the role of the nurse leader is crucial in meeting the demands and complexity of care delivery in the contemporary healthcare organization. Despite the growing importance of the NL to the industry, healthcare organizations are challenged with

understanding how to grow a successful nursing leadership pipeline capable of influencing

positive outcomes for both the patient and organization. The central focus of this research looked

at how healthcare organizations will respond to the nursing shortage resulting from impending

retirements, burnout and transitions out of nursing to and build a pipeline of nurses for the future

sustainability of the NL practice. Specifically, this research looked at NL sensemaking of the

factors contributing to the nursing pipeline crisis and how their and their organization's current

and future contributions support developing new nurses into the next generation of NLs. The

next section discusses the theoretical framework history and overview that serves as the lens to

further the inquiry of this study.

Theoretical Framework

According to Mills (1993), a theoretical framework serves as an "analytic and

interpretive framework that helps the researcher make sense of 'what is going on in the social

setting being studied' (Mills, 1993, p.103). The effective use of a theoretical framework "allows

the researcher to see and understand certain aspects of the phenomenon being studied and helps

inform of the constructed reality of the researched" (Anfara & Mertz, 2013). By understanding

NLs sensemaking of their developmental experiences and actions contributing to developing new

and inexperienced nurses, the aims of this study were achieved in better understanding what

leadership and clinical development experiences and opportunities are important and relevant to

current and future NLs, how leadership development identities are constructed, how leadership

knowledge was developed, and what other characteristics influence NL leadership development.

Gaining insight into these leadership development experiences will help healthcare leadership

development stewards break through the complexity and ongoing needs for NL development that

are requisite to improve patient and organizational outcomes.

Characteristics and Application of Theoretical Framework

In his 1995 work, Weick explains how engaging in the following seven characteristics allow for effective sensemaking. The following provides a brief description of each of Weick's sensemaking characteristics that are covered in greater depth in chapter two of this study. (Weick, 1995).

- *Grounded in identity construction* proposes starting with the actual sensemaker to effectively engage in sensemaking.

- *Retrospect* involves previous knowledge, action and beliefs responsible for creating reality based on past lived experiences.

- *Enactment* reflects on the role of the second characteristic, retrospect that shapes of environment of action.

- *Social-Sharing* builds on engaging on meaning or viewpoints interpreted by the sensemaker.

- *Ongoing-continuous* involves identity being constantly based on the stream of experiences that the sensemaker encounters and manages through.

- *Extracted cues-symbols* defines the situations encountered in the sensemaker's social environment that influences, informs and shapes identity construction.

- *Plausibility* seeks to examine the steps that logically shaped the sensemaker's experiences to inform identity construction.

Use of Theoretical Framework Rationale

The decision to use sensemaking theory as a guiding lens for this study is based on Weick's (1995) seven characteristics that informed this researcher of how the study's NL participants made sense of the contributing factors of their NL's identity development and

providing insight into how their interpreted meaning of the nursing shortage informs their decision-making and approach to current and future NL development. Weick's (1995) sensemaking framework served this study as the theoretical lens as well as the tool for data collection and analysis.

Significance of the Research Problem

The importance of this study stems from recognition of the pending retirement of existing nurse leaders and the registered nurse (RN)shortage. This research is useful to national and local healthcare organizations that are actively seeking innovative strategies of developing and retaining the next generation of nurse leaders.

On a national level, a variety of organizations including the Institute of Medicine (2004) and a coalition of U.S. nursing associations have jointly recognized the contribution of NLs and their knowledge, skills, and abilities (KSAs) in improving patient and organizational outcomes. However, the challenge in training future NLs is that leadership development stewards only predict and assume what KSAs will be needed to successfully lead in the future. In fact, many NLs in healthcare organizations are in their roles because early in their career they demonstrated proficiency and strong technical abilities in their clinical roles (Sherman, Bishop, Eggenberger, & Karden, 2007). These skills and behaviors of current NLs have evolved over time as "technical skills" (Shirey, 2006) but these skills do not always support being an effective NL with successful leadership practice. Further work conducted by these national nursing groups reveal that being unprepared as a NL with the necessary KSAs negatively affects patient and organizational outcomes, as well as the NL's job satisfaction and intent to remain as a clinical leader (Sherman & Pross, 2010).

Another example of the significance of this problem at the local level can be provided through the researcher's former healthcare employers. These healthcare organizations had experienced ongoing and increased turnover in its nurse leadership that resulted in low employee engagement, resistance to changes in healthcare technologies, and direct care (certified nurse assistant, (CNA), and nursing personnel) turnover.

This study contributes to existing nurse leadership development literature by moving beyond the implementation of traditional leadership development programming and instead examining NL sensemaking and retrospection of their clinical and leadership development experiences to provide insight of the various personal and environmental influences that shaped their clinical leadership identity formation and practice.

Positionality Statement

Several scholars (Foucault, 1980a; Gadamer, 1990; Haraway, 1991) have extensively written about how one's identity, particularly with one's positioning, influences the way in which one perceives and understands the world (Briscoe, 2005). Research provided by Haraway (1991) further notes that one's positionality can affect the perceptions of the research and therefore, representation of the participants' experiences.

My motivation for focusing on this subject area stems from 10 years working as a Human Resource (HR) practitioner in the healthcare industry. The role of recruitment and retention is a vital aspect of HR practice in all industries. In relation to the healthcare industry, not having an available source of qualified nursing personnel makes the process of caregiving challenging, if not impossible. I have experienced the challenge of properly staffing my healthcare organization's nursing units and witnessed the effects of inadequate staffing levels of nursing personnel on the quality of care delivered to patients. I have also observed the effects of lower

nurse staffing levels on my organization's NLs. Since healthcare organizations operate 24 hours per day, seven days per week, care needs to be delivered regardless of how optimally the nursing units are staffed. In response to low nursing staffing levels, NLs have the dual responsibility of leading the unit and occasionally working as staff nurses to help provide care. This duality in the roles has resulted in increased burnout and frustration for the NL due to expressed feeling in the inability to fulfill his or her leadership duties because of operating in an increased nurse supervisor and practitioner capacity. I recognize that the ability to recruit and retain NLs to minimize NL burnout and turnover is an essential function of my HR role.

As an HR practitioner, I am responsible for staying up-to-date with the staffing trends that are relevant to the occupations in my industry. Maintaining current information about nursing trends in the healthcare industry has provided me with first-hand knowledge of the nursing shortage that is occurring locally and nationally. My working knowledge of the NL's importance and impact on clinical and organizational outcomes is the primary motivator in conducting this research.

In addition to the awareness of my background and beliefs surrounding this research topic, there is also an awareness of the level of power that will be factored in this research effort. Given that I am not a nurse, there is no personal bias or background associated with working or leading in the nursing profession. Also, this research conducted will be outside of my healthcare organization, so that the NL participants will not be compelled to respond in a manner that is perceived to impact the NL's leadership or employment status at his or her healthcare organization. My position as a knowledgeable "outsider" will allow me to make sense of the NL's leadership journey.

Research Study Purpose and Questions

The purpose of this research was to look at how healthcare organizations will meet the evolving needs of nursing leadership development for the future sustainability of the NL practice. Specifically, this research looked at NL sensemaking of the factors contributing to the nursing pipeline shortage and engaging in retrospection of their clinical and leadership development experiences and enacting contributions toward developing new nurses that inform opportunities to building and sustaining the next generation of NLs. This knowledge gained from NL's lived experiences will inform healthcare organizations' clinical and leadership development stewards of the sustainability interventions needed for clinical leadership development and practice. To further investigate this research problem of practice, the primary research question that guided this study was: How do experienced nurse leaders describe their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders?

Overview of the Research Plan

The goal of this study was to inform healthcare organizational leadership development stewards of the available nurse leadership building opportunities for the next generation of NLs to prepare them to become successful in their clinical roles. The goal was achieved through a qualitative, narrative research method (Creswell, 2013), that allowed the researcher to understand the lived experiences of seasoned NLs. The research included open-ended questions within the interview protocol posed to experienced nurse leaders that allowed reflection and insight into their sensemaking of factors contributing to the nursing shortage as they reflected on the developmental interventions contributing to the formation of their nurse leader identity and practice as well as their and their organizations' contributions to developing new and

inexperienced nurses. The following research question guided this study: How do experienced nurse leaders describe their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders?

Limitations and Delimitations

This researcher approached conducting this study with the intention of quality and integrity; however, limitations during the course of the study are further described.

First, due to the narrative inquiry nature of this study; the sample size and selection of the study's size were intentionally small. There was also a requirement that nurse leader candidates were actively working and possessed a minimum of three years clinical leadership experience. This purposeful sampling criterion may have screened out additional available participants.

Also, although the recruitment procedure reiterated that confidentiality was offered for participants through the use of consent forms and pseudonyms, participants may have chosen not to participant due to lack of comfort of having their identity or their organization's identity revealed.

Finally, although the nursing participant base presented nurse leaders working in diverse health organizations within the northeastern region of the United States, the participants primarily worked in the Commonwealth of Massachusetts. This location was convenient for this researcher to conduct face-to-face interviews but limited the perspectives of NLs working in healthcare organizations outside of Massachusetts.

Delimitations

The following depict the three delimitations of this study:

- This study relied solely on the lived experiences of the nurse leader.

- This study focused on nurse leaders actively working in a healthcare organization in the United States;

- This study focused on nurse leader participants who have a minimum of three years of clinical leadership experience.

The following describes the key terms and definitions that were used in this study.

Key Terms and Definitions

Affordable Care Act (ACA): United States healthcare legislation signed by President Barack Obama on March 23, 2010 that expands Medicaid access to healthcare coverage to the uninsured, offers subsidies to purchase insurance and prohibits pre-existing condition exclusions (Gostin & Garcia, 2012).

Burnout: defined as "describing the consequences of high ideals and severe stress experienced by people working in care positions" (American Nurse Association, 2013).

Caregiver: defined as a "person who provides direct care (as to children, elderly people or the chronically ill." For this study, direct caregivers are staff nurses, registered nurses (RNs), or certified nurse assistants (CNAs) (American Nurse Association, 2016).

Clinical Leadership: defined as "the process of influencing others to attain the highest standard of care for patients and families" (Huber, 2013).

Experienced (used interchangeably with seasoned): refers to the nurse's years of clinical practice. For this study, experienced nurse leader will refer to a nurse with three or more years of clinical practice in a nurse leader role.

Employee Retention: defined as "keeping or encouraging employees to remain in an organization for a maximum period" (Bidisha & Mukulesh, 2013).

Employee Turnover: refers to the rate at which employees are leaving an organization (Society for Human Resources Management, 2014).

Healthcare Organization: for the study, consists of a hospital that provides a system of healthcare services that affect quality of care, health outcomes and patient satisfaction of the population receiving care.

Nurse Leader (NL): defined as "a professional in clinical care that galvanizes the nurse to influence others to continuously improve the care they provide" (Cook, 1999; Cook & Leathard, 2004).

Recruitment: defined as "searching and hiring qualified job candidates for current or planned open positions" (Society for Human Resources Management, 2014).

Seasoned (used interchangeably with experienced): refers to the nurse's years of clinical practice. For this study, seasoned nurse leader will refer to a nurse with five or more years of clinical practice in a nurse leader role.

Staff Nurse: refers to the hospital personnel that **"**protects, promotes, and optimizes the health and abilities, prevents illness and injury, facilitates healing, and alleviates suffering through the diagnosis and treatment of human response" (American Nurses Association, 2016).

Chapter Summary

The goal of this study was to understand the lived experiences of seasoned nurse leaders to inform how to best prepare the next generation of nurse leaders. Given the stated problem facing the healthcare organizations of being able to effectively develop future NLs resulting from impending NL retirements in large numbers and an RN shortage due to burnout and decisions to leave the nursing profession entirely, this research contributed to existing nursing leadership development research and organizational practical application at the national and local levels.

By interviewing experienced nurse leaders actively practicing in healthcare organizations located the United States, nurse leader participants engaged in telling their experiences contributing to their NL identity and practice and provided insight into meaningful development contributions (that were their own or assumed through their organization's efforts) toward developing new nurses. Weick's (1995) seven characteristics of sensemaking served as the guiding lens supporting the research question: How do experienced nurse leaders describe their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders?

This chapter presented an overview of the background and context, problem, theoretical framework and significance of this research topic. The next section includes positionality, research purpose, questions, overview and key terms for the study. This chapter concluded with a summary. The next chapter will present a review of the literature that will present, the managerial sensemaking framework, leadership development, leadership and adult learning theories that contribute to understanding the role of the nurse leader and how NLs learn and assume their leadership roles.

CHAPTER 2: LITERATURE REVIEW

This study investigated how healthcare organizations can better develop current and future nurse leaders (NLs). The study examined leadership development through experiential insights and opportunities provided by seasoned NLs sensemaking of their leadership development contributions to new nurses. To gain insight and understanding into the NL leadership journey, this literature reviews the emergent themes of this study and frames our understanding of what is known about sensemaking theory, followed by leadership development (LD), and then a description on leadership and adult learning (Knowles, 1970) theories. Once the key literature on leadership and adult learning are identified, this literature review examines existing knowledge available recognizing NL development in healthcare organizations.

The organization of this literature review is divided into six sections. The first section provides an overview of sensemaking theory which is the central theoretical lens and methods for data collection and analysis for this study. The second section reviews leadership development literature. The third, reviews the leadership term's conceptualization and its main theories, "great-man, trait, situational, contingency, transactional and transformational" (Yukl, 2010), are further explained and depicted as contributing to LD. The fourth section reviews the literature on adult learning theories and explains the internal and external influences that contribute to leader knowledge formation and development. The fifth section of this chapter synthesizes existing knowledge about leadership development and examines what is currently known about NL identity formation, as well as leadership development and motivations to pursue clinical leadership roles. This chapter concludes by acknowledging what exists in the literature about nurse leadership development and identifying gaps in the literature that require further inquiry via this research study's question: How do experienced nurse leaders describe

their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders?

Sensemaking Overview

Managerial Sensemaking in a Continuously Changing Environment

Luscher and Lewis (2008) posit that the process of change in an organization is needed for long-term survival and short-term competitiveness, but presents managerial challenges. Managing the responsibility of continuously managing change has become a daunting task and challenge for managers that shapes their ability to gain buy-in and support for the organization's change initiatives (Kanter, Stein & Jack, 1992). Middle-level managers are recognized as the glue for ensuring that change efforts are implemented and sustained and are the intermediaries between an organization's senior leaders and its staff.

As discussed in Chapter 1, Weick's (1995) sensemaking theory was chosen for this study's theoretical framework given that the healthcare industry is set to undergo a major shift in the availability and retention of its nursing workforce, that is the largest healthcare group delivering care. Sensemaking at the managerial-level is particularly vital in communicating to their followers a workable certainty during times of anxiety and resistance an organization's change goals (Maitlis, 2005). This next section provides a history and evolution of this theory that follows with the empirical use of this framework and criticism in the literature.

History and Evolution of Sensemaking Theory

The sensemaking concept origin can be traced to the ancient Greek development of the words: noos and nóein where noos means "mind"—and nóein meaning "sense" (Cunliffe, 2009). As the term noos evolved in Greek literature, the meaning came to represent "one's own meaning or conscious" that appeared in Homer's Greek poetry and other classic Greek literary

work (von Fritz, 1943). The portrayal of sensemaking in Homer's classic literary works, *The Iliad* and *The Odyssey*, focus on the role of sensemaking as "the mind's insight into a truth and to account for the particular view of an instance within the phenomenal world" (Gross, 2010). The concept of sensemaking continued to be studied and appeared in literary works over the next centuries and notably appeared in the work of nineteenth century German philosopher, Georg Wilhelm Friedrich Hegel, who drew on the Greek's conceptual use in "simplicity of the concept of sense" (Gross, 2010, p. 2).

Despite its origins dating back to ancient Greece, the terminology was not applied to communication and knowledge building until the 1970s (Gross, 2010, p. 3). Brenda Dervin (1983) defined the sensemaking term as the "internal, cognitive and external, procedure that allows the individual to define his or her existence through time-space." Dervin's contribution to the sensemaking concept was to expand the theoretical interpretation to hold both a heuristic and methodological perspective that "explains the phenomena of how individuals interpret it, make sense of it, and come to its conclusions" (Gross, 2010, p. 18).

Weick's (1995) expansion on sensemaking theory applied directly to organizational theory, where sensemaking's central role in human behavior "informs and constrains identity and action" (Weick et al., 2005). In a more simplistic understanding of this theoretical framework, sensemaking is a "consensually constructed, coordinated sense of action" (Taylor and Van Every 2000, p. 275). The focus on sensemaking involves examining an ongoing, unknowing, and unpredictable experience to try to answer questions about the phenomena under investigation. According to Weick (2005), answering the questions "what is the story" is the guiding principle to the researcher (Weick, 2005, p. 410). During the years 2000 and beyond, contemporary applications of sensemaking theory have taken Weick's (1995) seminal work and empirically

applied the social focus of which sensemaking is accomplished (Maitlis, 2005). Research on sensemaking continues to be applied in organizational settings (Anand & Peterson, 2000; Colville, Pye, & Carter, 2013; Luscher & Lewis, 2008) where the theory "seeks to bridge levels of analysis to explore embodied and sociomaterial nature of what had been treated as largely cognitive and discursive practices" (Cunliffe & Coupland, 2012; Stigliani & Ravasi, 2012; Whiteman & Cooper, 2011). The next section provides a summary of Weick's seven characteristics of the theory that is featured in Chapter 2 of his book title Sensemaking in Organizations (1995).

Seven Characteristics of Sensemaking Theory

The first sensemaking characteristic is identified as grounded in identity construction. This characteristic is described as beginning with the individual sensemaker and a reflection of one's enacted cues or reflection. The characteristic of identity focuses on sensemaking as dependent on the human actors and environment in which the sensemaking occurs. According to Weick's description of this characteristic: "Identity at the individual levels translates to "who am I?" and at the organizational-level, "who are we?" (Weick, 1995, p. 18). Weick identifies the identity construction characteristics as important to the organization by also influencing the development of the organization's identity formation through the interaction of the individual sensemaker and the organization. Through development of a deeper understanding of the NL participants' rich explanations of their leader identity formation, this researcher could understand how NLs make sense of the opportunities to develop new nurses and nurse leaders.

The second sensemaking characteristic is identified as retrospection. This perspective focuses on how individuals reflectively examine their own actions in order to discover what they

have done and the meaning of those actions (Weick, 1977). The implication of retrospect is to use future perfect thinking by placing future events into the past to interpret what will have happened (see Weick, 1979, pp. 194-200). Sensemaking therefore operates under the assumption that past events of the individual dictate how they view current and future events. This sensemaking characteristic is pertinent to this study because of the goals of understanding how NLs make sense of their own clinical and leader development that sheds light on their abilities to develop future NLs.

The third sensemaking characteristic is referred as enactment of practical environments. Through individual narratives, sensemakers attempt to simplify their past events. This characteristic allows individuals and organizational leaders to operate within a complex environment such as a healthcare environment. This process of discussing topics, issues, or concerns allows the individual to come to terms with what has taken place and develop an action plan for moving forward (Weick, 2001). Since NLs encounter a great deal of complexity working in a healthcare environment, this characteristic is important to this study's aims in determining how NLs navigate through this complexity to find ways to develop their nursing staff.

The fourth characteristic of sensemaking examines the social activity influencing the individual. This characteristic is a blend of the individual's voice with the organization. The interactions between the individual and organization are essential in examining this characteristic and per Weick (1995) have a direct impact on the process of interpreting the factors exposed to within the environment, thus influencing how one creates his or her reality. This characteristic is relevant to this study by providing a lens of how NLs' continuous

interactions within their environment inform how they make sense of their world and their problem of practice.

The fifth characteristic reflects on the ongoing, and continuous nature of the sensemaking process. Weick's reviews this sensemaking characteristic as never-ending and that constant assessment and reassessment of one's world requires organized thinking to make sense of environmental interactions. This process of sensemaking is intensified by continuous changes in one's environment and way of thinking, such as encountered by NLs working with changing regulations and care delivery requirements to patients possessing diverse acuity or sickness levels. Weick stresses that within this characteristic, continuous feedback is needed by the sensemaker from those interacted within their organization to adjust one's thinking or perception of one's reality that causes their decision to act (Weick, 1995).

The sixth characteristic focuses on the processes of identifying and extracting cues in the individual's past that create current meaning. Weick describes this process of sensemaking as the individual categorizing the past experiences that are relevant to holding meaning to their current actions. This characteristic is important to this study's findings to determine how NLs perceive their world and how their roles fit into that world. This characteristic also presented a lens into the NL participants' perceptions of the knowledge, skills and abilities (KSAs) needed currently and in the future of nursing practice and their outlook of how their role can help new nurses and leaders acquire those skills.

The seventh and final sensemaking characteristic is referred by Weick as plausibility over accuracy. This truth is essential in examining for NLs because of the ever-changing healthcare environment that they work in. This characteristic reveals what is possible instead of what is accurate and considered important to this study because the process of decision-making is not

clear cut. To understand this study, plausibility over accuracy was an essential reflection for NLs because of the complexity in determining a sole approach toward developing new nurses and leaders. The use of this characteristic allowed NL participants to better examine the contributions to their own development and view the current and outlook of NL development based on what is possible with a fresh lens for developmental strategies unique to their nursing staff needs.

Empirical Work Using Sensemaking Framework

Sensemaking theory has been used in literature in a wide variety of organizational studies topics that represent a wide variety of research approaches that include narrative, social constructionist, phenomenological, and interpretive. Scholarly are continually attracted to this theory because it allows a perspective that inserts a multi-level analysis that for those "seeking to understand and theorize how individuals enact their realities" (Holt & Cornelissen, 2013; Maitlis & Christianson, 2014; Sandberg & Tsoukas, 2014). Although this theory has not been widely featured in nursing clinical and developmental areas; this framework is valuable in articulating its characteristics and how the theory shapes the individual's understanding of the contributing factors that shape his or her world. The following studies are relevant examples of this theory in action.

Empirical work by Davidson (2010) applied Weick's (1995) the concept of sensemaking to a study of 21 staff nurses, not operating with leadership titles, exhibiting leadership behaviors and practices in an intensive care unit (ICU) setting while interacting with family members of ICU patients. Davidson's study examined how staff nurses shaped their organizational image of family members experiencing grief, anxiety and depression associated with the stress of managing a critical illness of their loved ones and examined the staff nurses relating to the social cues received from their work environments to exhibit leadership behaviors of proactively

communicating ICU patient health changes and health associated interventions available to their family members. From an organizational leadership perspective, Davidson concluded that these social cues are situational and formed an impression on the leader that caused him or her to respond and act as a leader.

Bolander and Sandberg (2013) offered an analysis of how decisions on new employee selection were made through the study of what was said by actual participants in selection decision meetings. Sensemaking in this study was emphasized as being associated with the creation of a 'practical reality' (p.288) in which "context" and '"action" and are mutually determinative elements in a simultaneous equation that the actors are continually solving and re-solving to determine the nature of the events in which they are placed" (Heritage, 1987, p. 242).

Malsch, Tremblay and Gendron (2013) analyzed how compensation committee members determined compensation reward and benefit strategies for their organization's members. This study drew on Douglas's (1992) cultural theory which posits that there are four types of interactive and non-deterministic cultural biases - individualism, hierarchy, egalitarianism and fatalism – associated with different sets of framing assumptions that affect individual and group sensemaking, not least by shaping their moral sensibilities. The use of sensemaking theory as a lens into this study's goals presented the idea of micro and macro processes of sensemaking when making sense of one's environment. This study was also important in understanding the use of the theoretical framework because it pointed to individual-level sensemaking resulting in potential organizational consequences in their action for organizational processes

Karreman and Alvesson's (2001) study explored the simultaneous construction of plausible organizational realities and work identities in a routine meeting conducted in a Swedish evening newspaper. Through this study, Karreman and Alvesson maintained that what may also

be at stake is the exploration and elaboration of identity issues. "Through in-depth ethnographic study of a seemingly unremarkable meeting, individuals who appeared to be discussing their work were also making sense of their individual, professional, group and organizational identities" (Karreman & Alvesson, 2001, p. 80). This research helped unearth a wealth of empirical research connecting the processes of sensemaking with identity at the individual (Brown & Toyoki, 2013), group (Patriotta & Spedale, 2009), community (Howard-Grenville, Metzger, & Meyer, 2013) and organizational (Hirst & Humphreys, 2013) levels.

Sensemaking Theory Conclusion

In summary, the review of literature regarding sensemaking highlights a framework by which individuals can analytically rationalize and understand many experiences. This process helps individuals, specifically those in an organizational setting, move to action in a planned manner. This literature scan on the use of sensemaking revealed many studies using the characteristics to determine how individuals interpret their world and determine action-oriented activities. This researcher did not find studies that used the sensemaking framework to determine how nurse leaders make sense of the nursing pipeline crises affecting their healthcare organizations. The next section of this literature review displays the associated literature and empirical studies relevant to the leadership development topic.

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Leadership Development Overview

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Leadership development continues to be a multibillion dollar industry in the United States (Fulmer & Vicere, 1996). Organizations have recognized that their leaders will face many challenges resulting from a continuously changing internal and external environment, and in response, organizations have increased their interest and investment in LD (Yukl, 2010, p. 381).

During the last 10 to 15 years, investment in approaches to leadership development has resulted in increased empirical research into their effectiveness and return on investment (Day et al., 2014) examining the return on investment for the organization's chosen approach to LD. This section describes the origin of LD as a concept, explains changes in of the philosophy of how leaders are developed in organizations, and describes the common approaches used by organizations to develop their leader's skills.

Leader Development History and Evolution

The origin and history of LD can be connected to classic Greek philosophy, specifically the works of Plato, around 380 B.C. (Schwandt, 2005). In *The Republic*, Plato writes on his social and political views of the leaders, or the kings, of his time, and the assumptions and interpretations of what good leaders are supposed to be (Schofield, 2006). Plato's work is presented in a prescriptive nature that focuses on the factors to consider when selecting a leader and the moral values that leaders should uphold for the common good of the leader's followers, and not solely for serving the leader himself (Reeve, 1998). In Reeve's (1998) review of Plato's work, the philosopher's beliefs and assumptions are noted to reflect the recognition that "leaders must have the right kind of knowledge, but more importantly the capacity to acquire knowledge" (Reeve, 1998, p. 115). Although these early beliefs about leader development are attached to politics, Plato's work on leader development and knowledge acquisition set the groundwork for what we see as modern-day leader development that is identified by LD researcher David V. Day

Day is credited with defining leader development as "a process that emphasizes the enhancement of individual knowledge, skills, and abilities associated with leadership roles" (Day, 2001). This approach to LD is further identified by Burke and Collins (2005) as a series of interactions between organizational development facilitators and leader participants, where

facilitators are "encouraging leaders to reflect on a series of learning experiences to promote transfer of skills and knowledge, such as self-awareness, building teams and improving personal interactions" (Burke & Collins, 2005, p. 976).

Organizational approaches to LD have been compared to growing a garden (Hurt & Homan, 2005). Just as a garden needs a strong foundation of nutrients and soil to grow, so does a leader needing to have a supporting organizational culture so that he or she can grow. Using this metaphor linking a growing garden to leader development, LD stewards are encouraged to approach leadership development by providing the leader with the tools and environment allowing for him or her to grow freely in an organizational setting to fulfill his or her potential that contributes to organizational effectiveness (Grzesik, 2011).

A change in the way leaders have been developed is contrasted in the work of Guarrero (2004), who notes a shift from organizational leadership development efforts focused on individual development events to that of a supportive systems approach, where all levels of the organization–senior managers, managers, and staff employees–are involved in the planning and implementation of its organizational leadership development activities (Guarrero, 2004, p. 138).

Changes in the methods used in LD approaches have also been recognized by leadership scholars. Allen and Hartman (2008) conducted a quantitative study of five businesses, using survey research to gather data and their study resulted in identifying 27 approaches used by these businesses to develop their leaders. Based on further analysis of the data collected from their study, the researchers could combine these 27 LD approaches into five approaches most commonly noted by the study's participants as best yielding "cost effective results with the most measurement of learning identified by the participants of the LD programs" (Allen & Hartman, 2008, p. 81). The five LD approaches listed by the researchers included: 360-degree feedback,

developmental mentor relationships, instruments, networking with senior-level leadership, and

action learning (Allen & Hartman, 2008, p. 83). Per Allen and Hartman (2008), *360 feedback* is

tool that facilitates an exchange of feedback between supervisor, subordinates and any other

person in the organization who has a direct working relationship with the leader. *Developmental*

mentor relationships serve the leader by providing systems of support and information when

needed to overcome challenges encountered in the leader's daily activities (Allen & Hartman,

2008, p.81). *Instruments* are referred to as tools used to promote "self-knowledge and self-

awareness, as well as to identify weaknesses and strengths to enhance organizational

effectiveness" (Allen & Hartman, 2008, p. 84). Per the researchers, *networking with senior-level*

leadership serves as an interaction with leaders of the organization who possess years of

knowledge and experiences that provide informal learning opportunities for the new leader to

learn about the organization and best leadership practices that are informed by the experiences of

the senior-level leader (Allen & Hartman, 2008, p. 84). *Action learning* is the final LD approach

derived from Allen and Hartman's (2008) study. This LD approach influences learning through

the emphasis of the leader's experience through ways of "trial-and-error, and learning with and

from another in group settings" (Allen & Hartman, 2008, p. 84).

This overview of LD shows that the concept and approaches to leader development in

organizations continues to evolve. A consensus reached by leadership researchers is that there is

no "single way to manage leadership effectively" (Grzesik, 2011). In recognition of the wide

variety of ways to develop leaders, it is essential for organizations to understand their "own

leadership development needs to choose the best approaches for them" (Buus, 2005). The latter

section of this literature review connects the leadership development approaches used to develop

nurse leaders in healthcare organizations to the LD approaches derived from Allen and

Hartman's (2008) study.

Leadership Theory

The popularity of the leadership concept has resulted in many industries looking to build

the leadership capacity of its human capital by means of leadership development and training

programs. The concept of leadership is identified as controversial and possessing "more than 350

definitions" (Bass, 1985). Although there is no universal definition of leadership (Yukl, 2010),

many research studies conducted have revealed definitions of leadership with similarities in

central elements that include: "goal" "influence" and "group" (Bryman, 1992). Further, most

leadership definitions reflect an assumption that pertains to a process where influence is

intentional and "exerted over people to structure, facilitate and guide relationships and activities

in a group or organization" (Yukl, 2010).

Leadership understanding has developed over time, beginning with an understanding of

the personal abilities and characteristics of the leader's traits. Over time, focus on the personal

attributes of the leader transitioned to focusing on the leader's actual behaviors impacting their

followers and organizations. The situational aspect of leadership was later introduced and looked

at the various internal and external influences that impacted the leader's relationship and

influence over activities in the organization (Yukl, 2010, p.3). Next, the concepts of transactional

and transformational leadership are introduced by leadership researchers in attempts to

understand the leader's influence and impact on followers achieving organizational goals and

missions (Yukl, 2010, p. 4).

Like the various definitions of leadership, there are many leadership theories that have

been introduced in leadership development programming in nursing. The purpose of this section

is to provide a historical overview of the six main leadership frameworks used in leadership development programs that are identified by the following theories: great-man, trait, situational, contingency, transactional, and transformational. A historical overview these frameworks is presented in this section; however, transactional and transformational leadership theories are more closely aligned with the role and development of the nurse leader.

Great-Man Theory

Beginning in the early nineteenth century, the first recognized theory of leadership in American culture emerged with the notion of recognizing the depiction of great-men and their influence on society (Hickman, 1998). In his 1869 work, *Hereditary Genius*, Galton wrote his views on the personal characteristics of "great-men" arguing that the rise of heroic talents existing in leaders of the time were based on their personal talents, skills and characteristics (Hickman, 1998, p. 345). Galton's early work was predicated on the basic notion that formed, and misinformed, the leadership views of the time. (Zaccaro, 2007). This view of leadership focuses on the unique characteristics of individuals in their genetic makeup (Zaccaro, 2007, p. 6). Galton's (1869) views on leadership posited that successful leaders possess "personal qualities that are naturally endowed and passed from generation to generation" (Zaccaro, 2007). These views articulated by Galton, originally implied that effective leadership qualities could not be developed and that effective leadership qualities are inherited. These views of leadership dominated leadership literature of the time that were later challenged and called for more analysis into the study of what those leadership qualities or traits were as well as a questioning of whether leaders are truly born with effective leadership qualities or if those leadership qualities can be created. The next section presents that development of trait theory that was derived from Galton's (1869) great-man framework.

Trait Theory

Traits were understood in early leadership research as innate or heritable qualities of the individuals (Zaccaro, 2007). Trait theory was influenced by Galton's (1869) work, where early researchers focused on immutable properties, present at birth (Zacarro, 2007, p. 7), but in the 20th century transitioned in perspective to include enduring qualities that are distinguished from leaders to non-leaders (Kirkpatrick & Locke, 1991).

Stogdill reviewed trait study research spanning from 1904 to 1947 and found that leaders are differentiated from their followers based on their personal attributes. In Stogdill's (1948) review and in his updated review in 1974, he listed several personal characteristics that discerned "several personal qualities from the average member of his group" (Zacarro, 2007). An additional trait theorist such as Mann (1959) cites studies that established themes identifying relationships between the personality of the individual and the leader's status that resulted in positive leadership outcomes (Mann, 1959, p. 252). Leadership research examining trait theory developed into more statistical models as depicted in Barnlund's (1962) study that concluded that between "49% and 82% of various leadership emergence is based on the properties of the individual leader" (Zacarro, 2007, p.10). Additional studies conducted by Boyatzis (1982) provided empirical evidence to trait research that substantiated how effective group and organizational outcomes were attributed to specific leadership characteristics. In the 2000s, Zaccaro et al. (2004) contributed to existing knowledge of trait research by adding Stodgill's (1974) revised theory focused on the leader's: cognitive abilities, personality, motives and values, social appraisal skills, problem-solving skills and expertise/tacit knowledge and depicted these traits as influencing leader: emergence, effectiveness and advancement and promotion (Zaccaro et al., 2004, p. 122). Trait theory continues to play a role in leader development

research; however, a major criticism of trait theory is the consideration of whether the leader's attributes differentiate the successful leader or if the situation influences the leader's outcomes. In recognition of this criticism, situational leadership theory emerged and is discussed in the next section.

Situational Theory

The premise of situational leadership theory (SLT) is that "effective leadership requires a rational understanding of the situation, rather than a charismatic leader within a large group of dedicated followers" (Graeff, 1997). SLT emerged from a task-oriented leadership focus to a leadership focus that was people-oriented (Bass, 2008; Conger, 2011). Hersey and Blanchard (1969) originally developed SLT describing a leader's style and emphasized the relational need to connect the leader's style with the followers' maturity.

SLT has been widely used in examining the internal and external contributions to the leader's abilities and levels of influence that also contributes to areas of LD. SLT's contribution to LD builds on the theory's advocacy for matching the leader to the situation or the orientation of the leader to the maturity of the follower (Hersey & Blanchard, 1969). Contingency theory, discussed next, emerged out of response from the leadership scholarly community calling for leadership tools capable of measuring leadership efficacy.

Contingency Theory

Transitioning from early trait studies of the 1930s and the behavioral and situational studies of the 1950s, leadership theorists focused on the contingency approach to measuring leadership effectiveness (Yukl, 2010). During the 1960s and 1970s, the leadership research conducted allowed for the following contingency theories to emerge: Fiedler's least preferred co-worker (LPC) model, path-goal theory, situational leadership theory, leadership substitutes theory, cognitive resource theory and multiple-linkage model (Yukl, 2010, p. 224). Fiedler's

(1967) original work on the LPC model contributed to leadership research by providing an instrument allowing for the measurement of leadership effectiveness that is scored against situational variables such as: (1) the degree that the environment gives the leader power and influence and (2) the leader's basic esteem and motivation that influences follower task accomplishment (Fiedler, 1967, p. 29). Basically, the high LPC score indicates a leader motivated to primarily have interpersonal relationships with people and followers (Yukl, 2010). A low LPC score indicates a leader who is primarily motivated by and focused with task achievement (Yukl, 2010, p.225).

Transactional Leadership Theory

The theory of transactional leadership was originated by Burns (1978) who focuses on the leader's relationship with his or her followers. These exchanges between leader and follower "allow leaders to accomplish their performance objectives, complete required tasks, direct behavior of followers toward achievement of established goals, and improve organizational efficiency" (McCleasky, 2014). Transactional leadership theory (TLT) emerged from contingency leadership work that focused on developing the leader's skill set contributing to influencing task achievement that was enhanced by Burns looking at how the leader's influence on the follower to maximize individual and organizational gains (McCleasky, 2014, p.122).

TLT's contribution to LD exists in the process of educational delivery, that includes available on-the-job opportunities that develop leaders with leadership behaviors (McCleasky, 2014). Transactional leadership theory in collaboration with Bass' (1985) transformational leadership theory allows for greater consideration of the leader specific, behavioral and situation factors that allow LD and organizational efficacy, and the next section discusses transformational leadership theory in further detail.

Transformational Leadership Theory

For the past 30 years, transformational leadership (TL) has been noted as "the single most studied and debated ideas within the field of leadership" (Diaz-Saenz, 2011). TL emerged from Burns' (1978) work distinguished from transactional leadership theory. The defining characteristic of TL is what Burns" defined as "raising the followers' level of consciousness awareness of the importance and value of desired outcomes and methods of reaching those outcomes" (Burns, 1978, p. 141). In 1985, Bass used Burns' (1978) foundational work and created four components that allowed researchers to further examine how the transformational leader moved beyond his or her own self-interest and raised the level and needs of his or her followers to achieve individual and organizational goals (Bass, 1985, p.27). The four components of Bass' transformational model include: "idealized influence, inspirational motivation, intellectual stimulation and individualized consideration" (McCleasky, 2014, p. 120). Bass and Riggio (2006) associate the first two TL components as relating to the individual leader's level of charisma in his or her ability to influence subordinate outcomes. The second TL components focus on the behavioral and motivational attributes displayed by the leader that "followers wish to emulate" (McCleasky, 2014, p. 120), to achieve their desired assignment or task.

TL theory has been widely used in leadership research and practice; however, leadership scholars have criticized the theory's use in clarifying the influence of TL practice effect on organizations as well as work groups and teams (Yukl, 2010). Despite the theory's criticism, TL continues to be widely used in leadership research as foundations for new contemporary leadership theory emergence such as: distributed leadership theory (Gronn, 2011), follower-focused theories (Bligh, 2011), and complexity theory (Marion & Uhl-Bien, 2011). The

expansion on TL has allowed for a wider lens for LD researchers to examine more focused approaches to the organization's needs for leader and leadership development that allows for maximization of efficacy for both the organization and the leader's followers.

Research Studies Examining Nurse Leader Theories

While six different leadership theories have been presented in this section of the literature review; research studies on nurse leadership connect most closely to trait and transformational leadership theories.

Dunham and Fisher's (1990) quantitative study surveyed 46 executive and middle-level NLs to "examine the characteristics of excellent nurse leadership" (Dunham & Fisher, 1990, p. 5). The results of the study revealed that NLs who possessed leadership traits of adequate education, business skills, accountability and administrative competence were recognized as successful NLs (Dunham & Fisher, 1990, p.7). The results of this study were important because nursing executives surveyed in this study, could highlight NL traits that influenced accountability and clinical practice outcomes that differed from occupations outside of nursing (Curtis et al., 2011).

In addition to trait theory application, scholars have also advocated applying transformational leadership theory as a viable option in advancing nursing practice and leadership. Bowles and Bowles' (2000) study qualitative study compared the development of nurse leaders trained with TL behaviors to NLs not being trained on TL behaviors in a medium-sized hospital setting (Bowles & Bowles, 2000, p. 71). A sample of 11 NLs were interviewed and the findings of this study revealed that nurses who displayed TL behaviors demonstrated "being more credible role models and promoting the capability and confidence of their staff than their non-TL nurse leader colleagues (Bowles & Bowles, 2000, p. 75). The findings of this study

examined the effectiveness of organizations developing their NLs based on TL theories with an organizational goal of its NLs having the capability to "empower their followers and inspire a shared vision to improve on clinical outcomes of the hospital" (Bowles & Bowles, 2000). Critics of this TL study pointed to the limited number of NL participants, which may not have represented a large enough sample to determine the credibility of the study's findings to represent a larger NL population (Bowles & Bowles, 2000, p. 76).

Leadership Theory Summary

This overview of the main leadership theories provides a foundational understanding of how leadership knowledge, practice, and methods have evolved over time. As the leadership theories evolved, so did the stream of scholar applications as lenses in gaining insight into the organizational LD challenges under investigation. The next section will examine adult learning theories, which have informed our understanding of how adults learn and develop in an organization, particularly describing how these theories contribute to the approaches of clinical and leadership development as it relates to this study's aims of determining how to develop future NLs.

Adult Learning Theory

Adult learning theory (ALT) is a major contributor to leadership development, but has received "cursory attention by leadership scholars" (Conger & Benjamin, 1999). This section will describe the origin and conceptual basis of adult learning theory and how the theory is considered useful in approach to leadership development.

Knowles (1970) first contrasted the meaning of "andragogy" from the concept of "pedagogy" by defining it as "the art and science of helping adults learn" (Knowles, 1970, p. 43). Andragogy was further refined by Knowles' assumptions as facilitating the development and

implementation of learning actions for adults. Knowles' (1980) five assumptions that facilitate

learning actions for adults are listed and explained further below:

- Adult learners are self-directed,

- Adults bring their own experience to the learning environment,

- Adults display readiness to learn,

- Adult learners are problem-focused, and

- Adults are motivated by internal factors to learn

Assumptions of Adult Learning Theory

Knowles' first assumption asserts that adults need to be actively involved in the

"decisions affecting them" (Blondy, 2007), and as adults mature, they become more accountable

for what they learn. Knowles understood that adults would enter educational environments

recalling situations where they were treated "as dependent beings that were taught information

predetermined by others as necessary to know" (Blondy, 2007, p. 118). Based on this idea,

Knowles held that environments that fostered idea sharing and learner input were most beneficial

to learning.

Knowles' (1980) second assumption about adult learning noted that the experience of the

adult was a valuable resource for both educators and learners. Knowles encourages educators to

create settings where learners can work in groups and collaborate on assignments and discussion

to take advantage of the differences of expertise in the group setting. Knowles (1984)

acknowledged a limitation of this assumption was that adults can often approach learning with

preconceived assumptions and biases that could limit the level of learning outcomes achieved in

the educational setting (Blondy, 2007, p. 119). Educators are encouraged to overcome this

potential limitation by motivating adults to enter the learning environment with an "open-mind"

(Blondy, 2007, p. 120) and draw on the positive experiences of the adult learners that will serve as beneficial for all engaged in the learning environment (Knowles, 1984).

Knowles' third assumption is based on the premise that "adults enter out of necessity and faced with situations that trigger a need to learn something new" (Knowles, 1984). As an effect of Knowles' notion, and to learn something new, adults also need to know why they need to learn it (Atherton, 2003). Out of recognition of these conditions for adults to learn something new, Knowles advised using a competency-based model that reflects both the needs of the individual as well as the organization for the adult learner to accurately identify his or her own needs for learning (Knowles, 1984).

This assumption has been challenged by scholars who argue that not all adults are able to identify what they do not know or "what they need to know" (Pratt, 1988). To overcome this challenge, Tennant and Pogson (1995) urged educators to help adults articulate and examine their own learning needs. Educators can use them to develop specific learning objectives that are tailored to the individual's identified needs for learning.

Knowles' fourth assumption is predicated on the belief that adults do not set out to learn just for learning, but rather do so to directly apply the learning to a problem that the learner is seeking to solve (Knowles, 1984). Knowles advised educators to structure the learning environment based on "life experiences and instead of subject matter" (Knowles, 1980), so that learners can understand the relevance of the learning objectives that is relevant to their goals or tasks in their daily lives. Brookfield (1986) challenged this fourth assumption, arguing that adults may engage in learning for its own enjoyment rather than to apply to a problem or situation and furthermore, or they may be looking to delay the applying the learning instead of "immediately applying what is learned" (Brookfield, 1986, p.26).

Knowles' (1984) fifth assumption of adult learning is that learners are motivated by internal factors such as recognition, self-actualization and self-esteem. Knowles believed that adults were best motivated to achieve their educational goals when recognized and acknowledged for their contributions to the learning environment (Blondy, 2007, p. 126).

This fifth assumption has been challenged by scholars who argue that learners are not simply motivated by internal motivators but highly influenced by external motivators existing in the organization that include promotions and pay increases (Blondy, 2007, p. 127). Educators are advised to overcome this challenge by designing settings for learners that present a balance in motivators to achieve learning outcomes such as acknowledgement for contributing to the educational setting while offering financial incentives that are valued by the learner to maximize the level of what is learned.

Knowles' defines adult learning theory and its assumptions, as well as what adult learning theorists describe as "a set of well-grounded principles for good practice for adult learners" (Brookfield, 1986, p. 98). Next, further understanding of how adult learning theory aligns with approaches to leadership development, is described in the work of Allen (2007).

Adult Learning Theory's Contribution to Leadership Development

Merriam and Brockett (2007) identified many theories of adult learning that were created based on Knowles' andragogy theory of learning and its main assumptions. Contemporary leadership scholars, such as Allen (2007), focus on four main adult learning theories: "behaviorism, cognitivism, social learning and constructivism" (Allen, 2007, p. 27) and how each theory is linked to the approaches to leadership development.

Behaviorism. Per Allen (2007), B.F. Skinner, Ivan Pavlov, Edward Thorndike, and Clark Hull were the first behaviorists. Behaviorists argue that learning is not based on feeling or

thinking because it cannot be measured (Allen, 2007, p. 27). In addition, behaviorists are not concerned with the past, but purely focus on the future; they stipulate that only what can be observed and measured is considered essential (Allen, 2007, p. 27); and they believe that "measurable and desired learning outcomes need to specify before the instruction takes place" (Rothwell & Sredl, 1992).

Following these behaviorist principles, job and skills training are often used by organizational educators to achieve measurable and desired learning and training outcomes (Allen, 2007). Designers of leadership development programs are also advised to establish a training protocol that provides immediate feedback to the learner that links the subject being taught in order allow learners to directly apply knowledge and behaviors being taught (Rothwell & Sredl, 1992).

Cognitivism. Cognitivism, unlike behaviorism, focuses on the "internal aspects of learning" (Allen, 2007). While Kohler was the pioneer of cognitivist thought, Gestalt has provided a substantial foundation to cognitive theory (Rothwell & Sredl, 1992). Cognitivists are focused on understanding the meaning of relationships or behaviors and how those made-meanings contribute to the development of the adult learner (Rothwell & Sredl, 1992, p. 335). Proponents of cognitivist thinking; however, identify learning as more than just a change in behavior. Learners need to be allowed to develop new insights and in the process become actively involved in the learning process, and developing their own learning activities and goals where possible (Allen, 2007).

To take a cognitivist approach to leadership development, organizational designers are advised to create case-studies for learners to solve complex exercises that will challenge learners to "think in new ways" (Allen, 2007). Further, leadership development designers are encouraged

to create learning environments that are comfortable and safe for learners to engage in complex problem-solving activities.

Social Learning Theory. Albert Bandura (1977) is credited as the founder of social learning theory and suggests that "behavior is learned (e.g. leadership, aggression) based on modeling their environments" (Allen, 2007). Social learning theorists share in Bandura's way of thinking by explaining that people influence their environment and that has a reciprocal effect on how people act (Merriam & Caffarella, 1999).

Social learning theory is essential for leadership development, as noted by Allen (2007). The scholar notes that leadership development designers must factor in the following when creating effective leadership development programs using social learning theory: (a) leadership practice is contextual; therefore, the leadership practice displayed in one situation may not work in another, and (b) leadership development approaches must respond to "real organizational culture challenges" in order for learners to make meaning of their learning and development experiences (Allen, 2007, p. 32).

Constructivism. Similar to cognitivism, constructivism centers on the examination of the learner's meaning-making (Allen, 2007). The best-known work by constructivist theorist (Meizrow, 1978) is reflected in his transformative learning theory.

Per Allen (2007), transformative learning occurs upon the learner's analytical reflection of his or her learning and environment. The learner can therefore "transform their view of the world" (Mezirow, 2000), because of this analytical reflection. Based on Mezirow's (2000) transformative work, he emphasized adult learning being essential in understanding "critical reflection on assumptions, emphasizing contextual understanding and validating meaning by understanding reasons" (Mezirow, 2000, p. 4).

Mezirow's work on transformative learning is emphasized by this scholar in best aligning with leadership development programs based on the ability to develop autonomous thinking in the adult learner (Allen, 2007). As a result of the learning outcomes described by constructivism, leadership development designers are encouraged to create leadership development programs that allow learners to "learn new frames of reference and transform the habits of the mind" (Mezirow, 2000), by engaging in analytical reflection of the learner's experiences.

Adult Leadership Theory Summary

The literature reviewed on adult learning reveal numerous theories that contribute to leadership development. Knowles' (1967) original work on adult learning distinguishes how adults learn and develop versus how children learn and develop that frames the general understanding of this research's goal in understanding how healthcare organizations develop its adult nurse leaders. Knowles' five assumptions of adult learning provided foundational insight into preconceived notions that educators have about how adults are motivated to learn and in turn, shed light on the various methods of education and training used in response to these adult learner assumptions. Finally, this section looked at how adult learning theories contributed to leadership development approaches in the organization. Allen (2007) focused on four main theories -- behaviorism, cognitivism, social learning theory and constructivism -- that leadership development designers can use and gain insight into how to develop their leadership population. Allen noted that while there are no universal adult learning theories that will contribute to a perfectly designed leadership development program, a program that uses the paradigms of "behaviorists, constructivists, social learning theorists and constructivists will help better involve the learners and create a meaningful learning experience" (Allen, 2007, p. 36). Adult learning

theories are focused in this section because new nurses and nurse leaders are adults and have specific learning and development needs that differ from children and adolescents. The next section of this literature review will look at the career development process of nurse leaders to provide context and understanding of how nurse leaders are developed.

Nurse Leader Development

As mentioned in Chapter 1, the role of nurse leader has evolved alongside that of the healthcare industry, with increasing complexity and continuous changes. DeCampli et al. (2010) have declared NLs as being the "key interface between patients, nursing staff, physicians, clinical staff and hospital administration" (p. 132). The NL role is considered vital in contributing to successful clinical and organizational outcomes, but keeping pace with knowing how to effectively develop NLs is a challenge existing in NL literature and research.

Literature suggests that NLs have been traditionally selected based on their clinical experiences and expertise, instead of their management and leadership potential (Fennimore & Wolf, 2011). The paradigm existing in healthcare organizations is that clinically savvy nurses will perform well as clinical leaders; however, "expert clinicians become novice leaders" (McCallin & Frankson, 2010). Espinoza et al. (2009) claim that unprepared nurses filling clinical leadership roles are a result of the healthcare organization's call to urgency in filling increased and lengthy vacant NL openings. Thus, researchers have found that NLs are not equipped with the skills and preparation needed to be effective clinical leaders and therefore undertake a trial-and-error approach in learning to manage through the unknown of effective leadership, with much "learning about leadership occurring after an individual undertakes the role (Paliadelis, Cruickshank, & Sheridan, 2007). This form of trial-and-error approach of leadership learning

managed through by the NL is connected to the action learning (Allen & Hartman, 2008) approach to leadership development identified earlier in this literature review.

Recent studies by Cziraki et al. (2014) and Zwink et al. (2013) examined NL perceptions of what attracted them to their roles despite being unprepared, and how their organizations effectively retained them through leadership development approaches. Zwink et al.'s (2013) qualitative study examined the leadership experiences of 20 NLs, as the participants engaged in storytelling of their journey and offered reasons for being retained in their roles. The study's participants revealed they stayed in their clinical leadership roles based on "peer collaboration and the ability to make positive changes to their patient environment" (Zwink et al., 2013). The reasons for retention identified by the study's NL participants directly connect to situation leadership theory, that describes a leader's influence on the outcomes and behaviors of their followers based on being task and change-oriented (Hersey & Blanchard, 1969). Cziraki et al (2014) revealed that 11 NLs explained that they were attracted to their leadership roles based on the perception of their work being meaningful and seeing opportunities for advancement (Cziraki et al., 2014, p. 1010). The findings of that study connect to Allen's (2007) adult learning theories work that emphasizes the need for learners to find meaning and purpose in their work to excel in advancement in an environment of learning. Both studies supported the need for healthcare organizations to examine their approaches to better preparing NLs for success in their roles to further attract new leaders and retain existing leaders. Scholars support the need to conduct further research on leadership development approaches that organizations undertake to better prepare NLs.

Many studies have examined NL experiences in meaning-making or reflection of their leadership journey as an approach to informing effective leadership development strategies for

the new and current NLs. Moore et al.'s (2016) study investigated the experiences of 13 NLs working in a hospital setting. This qualitative research study includes an interview protocol that asked NLs to reflect on their leadership experiences and answer questions that describe their path to becoming NLs and how they received growth and development in their roles (Moore et al, 2016, p. 101). The findings of the study reveal that NLs perceived their leadership journey as unique to the individual nurse leader. Respondents of the study revealed that being an effective NL requires balance and understanding that effectively leading in one situation may not be effective in another situation (Moore et al., 2016, p. 102). Participants also revealed that many of them had managed through their roles as new NLs based on trial-and-error and even the most experienced NLs could benefit from active engagement in mentorship to help lessen the fear and anxiety of NL practice operating under the "trial-by-fire" premise (Moore et al., 2016. p.104).

Implications of this study connects to the adult learning theories, specifically to the constructivist approach, of leadership development by allowing NLs to actively engage in reflection of their leadership journey and interpret what experiences along that journey had contributed to their success as NLs. Moreover, this study implies a need to engage in a narrative research method of inquiry to allow NLs to tell the stories of their leadership development and sensemaking of those stories to inform healthcare organizations of the opportunities to further develop their NLs to meet the challenges and evolving complexity encountered in clinical practice.

Nurse Leader Development Summary

This literature review section examined an overview of how NLs are attracted, acquired and retained in their leadership roles. Leadership development approaches in NL development have been established based on NLs voicing their ascension to their roles by way of strong

clinical expertise but acknowledging that their clinical abilities do not translate into becoming effective leaders. Literature focused on NL development has connected LD approaches to action learning principles that were identified by Allen and Hartman's (2008) study that is predominately focused on a "trial-and-error" approach to learning how to be a leader. This section has also examined recent studies focused on NL development that through the lenses of new and experienced NLs, informed the study of how experiences encountered during their leadership journey influenced how they assumed their roles as clinical leaders and how their NL development process helped retain them in their clinical leadership roles. These studies tie to the adult learning theories described in the previous section of this literature review, that drew parallel to Meizrow (1978) and Allen's (2008) constructivist work of how adult learners engage in meaning making of their experiences and interpret how those experiences have shaped how the adult is influenced to learn. This constructivist approach to adult learning has been an area of focus in LD research as a viable organizational LD approach to developing its leaders as informed by their own reflective action on their experiential journey of leadership, that researchers are looking to further study to gain perspectives of how to create innovative LD approaches that better equip NLs to succeed in the continuously changing complexity existing in modern day healthcare organizations.

Chapter Summary

The presentation of this chapter identified the relevant literature of this research study that includes a: history, overview and identification of approaches used in sensemaking, leadership development, leadership, adult learning and an overview of NL development, in addition to a literature scan of empirical studies involving NL development in healthcare settings. The leadership development, leadership theories and adult learning theory sections of

this literature review provide a foundational and theoretical understanding of leadership development as it relates to traditional organizational approaches to NL development and learning; however, each section is not intended to stand alone in providing a full understanding of how NLs assume their roles and are developed. Each section of this literature review is designed to build on the others to form a full understanding of how LD, leadership theory and adult learning complement the current process of growing NLs and empirical research studies conducted on how to effectively develop NLs.

Literature revealed a clear majority of LD approaches that Allen and Hartman's (2008) study streamlined to five main approaches that represent the most common organizational LD approaches to include: 360-degree feedback, developmental mentor relationships, instruments, networking with senior-level leadership, and action learning (Allen & Hartman, 2008, p. 83). Further research in the LD approach that effectively develops its leaders is advocated, since scholars Grzsik (2010) argue that there is no single way to manage leadership effectively" (Grzsik, 2010) and therefore, essential for organizations to understand their "own leadership development needs to choose the best approaches for them" (Buus, 2005).

Possessing an understanding of leadership theory is essential to this study's aim in understanding how leadership knowledge, practice and methods have evolved over time and connect to understanding the evolving needs of current and future NLs. It is important to note that not all leadership theories apply to NL development nor alone provide insight of how NLs become effective leaders. Trait and transformational leadership theories have been identified by Dunham and Fisher's (1990) and Bowles and Bowles' (2000) respective studies on the traits and TL competencies that organizations should look to develop in its NLs.

Adult learning theories presented through Knowles' (1980), Meizrow's (1978) and Allen's (2008) research inform the learning and development opportunities found to contribute to the learning of the adult. Since NLs are adults, ALT provides insight into how NLs learn through their own experiences and reflections on their leadership journeys. The constructivist approach (Meizrow, 1978) of how NLs make meaning of their leadership experiences were a dominant theme featured in both Cziraki et al.'s (2014) and Moore et al.'s (2016) empirical studies that focused on the narratives of experienced NLs that informed the study's findings of how NLs were attracted to and retained in their roles as well as understand how their roles contributing to developing others who they manage.

This literature review provides theoretical and empirical contributions to leadership development that is applicable to the experience in development of seasoned NLs; however, there are still gaps in understanding which how seasoned NLs make sense of what individual and social contributors exist to healthcare organizations to best develop its current and future NLs. Cziraki et al.'s (2014) and Moore et al.'s (2016) empirical studies have found value in examining NL reflections on their leadership experiences as viable LD approaches that warrant further investigation of the validity of this LD approach. Chapter 3 will describe how this study will use a narrative research method of inquiry, aligning with sensemaking theory, to examine NL reflection on their clinical and leadership development experiences that create insight into development opportunities for future NLs.

CHAPTER 3: RESEARCH METHODOLOGY

The central purpose of this research looked at how healthcare organizations will meet the evolving needs of clinical and nursing leadership (NL) development during the time of complexity and ongoing change contributing to the nursing pipeline crisis for the future sustainability of the NL practice. In discussing steps of leadership development, the literature focuses on leadership and learning theories but there is a gap in understanding the experiences of seasoned leaders that can provide insight into leadership development opportunities for the succession planning of future nurse leaders. This chapter describes the methods employed to examine the primary research question and overview of the research procedures used in this study. This chapter provides an overview and rationale for the use of qualitative methodology and a narrative research tradition.

Research Question

To further investigate this problem of practice, the primary research question that guided this study was: How do experienced nurse leaders describe their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders?

Qualitative Research

Qualitative research is a "situated activity that locates the observer in the world" (Creswell, 2013). Per Denzin and Lincoln (2011), qualitative research is a "process of research as flowing from philosophical assumptions, to an interpretive lens, and procedures involved in studying social or human problems" (p. 3).

A qualitative research method was chosen for this study's method of investigation to help fill in the gaps in literature and practice in understanding leadership development opportunities

for current and aspiring nurse leaders. The qualitative aspect of the research allowed the researcher to collect data in the participants' "natural setting" (Creswell, 2013, p.45), to further examine the problem of practice. The secondary element of the research involved narrative inquiry that allowed the researcher to "collect stories from individuals (documents, and group conversations) about individuals' lived and told experiences" (Creswell, 2013, p. 70). The leadership journey that the experienced nurse leaders shared of their past along with their current and future contributions to developing new nurses supported this study in providing insight into the leadership opportunities for future nurse leader development. The above rationale for using qualitative inquiry featuring Creswell's (2013) analysis was therefore a logical choice to for further examination of NLs' sensemaking of the nursing shortage to better understand how to innovatively develop the next generation of NLs.

Research Paradigm

A paradigm is defined as "set of interrelated assumptions about the social worlds which provides a philosophical and conceptual framework for the organized study of that world" (Filstead, 1979, p. 34). The use of a paradigm in a research context, "guides the researcher in philosophical assumptions about the research and in the selection of tools, instruments, participants, and methods used in the study" (Denzin & Lincoln, 2000, p. 16). There are three main paradigms employed in qualitative research that include positivism, constructivism-interpretivism and critical-ideological (Ponterroto, 2005). Positivism relates to researchers seeking to uncover the "truth" that is aligned with a scientific method or "phenomena associated within a model or theory" (Ponterroto, 2005, p. 128). Constructivism-interpretivism "adheres with a relativist position that holds multiple realities and construction from deep rooted experiences that are created through reflection and dialogue with those being investigated"

(Schwandt, 2000). This reflection is stimulated through the dialogue and interaction between the participant and researcher. Critical-ideological is a paradigm that challenges the "status-quo" of the phenomena under investigation with an objective to transform or emancipate the individuals (Ponterroto, 2005).

Constructivism-interpretivism is noted as the "anchor and foundation for qualitative research" (Ponterotto, 2005, p. 129) because of the ability for researcher to gain insight into the lived experiences from the "point of view of those who live it day" (Schwandt, 2000). Dithley (1977) advocates for the use of the constructivism-interpretivism paradigm in qualitative research and believes that the lived experiences of the participant may be in the subconscious where the researcher can help the participant intentionally tap into those forgotten experiences that can brought into conscious awareness through researcher-participant dialogue and reflection. The constructive-interpretive paradigm was employed in this study and essential for allowing the seasoned NL participants to reflect on their and their organization's involvement in building the next generation of nurse leaders.

Research Tradition

There are five approaches to qualitative inquiry, including: (a) narrative research, (b) phenomenological research, (c) grounded theory research, (d) ethnographic research, and (e) case study research (Creswell, 2013). Given this research aim of gaining insight into NL development experiences, narrative inquiry, will allow this researcher to "collect stories from individuals' lived and told experiences" (Creswell, 2013, p. 70).

The narrative inquiry approach to research "involves the gathering of narratives—written, oral, or visual—focusing on the meanings that people ascribe to their experiences, seeking to provide "insight that (benefits) the complexity of human lives" (Josselson, 2006). Narrative

researchers strive to go beyond collecting the untold stories of the participants but focus on how the participants': (a) experiences have been constructed, (b) knowledge of their identity is informed from the past, and (c) made meaning of their biographies informing the way they act and respond in everyday situations encountered in their environments (Atkinson & Coffey, 2003).

Narrative inquiry involves many meanings and has been used in a variety of ways in research to uncover the lived experiences and constructed meaning of those experiences (Riessman & Speedy, 2007). Creswell (2013) distinguishes four varieties of narrative research:

- Autoethnographical: process by which the study's participant records his or her own life experiences.

- Biographical: process by which the researcher documents the study participant's life experiences.

- Life history: process by which the researcher examines the life experiences of the study's participants formed from single or multiple situations.

- Oral history: process by which the personal events and reflections of the study's participants are examined for causal links that inform the research study's aims.

The narrative research inquiry approach was appropriate for this research because it undertakes the combined approaches of biographical and oral history, in collaboration with this study's sensemaking theoretical framework (Weick, 1995), to hear the narratives and lived experiences the five NLs participants to develop a rich context to impact the healthcare community.

According to Wang and Geale (2015), unlike most social sciences, the use of narrative inquiry in nursing research is relatively new. Narrative inquiry was first used by Connelly and

Clandinin (1990) in education as an approach to find out the personal stories and experiences told by seasoned teachers. The increased use of narrative inquiry has extended beyond education; to include fields such as nursing, because "of communicating participants' realities to a larger audience through the means of storytelling" (Riessman, 2008). Researchers have argued for continued use of narrative inquiry in nursing research because of narratives helping in understanding the "the identity development of staff nurse to clinical leader career development" (Wang & Geale, 2015, p.196).

The role of the researcher is essential in qualitative research due to capturing "detailed portrayals of participant experiences and uncovering the meaning and feelings associated with participants interpreting those experiences" (Holloway et al., 2010, p. 7). Since researchers have access to the participants' world through their expressed experiences and stories, it is the responsibility of the researcher to empower the participants to not just respond to the questions of the study but to have a "voice and guide the study" (Holloway et al., 2010, p. 8).

Since this researcher collected this study's data through participant interviews in conjunction the sensemaking theoretical framework (Weick, 1995), it was important to establish trust and rapport with the participants to gain access to the biographical data and associated reactions to the factors contributing the nursing shortage and development opportunities for new nurses. Spradley (1979) states that developing rapport between the researcher and participant does not automatically create a deep intimate relationship, but allows for a "negotiation of and sharing of ideas from participant and researcher and vice versa" (Holloway et al, 2010, p.9)

Further discussion in the latter of this chapter will be dedicated to describing how this researcher established trustworthiness in the data collection and analysis phases of this study, but

the role of the researcher in capturing participant narrative perspectives was emphasized as important in the co-construction of the participants' reflection on their experiences.

Research Protocol

To further the investigation of this study, Table 3.1 below provides an overview of the research protocol that includes four phases involved in the design, data collection, analysis and trustworthiness development for this study. Phase One consisted of describing the research design of this study that included the sampling approach, rationale and NL participant profile. Phase Two consisted of the data collection process for this study that included: an overview of the recruitment process for the hospital site and participants, rationale for the interview method used in this study and alignment of interview questions with Weick's (1995) sensemaking theory that that was posed to the study's NL participants. Phase Three consisted of how the data was analyzed. Phase Four consisted of how trustworthiness was developed resulting from the processes employed in Phases Two and Three. Each phase mentioned is summarized in the table below:

Table 3.1
Summary of Research Phases

Phase	Category	Description
Phase One	Research Design	- Sampling approach - Participant profile & overview - Nurse leader eligibility description - Sample size description & rationale
Phase Two	Data Collection	- Researcher contacted nurse membership director (nurse leader gatekeeper) inviting opportunity to conduct research with her nurse leader members (Appendix A) - Nurse leader gatekeeper sent recruitment email sent to potential nurse leader participants (Appendix B) asking for voluntary participation in this study

		• Volunteers were selected for participation based on recruitment email responses • Informed consent form (Appendix C) was emailed to participants to confirm date, time and location for interviews • Study's finalized interview protocol and interview questions (Appendix E) • Conducted semi-structured interviews • Transcribed interviews • Established accuracy and validity of interview data through member checking (Appendix F)
Phase Three	Data Analysis	• Securely stored data • Data preparation and processing • Engaged in the first & second cycle of coding • Identified pattern codes • Crafted profiles of participants • Presented analysis in cross-case analysis • Drew and confirmed conclusions
Phase Four	Trustworthiness	• Authenticity & fairness • Captured meaning • Subjectivity & reflexivity • Protection of vulnerable populations

Phase One: Research Design

Sampling Approach

Sampling procedures in qualitative research differ in approach in purposeful sampling (Creswell & Plano-Clark, 2011) strategies compared to random sampling strategies used in quantitative studies (Coyne, 1997). Many researchers assert that sample selection in qualitative research has a significant effect on the overall quality of the research (Baker et al., 1992). Creswell wrote that sampling in qualitative research includes "deciding the participants or sites, selecting the sampling strategy, and determining the sampling size" (Creswell, 2013). One strategy identified by Creswell and Plano-Clark (2011) is purposeful sampling, which is effective when a researcher can identify and select participants who have a high degree of experience or knowledge with the subject matter being studied.

Purposeful sampling was attractive for this study because of the small scale of participants available to provide insight into their clinical development experiences and contributions to new nurses and nurse leaders. To achieve the aim of this study, NL participants needed to have a high level of experience and knowledge in areas of clinical leadership development. A purposeful sampling approach was used in this study allowing the researcher to collect useable and relevant data answering how NLs make sense of the clinical and leadership development contributions that they and their organizations can make to build the future NL pipeline.

Participants

This study explored the primary research question: How do experienced nurse leaders describe their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders? Given the study's objective of determining how NLs make sense of the nursing pipeline crises as they seek to develop new nurses into leaders, purposeful sampling was an appropriate approach to selecting a research population of experienced NLs to examine themes of similarity in examining the factors contributing to the nursing shortage and the interventions available to build future NLs. The primary criterion for this study's sampling required that experienced NLs participants actively working in a healthcare setting in the United States. This study's sampling strategy also required that participants also possessed at least three years of NL experience in a healthcare setting. Eligibility for NL participation in this study is further displayed in Table 3.2 below.

Table 3.2 Nurse Leader Participant Eligibility

Criteria	Description
Title/Position	A managerial or director-level position in nursing
Experience (Years)	At least 3 years of nurse leadership
Work status	Actively working; not retired
Healthcare organization location	United States

The rationale for the above eligibility for NL experience was based on NLs having at least two years of staff nursing experience achieved to assume their senior clinical leadership roles. The sample size and rationale for its use in this study is discussed in the next section.

Sample size

Sample size considerations are argued by Creswell (2013) as being equally as important as the considerations of the types of research methods to use in a study. The sample size in qualitative research needs to be large enough so that the research data and findings are generalizable but also does not saturate the research with too many perspectives from too many research participants. The sample size in narrative research tends to be small, but the information gathered from the participants' stories tend to be large (Creswell, 2013). Additionally, data received from participant narratives are considered rich in data requiring researchers to spend a considerable amount of time with each participant to ensure that their storytelling and "re-storying" (Grant, 2015), was appropriately captured by the researcher. The next section includes a discussion of the recruitment methods for this study.

Research Limitations in Participant Profile

This study examined NL's sensemaking of the nursing shortage and the ability to build future NLs through developed interventions experienced and told by the study's participants as well as contributed by those participants and their organizations. Although study participation was open to a large nurse leadership membership base, five participants responded and participated in this study. This small sample is effective in narrative research; however, challenging in being able to test the findings, themes and conclusions of this study with a smaller representation of participants. The next section will discuss data collection and analysis process for this study.

Recruitment and Selection Process

The goal of capturing the leadership experiences of seasoned NLs to inform development of future NLs was based on this study's recruitment and selection process of the participants. Per the below Figure 3.1, the recruitment stages followed in this study are depicted.

Stage 1 →	Stage 2 →	Stage 3 →	Stage 4 →	Stage 5
Identified NL membership base	Identified and contacted NL CEO	NL CEO forwarded study's information to eligible participants	Interested NL participants reached out to researcher directly for more information	Consent forms were forwarded and interviews scheduled
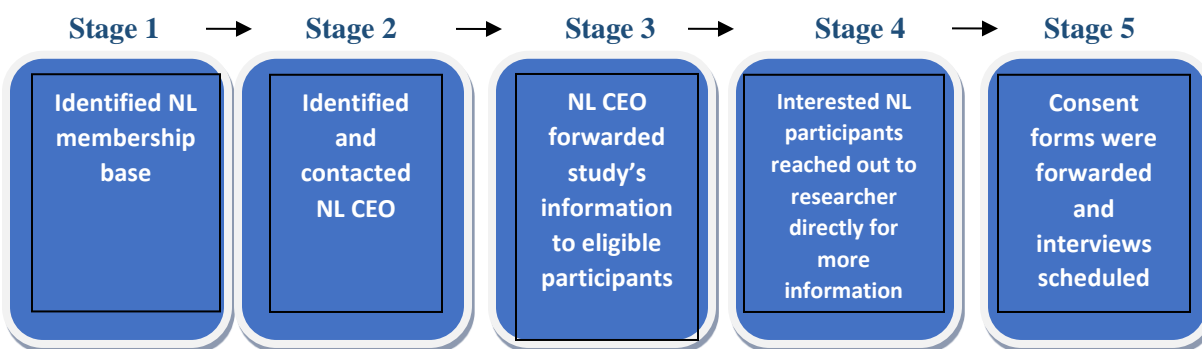
Figure 3.1: Study's Recruitment and Selection Stages

Stage 1 of the study's recruitment process involved the researcher identifying a nurse leader organization that is in the northeast region of the United States. This NL organization served as an effective source for drawing NL participants meeting the eligibility of the study. Stage 2 involved the researcher identifying and contacting the NL CEO to gain permission and access to conduct the study with their NL membership. The nurse leader gatekeeper emailed her

NL membership with the flyer in (Appendix A) to inform the individuals about the study and

eligibility to participate and directed to email the researcher directly with interest in participating.

The intent of this recruitment process was to work with the nurse leader CEO to help identify

eligible individuals who may be interested in participating in the study send them the research

introduction and intent letter (Appendix B) that came from an individual that the NL members

trust. Stage 3 involved the researcher reviewing the responses of interest and identifying NL

participants to contact for voluntary participation. Due to this recruitment approach, it was also

necessary to employ a level of convenience sampling (Maxwell, 2005), based on the participants

responding to the invitation to participate. Once NLs were identified as meeting the study's that

was determined by the researcher, Stage 4 involved the researcher contacting and providing the

consent forms (Appendix C) for their review and understanding. Stage 5 involved receipt of the

consent forms and pre-face-to-face interview questions and then scheduling and confirming

interview date, time and location (Appendix D). Participants received no remuneration for

participation in this study. As a result of this recruitment process, the following NL participant

set was selected and displayed below:

Table 3.3:
Study's Participant Profile

Participant Pseudonym	Years of Nurse Leader Experience	Gender
Nurse Leader Franklin	8	Male
Nurse Leader Donna	7	Female
Nurse Leader William	7	Male
Nurse Leader Marcy	26	Female
Nurse Leader Jennifer	15	Female

Phase Two: Data Collection

    Interview Method

An interview method has been commonly used in qualitative research as a main form of data collection for researchers to gain an insider's view and understanding into the problem or phenomenon under investigation (Holloway et al., 2010). Interviews are coordinated by the researcher and designed to gain information from the participant that focus on their experiences that have occurred in past or present situations. There are also informal and formal types of interviews that are designed based on the researcher's intent and purpose for the study. The interview process can differ from one participant to another and specifically in qualitative inquiry; it may be required to "re-examine the interview responses and emerging themes with the participants a second or third time" (Holloway et al., 2010, p.88).

    Types of Qualitative Interviews

There are three common types of interviews used in qualitative research; these include: "structured, semi-structured and un-structured" (Gill et al., 2008, p 292). Structured interviews are described as "verbally administered questionnaires" (Gill et al., 2008, p. 293) that ask questions that are pre-developed prior to the interview with little to no deviation in the inquiry and no follow-up questions posed to the participants (Gill et al., 2008). This type of interview allows a researcher to receive direct responses from participants but creates limited opportunities for participants to elaborate on their responses or provide additional information after the interview's completion.

Semi-structured interviews are classified as having many essential questions relevant to the research study but the structure of the protocol developed by the researcher allowed for the participant to elaborate on their responses and diverge from the question to "pursue or explore the idea in depth" (Gill et al. 2008, p. 293). Researchers note that this interview format is most

frequently used in healthcare, since it provides some guidance to participants on what to discuss, which many participants find helpful in the interview process (Gill et al. 2008). This approach is flexible, compared to structured interviews, and allows for participants to further elaborate on relevant information to the study. Since participants can diverge from the interview question being asked to provide depth and meaning in their responses; however, one criticism of semi-structured interviews is that researchers need to be skilled in re-directing participants, if the participant diverges too far off topic from the question being asked.

Unstructured interviews differ from structured and semi-structured interviews by having little to no structure in the format of questions being asked to the participants (Gill et al., 2008). The use of unstructured interviews is intended to guide the inquiry of the study where the topic being examined is unknown and significant "depth this required to understand the research topic" (Gill et al., 2008, p. 284). Researchers note caution to using unstructured interviews since they require significant time with the participant and limited ability to provide guidance, such as the interview format in structured and semi-structured interview questions, during the interview.

Since there are many methods of interviewing, this study used Seidman's (2006) "Three-Interview Series" method. Upon receipt of the signed consent forms, the first group of interview questions were emailed to the NL participant for his or her written response that focused on the NL participant's early experiences as a new nurse and aspiring nurse leader. According to Seidman, the first series of this model allows the participant to provide a narrative of his or her life story. This first stage in the interview allowed background and contextual information regarding the NLs early leadership experiences to provide a profile of his or her identity construction. The responses from this first round interview was emailed back to this researcher's NEU email address prior to the face-to-face interview.

The second step Seidman's interview series involved using a strategy of posing a group of open-ended interview questions (Seidman, 2006), to the NL participant at the participant's location choice. This approached intended on focusing on the current experiences of the NL participant and his or her reflection of the current nursing pipeline crisis and the NL's engagement and contribution to developing inexperienced nurses and nurse leaders. This line of questioning allowed the participants to reflect on their experiences and make sense of their processes of development and contributions to forming the clinical and leadership development identities of their followers. Responses provided from the nurse leader participants during the interview process were audio recorded using this researcher's Rev.com iPhone recording application and securely locked via passcode protection that is known solely by this researcher.

The third group of interview questions were emailed within 24 hours of the face-to-face interview to the NL participants and focused on the NL's perspective on the future development opportunities for nurse leaders. This final round of interview questioning asked participants how they make sense of their clinical and leadership development processes that inform how they make decisions and set into action their strategies for developing new nurses and NLs. Upon their reflection, participants could relate their contextual understanding of developing future NLs based on their lived experiences.

Interview Questions

This study used a narrative interview approach to interviewing that placed the stories and experiences of the participants as the focus of data collection (Anderson & Kirkpatrick, 2016). As mentioned in the above section of this study's interview protocol, each of the participants were interviewed focusing on the past, present and future (projected) experiences of the nurse leader participant that included open-ended interview questions and probes. The interview

protocol and interview questions are listed in (Appendices F and G). The interview questions for this study were crafted below in Table 3.4 in alignment with the theoretical lens guiding this study, Weick's (1995) sensemaking theory, and used to code the data for the presentation of this study's findings and themes found in chapters 4 and 5 of this study.

Table 3.4
Interview Questions Alignment with Sensemaking Theory

Interview Stage	Interview Questions/Probes	Linked Sensemaking Theoretical Concept	Theoretical Concept Description
Stage 1	Question 1	Grounded in identity construction	Social/experiential-identity construction
Stage 1	Question 2	Grounded in identity construction	Social/experiential-identity construction
Stage 1	Question 3	Retrospect	Identity construction based on knowledge, action and beliefs
Stage 1	Question 4	Plausibility	Series of steps taken chronologically informing identity construction and practice
Stage 2	Question 5	Retrospect	Identity construction based on knowledge, action and beliefs
Stage 2	Question 6	Social-Sharing	Multiple viewpoints or experiences enacting to take action or practice
Stage 2	Question 7	Ongoing-continuous	Stream of experiences that form identity over time
Stage 2	Question 8	Retrospect	Identity construction based on knowledge, action and beliefs

Stage 2	Question 9	Social-Sharing	Multiple viewpoints or experiences enacting to take action or practice
Stage 3	Question 10	Extracted cues-symbols	Social environment cues that influences, informs and shapes identity construction
Stage 3	Question 11	Enactment	Shapes of environment of action

Interview Questions and Sensemaking Theory Alignment

This research focused on the NL's sensemaking of the leadership development experiences that informed how their leader identity and practice formed over their career, and how NL leadership development experiences inform how we can to develop future NLs. Weick (Year) explains sensemaking as a continuous, dynamic, active and reflective process. Per Weick, reflection is vital to the sensemaking process and individuals engaged in sensemaking need to "look back on what they have done to know who they are" (Weick, 1995, p. 55). Also, Weick posits that "action is a key component of sensemaking because without action, there is little to reflect on to define the event" (Weick, 1999, p. 56).

The following describes the researcher's action and rationale for crafting the interview questions that achieved alignment with the study's theoretical lens, Weick's (1995) seven characteristics of sensemaking.

- *Grounded in identity construction*: The researcher posed interview questions that allowed for understanding how the NL constructed his or her leader identity through social interaction and experiences within their organization.

- *Retrospect:* The researcher's interview questions incorporated this second characteristic to understand how the NL interpreted how to practice as a leader based on his or her past experiences and interactions.

- *Enactment*: This third characteristic was applied to the researcher's interview questions to understand how the NL interpreted his or her socially constructed environment and determined how to act in a leadership role.

- *Social-Sharing*: The researcher crafted the interview questions to understand how the NL interpreted multiple viewpoints to take actions and practice as a leader.

- *Ongoing-continuous*: Research questions were crafted to gain insight of whether the NL's leader identity had continuously been shaped or developed or influenced based on single events.

- *Extracted cues-symbols*: This characteristic allowed for the research questions were crafted to understand what or who the nurse leader encountered that shaped his or her leadership identity.

- *Plausibility*: The researcher crafted the research interview questions to reflect this sensemaking characteristic to understand the chronology, or series of steps in the nurse leaders' experiences that informed his or her leadership practice.

Based on the above description and application of sensemaking theory, Weick's (1995) sensemaking theory is appropriate for this study and alignment with the interview method of inquiry so that NLs will be able to reflect and rebuild their leadership experiences to inform how their leadership identities were formed and how to develop future NLs.

Interview Protocol

Prior to the interviews, this researcher obtained approval from Northeastern University's Institutional Review Board (IRB), that included consent from the NL membership gatekeeper, who received a copy of the study's intent and interview questions to approve contacting eligible NL members to consider participation in this study. The interview participants also received the

study's intent, interview questions and consent forms that acknowledged voluntary participation

for signature. Once the signed consent forms were received by the researcher confirming

voluntary consent, the first round of interviews questions were emailed to the participants for

their response and return to the research via email. The next step of the interview process

involved the researcher confirming a mutually agreeable date, time and location to conduct the

face-to-face interview scheduled to last no longer than 25 minutes in duration for each NL

participant. The final step in the three-step interview process involved the researcher emailing to

each participant, within 24 hours of concluding the face-to-face interview, the post interview

questions for completion and email back to the researcher.

Data Storage

As previously described, data collected from the study's interview was uploaded from the

researcher's iPhone to the researcher's personal laptop computer that will be password protected.

The backup recorded data will be saved on a DVD that will be locked in a file cabinet in the

researcher's personal home office. Recorded interview data on the Rev.com iPhone application

was sent for transcription. Once transcripts were received for Rev.com, iPhone recorded data was

then be erased from the iPhone application. Interview responses documented by the researcher in

a personal journal were locked in a file cabinet in the researcher's personal home office. At the

time of this study's completion, the recorded data files, transcripts derived from the data

analysis, and researcher's journal were destroyed. The next section describes the data analysis

process for this study.

Phase Three: Data Analysis

The data analyzed was derived from the interview transcripts and researcher's journal.

Miles, Huberman, and Saldana (2014) outline steps to data analysis in a qualitative study and

those steps include the following: (a) data preparation and processing, (b) engaging in the first

cycle of coding, (c) engaging in the second cycle of coding, including identifying pattern codes, (d) and presenting the analysis and drawing conclusions.

The data preparation and processing step involved the researcher collecting the data from the audio recordings of the interviews and any raw notes from the researcher's journal. Raw data from the researcher's audio recordings were directly typed or transcribed to be "read, edited for accuracy, commented on, coded and analyzed for the study's findings and conclusions" (Miles et al., 2014, p. 71). This data was used for the next step in the first cycle of coding.

Using the transcribed data from the data preparation and processing stage of analysis, codes defined as "symbolic meaning describing the information compiled during the study" (Miles et al., 2014, p.71) were assigned to the data. The coding phase involved the researcher engaging in a deeper level of meaning in interpreting the data. This coding phase was conducted by the researcher using a handwritten process by writing notes in the margins of the transcripts and using computer coding software, NVivo to organize the relevant narratives of the study. This researcher incorporated both a handwritten coding process and utilized computer coding software, NVivo, to engage in analysis involving deductive analysis (Wallace, 1972). Deductive analysis is best used when the content is understood based upon reflection of knowledge or experience (Elo & Kyngas, 2008). The rationale for deductive analysis of this study's data was appropriate since the intent of this study is to understand NL leadership development experiences informing leadership development opportunities for future nurses. There are three main approaches to coding relevant to qualitative research that include: (1) descriptive, 2) in vivo and (3) process coding (Miles et al., 2014). The description and use of three main coding approaches in qualitative inquiry are described below.

Descriptive coding involves "assigning labels to data to summarize in a word or short phrase that serves as the basic passage of the qualitative data" (Miles et al., 2014, p. 74). Descriptive codes have been identified as best used to construct a narrative describing the data passage. In Vivo coding involves participant short phrases from their own language. In Vivo coding is best suited for qualitative studies looking to "honor the voice of the participant" (Miles et al., 2014, p. 74). Process coding involves capturing participant data in action that is collected from observation. Per Miles, Huberman and Saldana (2014) process coding is best used in qualitative research that uses grounded theory to "extract participant action/interaction and consequences" (Miles et al., 2014, p. 75).

Connecting the above descriptions of the three main types of coding approaches, this study used a combination of descriptive and In Vivo coding methods. Since this study's aim involved capturing NL participants' leadership development journey relevant to contributions to developing future NLs, the rationale in using a combination of descriptive and In Vivo coding approach allowed this researcher to assign the participants' words and phrases to the transcribed narratives collected from the participant interview responses that represented and honored the voice of the NL participant.

The next step in this data analysis process used second cycle coding. This approach to coding analysis builds on the first cycle of coding that provides an initial summary of the study's segment of qualitative data and categorizes the data into constructs or themes (Miles et al. 2014). Pattern codes emerged from the second cycle coding approach pull together the emerging themes from the data and are arranged in the following summarizers identified by Miles, Huberman and Saldana (2014):

- Themes/categories

- Theoretical constructs

- Narrative description

The choice of engaging in second cycle coding allowed for the researcher to evaluate the code data and pull together based on each category of Weick's (1995) seven characteristics of sensemaking and three emerging codes of mentoring, community and open-mind/flexibility. Each transcript was color coded and grouped with the corresponding characteristic that is presented further in Chapter 4. The associated color-coded table is shown below:

Table 3.5
Study's Coding Table

Category Code	Alpha Code	Color Code
Grounded Identity Construction	GIC	Red
Retrospection	R	Orange
Enactment	E	Green
Social-Sharing	SS	Light Blue
Extracted Cues	EC	Dark Blue
Ongoing	O	Purple
Plausibility	P	Pink
Mentoring	M	Yellow
Community	C	Dark Green
Open-minded/Flexibility	O-M/F	Brown

The final step in data analysis involved drawing conclusions and presenting the findings that is accurate and representative of the participants lived experiences relevant to their leadership development journey. This researcher underwent the responsibility of re-telling the stories for consistency in display within Weick's sensemaking characteristics that displayed a cohesive account of the phenomena being told (Creswell, 2007). This visual representation allowed for the researcher to develop the narrative that shared the lived experiences of the experienced NLs as they examined their ability to make sense of the problem of practice and draw from their experiences solutions for future NL development. The next section discusses the approach to establishing validity, trustworthiness and transferability in the study's data collection, analysis and presentation.

Phase Four: Trustworthiness

Research using qualitative methodology embraces a variety of standards that transcend all qualitative research to ensure quality that includes trustworthiness, creditability, rigor and validity (Morrow & Smith, 2000). In addition to the transcendent quality research criteria, Morrow and Smith (2000) advocate for qualitative researchers to enhance quality research standards that are based on the paradigmatic underpinnings of the study. Since this study employed a constructivist-interpretive paradigm, the following paradigm-specific procedures were used to establish trustworthiness: in fairness of ontological and educative authenticities and captured meaning that is verstehen or deeply understood (Ponterotto, 2005) and co-constructed between the participant and the researcher. In addition to the paradigm-specific research quality standards, the concepts of subjectivity and reflexivity and protection of vulnerable populations that transcends specific research qualitative research paradigms were achieved in this study. A

description of how this researcher employed the following measures to achieve trustworthiness in this study based on the above-mentioned quality criteria is found below.

Fairness of Ontological and Educative Authenticities

Guba and Lincoln (1994) advocate for researchers using the constructivist/ interpretive paradigm to establish credibility in fairness of their participants' stories. This involved the researcher engaging in dialogue with the participants and allowed the construction of their stories to be "solicited and honored" (Morrow & Smith, 2000, p. 252). Using the open-ended interview questions that are featured in this study's interview protocol (Appendix G), this study honored the "ontological authenticity of the participants' stories to be told so that their individual constructions were expanded, matured and improved" (p. 253), through the dialogue and engagement with this researcher. Additionally, engagement during the interview process allowed for this researcher to appreciate and understand the experiences constructed by the participants to enhance the educative authenticity of the interview responses received (p. 253).

Captured Meaning

Since this study involved engaging in dialogue with the participant so that he or she engaged in reflection of his or her leadership development journey, it was essential for this researcher to capture "verstehen of the participants' experiences" (Ponterotto, 2005) and collaborate with the participant to co-construct the meaning of their stories. Patton (2002) builds on Ponterotto's (2005) point of capturing verstehen of participant experiences by encouraging that the researcher achieve praxis that integrates theory and application. This study's interview questions were aligned with Weick's (1995) sensemaking theory (Appendix I) and this allowed for this researcher to capture a deeper meaning and understanding of the participants' leadership development experiences that is viewed through the lens of sensemaking and reflection shared

by the participant and the researcher. The NL participant also reviewed the interview's transcription to confirm accuracy of the data collected.

Subjectivity and Reflexivity

Qualitative research is subjected to researcher bias (Morrow & Smith, 2000). Given that this researcher is not a nurse, there is no personal bias or background associated with working or leading in the nursing profession. My position as an "outsider" helped me appreciate the participants' leadership experiences but my outsider position required that a clear understanding and constructed representation of the participants' story was told in this study's findings and conclusions. A strategy that this researcher used to self-consciously maintain awareness of any biases or assumptions encountered while engaging in co-construction of the participants' stories was to maintain a self-reflective journal and this journal's storage protection is described in the previous data collection-storage section earlier mentioned in this chapter. During this researcher's practice of reflexivity during the data collection phase of this study, the researcher provided the participants with a complete transcript of the interview responses via email (Appendix H) so that he or she could validate the captured meaning by the researcher so that the researcher effectively proceeded to the analysis phase of this study and accurately documented the findings and conclusions that were representative and grounded in the "lived experiences" (Morrow & Smith, 2000), that were shared during the researcher-participant engagement.

Protection of Vulnerable Populations

Prior to engaging in the data collection phase, the researcher obtained approval from Northeastern University's Institutional Review Board (IRB) to ensure that the research proposal and study' methodology protected the individuals participating in this study. Once the NL membership base was identified, the researcher contacted the NL membership CEO with an

introduction, intent, and eligibility criteria for voluntary participation of which the gatekeeper was asked to identify potential participants to reach out who meet the study's eligibility criteria (Appendix A). Once the gatekeeper provided written approval to contact her NL membership and identified potential participants who met the eligibility criteria, an email (Appendix B) was sent to those eligible individuals with an introduction and intent for this study that will followed with asking for voluntary participation in the research process. Once volunteers contacted this researcher with interest in participating in the study, a consent form (Appendix C), copy of the pre-face-to-face interview questions, and face-to-face availability request (Appendix D) were emailed to the participants with an emphasis in the consent form that participation is voluntary and can stopped at any time. This study imposed minimal risks to the NL CEO, NL participants and their healthcare site. To minimize this risk, the identities of the participants and their healthcare site were protected using pseudonyms that were chosen by the participant upon receipt of consent to conduct the study onsite.

The researcher also confirmed the usability and storage of the recording devices (Rev.com iPhone application) and data derived from the interview responses to maintain protection of the participants and site of practice.

Chapter Summary

This chapter presented the research methodology that was used for this qualitative study. The goal of this study was to examine how seasoned made sense of the clinical and leadership development experiences in response to the nursing pipeline shortage and exploring the opportunities to develop future nurse leaders. This chapter reported on the research questions and design of the study that allowed for the researcher to understand the participants' narratives that hold meaning and insight into their clinical development journey. The chapter also described the

data collection and analysis phases of this study and closed with a discussion of how the researcher established trustworthiness in pursuit of capturing the participants' lived stories shared and co-constructed during the participant-researcher interview engagement. The next chapter will present the summarized findings and themes of this study.

CHAPTER 4: FINDINGS

Introduction

The purpose of this chapter is to present the findings of this study. As stated in previous chapters, the aim of this study sought to document the sensemaking of the study's participant perceptions of the factors contributing to the nursing crises and engage in retrospection on the development opportunities exposed to throughout their careers. These documented perceptions were captured during the audio recorded interview process that was professionally transcribed followed by reviewing and coding those transcripts for common theme identification. Chapter Five will present further analysis of the common themes and summarize the conclusions. This chapter will examine the process of NL sensemaking of the nursing pipeline crises and explore the clinical and leadership development opportunities available for future NLs.

Seidman (2006) offers a traditional approach to displaying the stories of the study. This approach will be utilized in this chapter to provide the reader direct insight into the background and experiences of the participants in an ordered display of categorized information. Seidman's (2006) approach to presenting the study's stories will be categorized using Weick's (1995) Sensemaking Characteristics. Interview data throughout this chapter is presented and shared through the participants' words through display of excerpts derived from the transcripts of the interview engagements between the researcher and participants.

Use of Weick' (1995) sensemaking theory in the analysis and presentation of the interview data is purposed to contextualize the data collected through this study. Throughout this chapter, data collected is analyzed using the sensemaking theoretical framework to develop deeper insight into how NLs have managed through the progression of identifying, developing, leading, and mentoring new nurses into nurse leaders during times of continuous changes in the

healthcare industry and diverse factors contributing to the nursing pipeline shortage. Categorizing the data based on Weick's framework allows for ease and clarity in analysis in presentation of the participants' insights.

Narratives derived from this study's interview engagement will be examined as a way of identifying shared themes across the participants' stories. This chapter's format transitions between the researcher's introductions and explanations of each sensemaking characteristic that's aligned with the rich description of the participants' interview responses. To protect the confidentiality of the participants and their healthcare organization, all identifiable information has been removed or altered. A summary of the findings paired with associated themes will be featured at the conclusion of this chapter and further expansion of the themes will be detailed in Chapter Five.

Although common themes will be sought resulting from the analysis of the participants' interview responses, it is important to note that the participant's background, gender, healthcare organization of practice and experience are diverse. This diversity in representation of participant identify and experiences provided the researcher the ability to analyze varied viewpoints for the aims of this research. Because of the diverse viewpoints expressed in the data, this researcher experienced challenges in coding overlapping and varied interpreted meanings of participant responses. These challenges in coding reflect the complexity of the process of sensemaking.

Participant Overview and Profile

As presented in the table in Chapter 3, the participant representation of this study includes five nurse leaders working in healthcare organizations in Massachusetts. Each participant has worked as a nurse leader for a minimum of three years. Some similarities exist in the participants' background, nursing education and reason for entering the nursing field;

however, their sensemaking of the factors contributing to the nursing shortage, involvement in developing new nurses and opportunities for future NL development vary. A brief overview is provided in this section that is intended to give insight into their background and journey into nurse leadership.

Nurse Leader Franklin

Nurse Leader Franklin is an experienced nurse leader working in an academic teaching hospital in the Northeast, United States. His nursing journey followed a traditional path that started by receiving his Associate's of Science Degree in Nursing (ASN) and then his Bachelor's of Science Degree in Nursing (BSN). He presented his desire to enter nursing as being able to help people and ensure that all patients that he saw were properly treated and cared for. Nurse Leader Franklin had worked for a cross-section of nursing disciplines to include: cardiac, intensive care unit (ICU), medical surgical, post-operative operating room (OR). He cited that transitioning from one specialty to another presented with challenges in learning and practice; however, Nurse Franklin attributes to effectively transitioning to different areas of nursing with minimal disruption resulting from a strong team environment with a commitment to safety and excellence in care delivery to their patients. His experiences in nursing have led to successes as a nursing leader with eight years of leadership experience under his belt and committing to working for an organization with a strong sense of teaching and caring for their patients and employees through innovative care and employee development programming.

Nurse Leader Donna

Nurse Leader Donna is nurse leader with 7 years of nurse leadership experience working in a community healthcare setting in the Northeast. She referenced possessing a long career in administration for large corporations before deciding on a career change and entry into the

nursing field that she described as "non-traditional" and occurring later in life by graduating with her BSN from nursing school and becoming a licensed registered nurse (RN) in her early 40's. Nurse Leader Donna has worked for community hospitals in multiple clinical specialties. She proclaimed that her motivation and drive as an NL stems from her love of continuing education and developing new and current nurses. Nurse Leader Donna cited that every nurse should look to learn as much as they can and their organizations should support and champion education and development programs so that nurses have the tools they need because that translates into positive outcomes for the patients.

Nurse Leader William

Nurse Leader William is a nurse leader working in an academic teaching hospital in the Northeast. His entry into the nursing world is like Nurse Leader Donna, entering nursing as a second career in his late 40's and graduated with his BSN in his early 50's. He noted that he knew that going into nursing that he wanted to work as a nurse because of the growing popularity of the field. Nurse Leader William conducted his clinical nurse rotations in the medical surgical, critical care unit (CCU) and maternity and pediatric nurse units before becoming a nurse educator. He noted that he also had a passion for educating nurses and sharing the knowledge and experiences that he had with others. His transition into a nursing leadership position was unexpected and rapid that occurred after his third year as a staff nurse and educator when an Interim Director position became available. While initially hesitant about taking the leadership opportunity, NL William did not want to take on the opportunity, he was urged by a senior level hospital director and mentor to take the position and later stayed on as the permanent Director. Nurse Leader William spoke fondly about his current healthcare organization where through the organizational development efforts has allowed him to achieve earn his BSN and last

year MSN degree and he is also actively part of the new graduate nurse development program as an adjunct instructor and developer of the curriculum.

<u>Nurse Leader Marcy</u>

Nurse Leader Marcy is the most experienced nurse leader interviewed amongst the study's participants, possessing 26 years of nurse leadership experience working as a nurse leader in the medical telemetry unit of an academic community care healthcare organization in the Northeast. She went through nursing school during the 1980's and achieved her BSN and currently matriculated in an MSN program. She acknowledged that there was no leadership teaching in her nursing program and that she observed early in her career, nurses promoted to leadership roles based on displaying strong clinical technical skills and abilities but not leadership capability. Her promotion to her first leadership role followed a similar process where she became a charge nurse a year after graduating from nursing school. Nurse Leader Marcy has worked in the dialysis, rehabilitative, hospice and medical telemetry specialties of nursing. Through her years of nurse leadership experience, she reflected on a very supportive and academic approach to her nursing practice and team development. She acknowledged that there are many contributions of stress and burnout in the nursing industry, but there are always nurses like her who have managed through the challenges and can educate ways to navigate through those challenges by educating new or inexperienced nurses on the pathways to become successful. Nurse Leader Marcy serves as a mentor and preceptor for new graduate nurses and contributes to the curriculum for this new graduate nurse program.

<u>Nurse Leader Jennifer</u>

Nurse Leader Jennifer possess 15 years' experiences as a nurse leader working in a community teaching healthcare organization located in the Northeast. She entered the nursing

field in a traditional way, achieving her ASN and then BSN, where she acknowledged that leadership was part of her nursing school curriculum that included how to mentor and develop nurses. Nurse Leader Jennifer worked in the post anesthesia and opened an outpatient surgical center/pain clinic. She stated that the opportunity to assume her first nursing leadership role became available when opening the outpatient surgical center/pain clinic that allowed her to build on the leadership skills learned in her nursing program. Nurse Leader Jennifer acknowledged that there were many opportunities for clinical and leadership development available throughout her career and that she was proactive in taking advantage of those opportunities and committing to continuously looking to building on her nurse leadership and interpersonal skills to help build her team of nurses to become successful and confident in their clinical roles.

Preset Coding Development Based on Weick's (1995) Seven Sensemaking Characteristics

The following paragraphs present the coding strategy that incorporated a deductive approach that aligned with Weick's (1995) sensemaking characteristics to include: grounded identity construction, retrospection, enactment, social activity, ongoing, extracted cutes, and plausibility rather than reliability. This researcher used the excerpts and narratives from the participants' own words to support and align with the sensemaking codes. Additionally, this section identifies the three emerging codes from the data analysis that include: mentoring, community and open-minded/flexibility.

First Characteristic: Grounded Identity Construction

Grounded identity construction is Weick's (1995) first characteristic in the sensemaking theory that involves the individual participant describing his or her own identity construction. This characteristic is used to help understand the individual and how he or she makes sense of

his or her environment. Interview questions were crafted using this first characteristic to gain insight of how the study's participants depict the story of who they are, how they perceive the healthcare field, what role they portray in their healthcare organizations and how they make decisions as a nurse leader. The assumption of this characteristic is that the individual alone drives the sensemaking and the sensemaker can possess multiple identities (Weick, 1995). The following are interview excerpts from the study's participants that provide insight of how the five nurse leaders had different paths and experiences that contributed to becoming a nurse leader.

Nurse Leader Franklin

Nurse Leader Franklin is this study's first participant and is recognized as an experienced nurse leader working in an academic teaching hospital in the Northeast. His entry into nurse is considered by him to have followed a traditional path that began by receiving his ASN and then his BSN degrees. He reflected on first assuming a nursing leadership role as an Assistant Nurse Manager upon relocating from another region of the country. He described his first experiences with leadership as "challenging" based on his work style:

> My earliest experiences with leadership were challenging, as I was very task oriented and
> unsure how to prioritize or how to engage staff. Additionally, it was a union environment
> and I was unfamiliar with this, so I had to learn a lot of new guidelines and incorporate
> them into my leadership structure. I relied on guidance and support from my
> colleagues who had developed their own leadership styles.

Nurse Leader Franklin's early experiences with leadership required acknowledgement of his personal and professional work style as well as his ability to "engage and motivate staff" to

create successful patient outcomes. His ability to reach and motivate staff had been a primary focus and he referenced "support from colleagues and industry mentors" in helping to develop a balance of being task focused while incorporating a team environment focused on collaborative and accountable care delivery. Based on his early leadership experiences, Nurse Leader Franklin has committed to managing, supporting and guiding new nurse leaders throughout his career to ensure that "the [nurse leaders] can become successful leaders" and can successfully motivate and engage their staff.

Nurse Leader Donna

The study's next participant, Nurse Leader Donna, is a nurse leader possessing 7 years of experience working in diverse specialties of nursing, with a passion for working in her current specialty. She described that her decision to enter the nursing field as non-traditional:

I entered the nursing workforce later in life. I was 42 when I graduated as an RN [Registered Nurse] and started working in a community hospital. Therefore, I was not a young woman just out of college. I had many life experiences under my belt and a career as an administrative assistant in the corporate world and healthcare arenas.

Nurse Leader Donna also reflected on the early experiences that shaped who she is as a nurse leader:

Of course, we always remember the experiences that challenge us, and counseling nurses were two of my earliest leadership experiences. This [counseling] was not strength of mine and I found this to be extremely challenging. I have progressed in this area with my skills and have learned from other nurse leaders how to handle

difficult people. My experience is that some people do not take constructive

criticism well and see this as just plain "criticism".

Also, the very first time I had to "let someone go" I will never forget! The nurse was a

great person and patients loved her, but it was apparent in the beginning that she did not

have the skillset to perform the job. It was clear that it was something she was not going

to acquire. I anguished over this for some time, but knew I had made the right decision

for the patients and the department. Interestingly, I had a gut feeling when I hired her

that she might not be the perfect candidate and should have followed that instinct.

Reflection on this early experience told by Nurse Leader Donna allowed for her to

enhance her hiring and selection procedures as she developed in her NL career. Nurse Leader

Donna remarked: "It was an opportunity to meet them [nurse candidates] and really review their

skills to determine if they could contribute to the team and what clinical needs they [nurse

candidates] had." She also made a point to "mentor new nurses" so that they felt support and

had a point person on the floor who could guide their questions or concerns of managing an

unfamiliar patient workload. This display of direct support and mentorship of new nurses is what

Nurse Leader Donna refers to her identity as "me being me".

Nurse Leader William

Nurse Leader William is a nurse leader with 7 years' clinical leadership experience. Upon

reflection of nursing identity, he states: "I'm a second-career nurse" where he referred to entering

the nursing field during his late 40's. His clinical rotations as part of his nursing school

matriculation included medical surgical, critical care and maternity and pediatrics; however, his

passion had been for working with diverse his multi-specialty nursing background. Along with a

non-traditional entry into the nursing field, Nurse Leader William acknowledged that his early experiences in leadership shaped his current leadership thinking and practice. He described these experiences fondly as providing more of a well-rounded understanding of his organization's initiatives and goals as well as his overall skillset as a nurse leader:

> My earliest experiences with leadership as a nursing leader was 3 years into practice, I was promoted to evening clinical leader on a busy specialty floor. My role was like a permanent charge position, with added responsibilities such as committee work and employee evaluations. This opportunity allowed me to develop skills in management of staff, conflict resolution and team building.
>
> Since I was now more involved in hospital-wide initiatives, I gained a more global perspective on the role of nursing beyond just the bedside. I felt supported by my manager, and felt comfortable in bringing any problems or challenges to her when I needed guidance and support.

Nurse Leader Marcy

The next participant, Nurse Leader Marcy, is the most experienced NL of the 5 participants and possess 26 years of leadership experience. "After graduating nursing school in the 1980's", NL Marcy described her earliest experiences in leadership as "traditional". She expanded on her traditional leadership experiences since her nursing program had no formal managerial or leadership curriculum and that "traditionally you were put in a leadership position because of your clinical knowledge and skills and time management capabilities." NL Marcy describes the process of becoming a clinical leader:

My earliest leadership experience was as a new graduate (grad) nurse. I worked on a telemetry unit on the step-down unit. I was a GN [General Nurse] (back when you could practice before you took your boards) when I started and about 2 months into my job I got my RN [Registered Nurse] certification. I often worked 12 hours overnight and was left in charge some nights because I was the only RN working with 2 GNs on a 26-bed telemetry unit with experience caring for chronically ill respiratory patients.

NL Marcy described her NL career as continuously learning on the job and developing her interpersonal, mentoring and communication skills. She worked in dialysis, rehabilitative, hospice and medical telemetry specialties and working in diverse areas of nursing practice has taught her to take clinical and learning development opportunities as they come and to be proactive in seeking out new challenges to better your nursing skills.

Nurse Leader Jennifer

Nurse Leader Jennifer possesses 15 years of NL experience. She credited her nursing program for teaching "different styles of leadership, how to have difficult conversations, and how to develop and mentor people." NL Jennifer credited building on the leadership lessons taught in nursing school that were joined in effort of "opening an outpatient surgi-center/ pain clinic", as providing the clinical leadership foundation that is grounded in her current leadership practice. It's the entrepreneurial nature of that clinic, that NL Jennifer reflected on and stated that quickly encouraged her to develop the staff in the clinic so that they were communicating effectively, delivering the best customer service to the patients and family members and practicing regular conflict management and mediation techniques with staff who experienced workplace disagreements.

NL Jennifer also contributed her early leadership abilities and competencies to developing and mentoring staff throughout her career based on the support of her professional mentors who encouraged her to be proactive and continuously seek out opportunities that challenged her as a person and nurse. It was that continuous professional mentoring and support as a new NL that she makes meaning of developing her nursing practice of being supportive for new and inexperienced nurses.

Conclusion: Grounded Identity Construction

Though the stories of the five NL participants vary, their narratives were essential to understanding how they each made sense of the process of becoming and serving as a nurse leader. The construction of each NL's identity assists in creating the story of how the participants' identity informs their NL practice. Upon review of the NL narratives, two themes emerged informing of the journey of the NL identity process and how each participant made sense of their roles as NLs. These themes will be introduced in this chapter and further reviewed, analyzed and presented in the next chapter of this study.

One theme of interest that arouse upon review of the participants' responses for their identity construction revealed that none of the five NLs had a common pathway into nursing. Two out of the five participants describe their entry into nursing as later in their life. NL Donna describes her new grad identity as "not being a young nurse" and therefore, she had "thicker skin to deal with clinical and workplace constructive criticism" versus her younger cohort of new grad nurses. NL Williams states that he considers himself as a "second-career nurse" who had a career in mental health before entering nursing school. The interesting aspect of these two NL's entry into the nursing field is representative of the diverse needs for development for current and new nurses. The importance of NL's sense making of their journey as new nurses and becoming

NLs helps further examine the problem of practice of this study that looks as how current NLs development strategies for the future generation of NLs.

The second theme emerging across the participants' narratives of their constructed identity shared in that there were professional mentors and organizational support that allowed for promotion from new graduate nurse to nurse leader. NL Jennifer stated that: "upon opening the pain clinic, I called upon my tenured [experienced] nursing colleagues who knew the business end of managing a similar type clinic and the professor from my nursing school who taught clinical and management skills." NL William noted similar support in his ascend to NL and stated: "I was hesitant at first in accepting my first clinical leadership position, thinking I did not have enough experience, but was really encouraged by my manger and other staff members to consider the position." He followed by stating: "I'm glad my manager and colleagues pushed me to accept that role." The nature of support and guidance for all the participants allowed them to become leaders and later develop their clinical abilities to lead, mentor and develop new nurses and clinical leaders.

Second Characteristic: Retrospection

Retrospection allows for sensemaking by reflecting at the point of time that allows individuals to notice the problem of practice based on their experiences. Through review of the participants' reflection of their experiences recognizing the problem of practice, this researcher was better able to understand the actions that the participants took to deal with the problem and extract themes relevant to the sensemaking process. This section will examine the narratives of the participants as they made sense of the process of recognition, evaluation and implementation of the strategies available to develop the next generation of NLs.

<u>Nurse Leader Franklin</u>

Upon asking Nurse Leader Franklin about the current nursing crisis, his responses differed from the other 4 participants' responses by answering "No." Nurse Leader Franklin further explained his analysis:

Now, I would say no to a nursing shortage and the reason I say that specifically is because for every open position that I have, which doesn't come up too frequently, I have a wealth of candidates both internal to where I work as well as external. Many of the external ones are recent graduates or upcoming graduates who are seeking employment. I can also tell you that when I graduated approximately 13 years ago, from nursing school, the market was very different. Whereas, I could walk into any job was offered many different compensation opportunities in terms of sign-on bonuses.

What I do believe happened was when the economy took a downturn a lot of people who were getting ready for retirement turned around and went either part time or full time, or picked up more hours, which as a result of that has therefore decreased the availability of positions and the natural turnover, when people were coming out of school. That's my opinion, the latter part, but I watched that happen, that transition.

Nurse Leader Franklin continued to share his reflection on the availability of new grad nurses as being readily available and "made up about 80% of new hires" when opening a new 30-bed telemetry unit. He expressed difficulties in being able to train all the new nurses and in this former healthcare organization, the responsibility to train and develop new nurses fell on the sole staff educator. "Having 15-20 new nurses to orient, develop, mentor and train was a difficult job for one person to manage." Nurse Leader Franklin looked back on his early experiences and

expressed feeling saddened that the responsibility to develop and retain new nurses burdening a selected few individuals. He shared those individuals possessing the sole responsibility for new nursing training and mentoring resulted in, "just burning out", and that sparked a natural turnover of the more experienced nursing staff.

Through Nurse Leader Franklin's stories, he maintained that there is not a nursing shortage effecting his specific hospital or nursing specialty; however, looking back at his former employers' challenges of having one person being solely responsible for training and developing new nurses, he stated that there could be a high turnover problem facing other healthcare organizations following the sole educator and nursing developer approach. He shared that training, developing and retaining new and current nurses is done by "committee and very cohesive, specifically my department, where you have a very cohesive group that are very supporting and nurturing.

Nurse Leader Donna

Nurse Leader Donna possesses experience working as an NL for a variety of healthcare organizations. Through her experiences, she shared her understanding of the nursing pipeline availability in the past and present. She began her story of her understanding of the perception of the nursing field and the desire to maintain a career in nursing:

> I think it may be the perception of nursing. When I say that, I mean bedside nursing. Because in nursing, it's not just bedside nursing. We need all kinds of professionals. We need people to manage insurance companies, answer phones, and different things like that. I think the perception of nursing is people always thinking solely of bedside nursing,

and not necessarily the vast opportunities that nursing can provide to people. I think that may be, to me, that's a main reason observed.

I noticed the shortage more in my specialty area and then through my college and other specialty areas as well. However, that was in the early 2000s when we started talking about it [nursing shortage] and my professors and colleagues had a lot of reasons why there was shortage. Similarly, to today we have a generation [Baby Boomer generation] exiting the industry at the same time and in large numbers. Our organization has looked at succession plans for these nurses and nurse leaders exiting in addition to the strategies involving hiring new grads to succeed them and with that strategy comes needing to train and develop those new grads. It will be a challenge to develop new staff and retain existing staff at the same time, and it seems we are talking more and more about this [challenge] every day and needing solutions quickly.

Nurse Leader Donna followed her reflected perceptions of the past and present factors contributing to the nursing shortage by sharing her thoughts on the need for a more intentional outreach and targeted recruitment to nursing candidates that educates them on the diversity of disciplines in the nursing field: I always say, "Wow, we should target nursing students more, as a dialysis community, and let them know what's out there." She further spoke about the outreach strategies that she has spearheaded and spoken with nursing students about the opportunities in the nursing field that extend beyond the bedside.

Nurse Leader William

Nurse Leader William shared a dual perception of the factors contributing to the nursing shortage. His experiences as a mental health provider, nurse educator and nurse leader allowed

him to present his analysis based on an "insider's" view of the challenges present in recruiting, developing and retaining his nursing staff. His responses also placed meaning on his perception of the divide between general nursing and specialty nursing such as the psychiatric/mental health practice of the hospital that he leads:

> In my present job, I see it [shortage] on two levels. We have a provider shortage, so, we're struggling with trying to get psychiatrists. That's been a major struggle for us. And then on the nursing side, because it's psychiatric nursing, I don't think that a lot of people are choosing that as a specialty to go into, and I think there's a lot of reasons for that. It's not the more popular ICU, ED, you know, cath lab types of areas that people really seem to gravitate towards, it's really ... I don't want to say that psychiatric nursing is sort of like a dying specialty, but, for whatever reason, people aren't drawn to it in the same numbers as other nursing specialties. Which is unfortunate because of the opioid crisis and burgeoning mental health needs.
>
> I've had many open positions posted for over six, seven, eight, nine months that I haven't gotten one resume for. I'm currently trying to find a nurse practitioner. That's like finding a needle in a haystack. All the sudden, behavioral health is getting a lot of press; it's getting a lot of attention. There's a lack of beds; there's a lack of personnel. And the two are very, I think, interconnected.

Upon concluding answering the questions directed at uncovering NL William's retrospective sensemaking of the nursing crisis, he shared his meaning of how these challenges in recruitment create opportunities for development and retention at his organization. He presented that his hospital has the unique advantage from nearby competing hospitals in having a

nursing school, from which he graduated from and is now part-time faculty in the psychiatric

department. NL William eagerly shared the excitement of being able to develop an individual

and mold him or her into the type of nurse that the patients need. He also acknowledged that

entering the psychiatric specialty early in one's nursing career can present the new nurse as

feeling stuck and not easily being able to enter other general areas of nursing. Through his

experiences, he felt important to develop a cohort of nurses, new and experienced, to support one

another in their clinical practice. Nurse Leader William commented: "Our organization commits

to the development of each nurse and we understand that we are responsible for the patient

outcomes resulting from our staff impact on their care."

Nurse Leader Marcy

Nurse Leader Marcy acknowledged having extensive experience and insight into the

nursing shortage and need to "build them." She shared her understanding of the availability of

nurses as seemingly complex in understanding. Through her experiences working for many

healthcare organizations, she acknowledged similar contributions as NL Donna had in her

responses as contributing to the nursing shortage:

> When I graduated, they said the same thing [nursing shortage existing]. There seems to
>
> constantly be a shortage of nursing personnel. Is there a true shortage? I don't know. I
>
> think as nurses, we do suffer right now from boomer generation retiring and all our more
>
> experienced and seasoned nurses may be off doing other things. I think also, that the
>
> options that are open to nurses now also kind of contribute to that delusion, if you will-
>
> Is there a true shortage? It seems it some days. Like today. It seems it today because of
>
> summer vacation, call outs, work related injuries, you name it!

Following this line of questioning, NL Donna expanded on the need to gain more interest in working in the nursing profession. "I do think that we do need to encourage more people to get into the profession", was a statement that was emphasized and she maintained that it's not just the HR staff or nursing recruiters but the organization in general. She reflected while working for past employers, that senior level nursing leaders networked at nursing events and spoke with nursing students that helped support the organizational effort to recruit nurses.

Nurse Leader Jennifer

Nurse Leader Jennifer shared an interpreted observation and insight into the nursing shortage problem of practice. Upon being asked if she felt there is a nursing shortage, she responded: "Yes, I do." Her analysis followed by providing insight into two factors contributing to this problem of availability of the nursing pipeline:

> I don't know if it's location. It could be, I think part of it is location. I think part of it is, I don't think as many people are going into nursing. You know, I think there are a lot of people going into PA [Physician Assistant] school. Just in general here I have a lot of PCAs [Personal Care Attendants] that work for me, that have graduated with a degree in biology or some kind of health science or whatever, that want to go on to school and I would say more than 50% of them want to go to PA school versus nursing school.

NL Jennifer continued her analysis of the shortage by offering that many staff certified nurse assistants (CNAs) and PCAs discuss with her their desire to go back to school but the time it takes to become a PA versus an NP (Nurse Practitioner) is shorter by a year. She further makes sense of her insight into the problem of practice by sharing the following in her words: "To become a PA takes less time. If you go to a nursing school and then become an NP, to be at the

same level as a PA, I think there's more time involved." After discussing her observations and perceptions of why people are choosing to leave the nursing profession for other professions in the medical field, she closed this line of questioning by stating that the job market has changed from years prior and people have more options that will allow them to make more money faster, especially if they will be "saddled" with debt resulting from going back to school. She also responded that how organizations choose to treat staff coming in with large amounts of school loans and debt will determine how well and long they will retain those staff.

Conclusion: Retrospection

The purpose of this section displayed how participants engaged in reflection of their lived experiences to determine how they make sense of the nursing shortage problem of practice. The participant responses varied offering diverse perspectives into how they as individuals work within the problem of practice that allowed for additional themes to emerge based on their responses. Upon providing insight into their perception of the nursing shortage of whether there is a nursing shortage, the participants dedicated their time in expressing the need of for intentional retention strategies for the nursing staff. Through their responses, the participants shared ways of how individual NLs and the organization can contribute to developing effective development and retention opportunities to help offset the impending nursing retirements and decisions for leaving the nursing profession for other occupations within the healthcare field. In Chapter Five, the theme of retention will be explored further.

Third Characteristic: Enactment

Enactment is a characteristic of sensemaking that builds on the second characteristic of retrospection, by allowing the sensemaker to engage in understanding how they contributed to the environment they operate through action that affects others working the same environment.

The process of enactment plays a role in the previously described retrospection characteristic by influencing the environment of knowledge, action and beliefs. Using the participants' words, this section will identify the process of enactment in working with developing new and inexperienced nurses in their respective healthcare organizations.

Nurse Leader Franklin

This set of questioning focused on engaging the NL participant toward describing his or her contribution toward developing new nurses or nurse leaders. NL Franklin approached this question using a needs assessment that involved recognizing a collaborative effort between the experienced NL and the new NL. He was asked to expand on this collaborative development approach and he did so through the following description:

I ask the individual where they feel they need support and guidance – I will help provide it, seek it out for them (to attend) and understand myself what may benefit them. I ask them to seek out classes/seminars, etc. they feel they need to be successful, and then ask him or her to register and attend.

NL Franklin discussed the importance for the person needing development having to be active in his or her own development. He followed by stating that it's empowering to allow an individual to seek out their own learning and development needs and that it's often a failure point for a leader to assume the needs for development for someone else. He shared that his own process of development was based on articulating what his needs were and that his mentors and managers would assume responsibility to continuously discuss whether his educational and

developmental needs have been met and if not, what else is needed for his development. NL Franklin has assumed this approach for developing new nurses. He further stated:

> As a leader, I must place some of the responsibility on the individual to take charge of their own careers and needs. While I will of course do everything, I can to support them, they know themselves better than anyone else may know them. Therefore, it is a collaborative approach to ensuring they are successful!

Nurse Leader Donna

Nurse Leader Donna reviewed her involvement in the understanding and process of her role in developing new nurses and nurse leaders. Initially during this line of questioning, she reflected on her own experiences in who and what contributed to her learning and development process of being a new nurse and nurse leader and identified that she needed to be proactive in seeking out what she did not know and find the contacts, such as the hospital's nursing educator, on the pathway to take part in the development opportunity. She stated: "the opportunities were there to improve your practice and knowledge as a nurse but you had to find those opportunities." NL Donna continued to express that individuals who were vocal about their learning and development needs, progressed quickly from being a new nurse to experienced nurse and then ultimately nurse leader. She followed by describing the perceived engagement of succession planning practiced by her former employers:

> Sometimes I think they're [aspiring nurse leaders] identified by their managers maybe and that leads me to believe that sometimes the squeaky wheel gets the grease type thing and interacting and knowing who's who in the hospital. I think that all plays a part in it

and somebody like me when I first came into nursing, believe it or not I was very quiet and shy. I never said boo.

Whereas now I'm like ... I've learned. You gotta speak up. You gotta let people know that you want the opportunities, that you want to know. Then I think if you do speak up and say, "Hey, you know, I'd like to be a manager someday. What do I have to do?" Or "Let me know." When I was first in dialysis and knowing how all these outcomes for these patients are. It's the bottom line. It's the dollar. It's what's important to this company. I was interested and I wanted to know and I would ask. I'm like, "Yeah, I want to do that. Let me do it." I was asking because I wanted to learn and those are the people that, I think, progress.

After reflecting on her and perceived colleagues' past experiences in engaging in learning and development nursing opportunities, she described her approach to developing new nurses and leaders:

Transitioning to a nurse leader role can be intimidating. First, I support the new nurse leader with accolades and words of encouragement, and would offer assistance by scheduling intermittent meetings to discuss barriers, significant challenges and any additional needs that arise. Also, sharing pertinent knowledge about the organization that would be helpful and introducing the individual to key personnel to assist with networking within the organization. Knowing who key players are is extremely valuable.

Most importantly, there is a need to review expectations and share any pertinent deadlines. Mentor the new nurse leader for a minimum of 90 days and make sure that

they too are aware of expectations and deadlines and have time in my schedule to be their

attentive and successful mentor.

NL Donna concluded this line of questioning by acknowledging that everyone needs

support or a helping hand whether in their personal or professional life. She reflected on her

experience of being a new nurse and leader and recognized that without the support of her

mentors, she would have been challenged in be in the clinical leadership position she is currently

because of the ever-changing acuity levels of the patients and regulations requiring top-level care

delivery with an expectation of close to error-free care delivery.

Nurse Leader William

Nurse Leader William provided answers to his past and current contribution toward

developing new nurses and leaders. His experiences as an educator has provided vast

opportunities to put into practice multiple mentoring and nursing development strategies across

all disciplines at his hospital as he eagerly shared: "I am currently mentoring an RN who was just

promoted as a new clinical practice leader in maternity." He also shared his involvement in the

expansion of the mentoring program that he's involved in that he described as being essential in

retaining many of their experienced nurses and nurse leaders:

> What we're trying to do, or what we've done in the past when retention has been low, one
>
> was we started a mentoring program. It started with new grads, and it expanded to nurses
>
> that had been in practice for 20 or 30 years and wanted to do something different. They
>
> wanted to do like a dramatic change in practice. They wanted to maybe go into leadership
>
> or maybe they worked in the ED and now they want to do education. We hooked them up

with people that were in those fields helping them to transition, giving them advice. We

did that for a couple years and that seemed to help a lot.

Nurse Leader William had been asked if there were resistance or challenges in

implementing these mentoring programs. He did not cite any resistance or challenges in

implementing these programs and contributed existence of organizational buy-in based on the

senior leadership support for the learning and development of these programs. He was specific in

his reflections that the type of culture in the hospital, previously, was not that of collaboration

and it really took the current hospital president to share her vision for building a community of

leaders that started with each department being responsible for the successes and needs for

improvement for the staff within their departments.

Nurse Leader Marcy

Nurse Leader Marcy reflected on her vast experience as a nurse leader to offer her

contributions to developing new nurses and nurse leaders. She shared her strategies and insights

for developing nurse leaders in her previous healthcare organizations as well as in her current

organization. Her experience in this area of action contributing to NL development is shared

through her perspectives as followed:

> I think that to develop new nurse leaders, they need to be tried in the setting. They need
>
> to be challenged in situations. There cannot be a punitive environment. My strongest
>
> nurse leader on my unit is only three years out of school. But she is engaged and
>
> communicative and full of ideas and thoughts on how to improve. This is encouraged on
>
> my unit. They are challenged to make their ideas reality. Successes are celebrated and
>
> failures are looked upon as good experiences.

Nurse Leader Marcy's insights present a very nurturing and accepting approach to developing a nurse leader. She acknowledged her past and current experiences as a nursing educator and preceptor as allowing her to better support in NL development needs assessments and continuously building her nurse leaders. She also described the process of becoming a preceptor in her organization and that "you are not allowed to precept or look to develop a nurse or nurse leader unless you have passed the preceptor program here." She also shared insight that the NL development program is developed by committee and that often the new NLs are asked for their suggestions and needs for development. NL Marcy concluded this questioning by stating: "Being in this industry as long as I have, I know that you have to ask the individual what they need, otherwise you are operating on old practices that may not be relevant to the current patient needs."

<u>Nurse Leader Jennifer</u>

Nurse Leader Jennifer initially responded to this line of questioning by acknowledging that "I have not had the ability to mentor anyone under me up to now. I have in the past helped out new managers in other departments by giving them advice at times." She transitioned to looking back at her past contributing factors helping her NL development and insights about how new or current NLs should approach their development. She shared the following:

> I look back just thinking about some of the mentors that I've had over the years having the biggest help to me, and some of them pushing me to go to school and further my education, and pushing me to do other things and expand my role. I think that I have a couple of mentors in particular that really helped developed me and I continue to call

upon those individuals, from time to time, to pick their brains on their approach to the situation.

I think the process of development depends a lot on yourself. I reach out to my peers. I have other peers that have been managers longer than I have, and if I have concerns or questions or issues, I bounce it off of them. I go to them. I have one or two in particular that I go to, and I think that that's something that you have to develop yourself. I think that you have to find it within yourself to know what you don't know, and know how to ask and know how to get the information. I don't think that I can develop you. I think you have to develop yourself.

I feel like this clinical leadership generation, for the most part, feels entitled and I feel like they have to be motivated. I don't think that they seek things out as much as they expect it to be handed it to them. To combat this, I think existing leaders have to seek out the ones that look like they'd be good in leadership and kind of motivate them about moving on.

Nurse Leader Jennifer concluded in responding on this topic by offering her perspective that the future group of NLs need to be active in self-direction and development to keep the nursing practice active. She offered that it should also be the organization's focus and priority to continue to look for ways to develop and retain its staff nurses and leaders so that the nurse's expectations in his or her practice align with the goals of their organization.

Conclusion: Enactment

The stories shared by the study's participants presented insight into how they created meaning and understanding of their social contributors of their clinical leadership development as well as their own actions contributing to building current and future NLs. Upon reviewing the passages coded as enactment, the emerging theme from these narratives expressed the importance of mentoring as part of the clinical development and leadership building process. Upon each participant's reflection on this category of enactment, each identified having the support of another to grow them as a leader. Each participant also expressed the importance of serving as a mentor for existing and new NLs to provide a nurturing and supportive environment for clinical practice resulting in positive patient outcomes. The next chapter will expand further on this mentorship theme.

Fourth Characteristic: Social Activity

The characteristic of social activity is a process of sensemaking that is based on organizational members exchanging interpretations of their environment based on their interactions with others. This characteristic involves bridging the gap between thoughts and practice of the individual and of the organization. Focusing on the organizational influence, social activity allows stakeholders to engage in sensemaking from an assortment of personal backgrounds, histories and organizational positions that develop diverse frames of reference and lead the sensemaker to determine the decision-making and actions to take in their roles. Gioia and Chittipeddi (1991), for example, argued that a critical leader behavior during strategic change is "sensegiving"—which they defined as "the process of attempting to influence the sensemaking and meaning construction of others toward a preferred redefinition of organizational reality" (-p. 442). Through this section, we explore how the participants make

sense of the social cues that influenced the formation of processes and development of their leader identity and their causes to act in developing others.

Nurse Leader Franklin

The set of questions involving this characteristic focused on establishing a narrative regarding the influence of others on the NLs' sensemaking process. NL Franklin responded to this line of questioning by providing perspective and insight into his and his organizations' efforts toward developing new nurses and leaders. During this stage of interview questioning, he asserted that it's important to start from the beginning of the interview and hiring process so to collectively share in the interview process of the new nurse, because "it's important for the nurse candidate to have a well-rounded representation from those in the trenches to those leading the department." He described his interview process as an early NL candidate with an employer that involved a 12-hour shadowing process that introduced him to the entire department of who he potentially would work that left a lasting impression of receiving a full-job preview of the culture and environment coming in. Next, he was asked to describe his and his organization's involvement and process of developing new nurses and he stated:

> I can speak first hand to when I worked at a previous institution as an example. I opened up a brand new 30 bed telemetry unit and at that time we staffed it with all travelers, just to get it off the ground. We then transitioned from travelers to staff, full-time benefited staff, and as a result of that 80% of the hires were new grads. In terms of being able to mentor and bring them on board, we relied heavily on nursing education within the hospital setting, and also the nurses who came in with more experience and being able to mentor and provide not only the collegiality but also the knowledge, experience, and reference for the newer staff.

Here, where I work presently, many of the staff have been here for 10 to 20 years, some

even over 25. What I can tell you is when we bring in new nurses there's a very cohesive

group that are very supporting and nurturing. We also have a nurse educator who is

phenomenal and an expert in his own right within the multiple areas in this department

and he's not only a mentor, a resource, but also sees them through their education both

when they first start, as well as when they're at orientation. I'd say it's a team approach.

Nurse Leader Donna

Nurse Leader Donna asked to reflect and describe the involvement and process of her and

her organization's influence on developing new nurses. She could draw favorably on her past

and current experiences in developing new nurses as well as the diverse healthcare organizations

that she worked for. She described her individual approach to new nurse development based on

the following:

I am pro education, always have been. The more you can learn, get certified, whatever it

is. It's a beautiful thing to grow and develop, I don't know, like gardening. The more you

know the more well-rounded you are. I would always push for nurses if I know they have

an associate's degree, you know, go for your bachelor's even if you don't think you're

going to use it, if you don't think you need it. Just get that under your belt. It's knowledge

and you do learn things in a BSN program that you don't learn in an ADN program. I've

always been more of natural cheerleader than a task-oriented leader. Even in management

now I'm always encouraging people to do whatever it is they can in any role that they

have, but in nursing, again, in my early experiences with new nurses being a mentor for them was a priority of mine.

NL Donna transitioned in distinguishing between her former and current organization's efforts in developing new nurses and reflected on the new nurse development curriculum in place. She described the processes in place between the two employers in developing new nurses:

I worked for a magnet-affiliated hospital and they provided preceptor classes. You would go in and learn how to be a preceptor, the tools to be a preceptor. I think that's great because I think being a preceptor you do need support and you do need guidance and tools in your tool box to help these people [nurses] succeed.

I'm currently working in a small, outpatient setting. Right now, there are not a lot of resources available to managers or staff to do that. With the knowledge that I have now from working in a magnet hospital and getting my BSN and going after my master's now, you learn what you need to do to foster this environment so I will find those schools online and use them here, not necessarily from this company.

NL Donna shared concluding thoughts relevant to the social contributions of making sense of her and her organizations' efforts in developing new nurses. She referenced the value of a hospital with a magnet-affiliation that is credentialed and recognized based on their nursing strategies for advancement that includes: "leaders value of staff nurses, by involving them in shaping research-based nursing practice, and encouraging and rewarding them for advancing in nursing practice" (American Nurses Credential Center, 2017). For the purposes of this study examining the strategies for developing future NLs, it is essential to note the healthcare

organizations recognized with a magnet designation that specifically recognizes it organization's nursing leaders who promote value and advancement of its nurses in practice. This process shared by NL Donna in recognizing the distinction of working for magnet affiliated healthcare organizations, directly connects to social activity where the sensemaker identified the nexus of the social contributions of the individual leader and organizational stakeholders coming together to solve the issues of practice.

Nurse Leader William

Nurse Leader William described in detail the development process that he and his organization influenced on new nurses. Since he has worked for one healthcare organization as a nurse leader, he reflected on the many development strategies that he and his organization have implemented. It is also interesting to note that his healthcare organization possesses the magnet designation and is in the process of recertification. NL William detailed the new nurse development processes at his organization:

> It all really started to coalesce when we started the magnet journey. We had magnet designation a couple years ago. And now we're working on our re-designation, which is gonna be in about a year and a half duration. We have a shared government structure, so we have unit councils. So, every nursing unit has their own unit council, but then we have the informatics council, the government affairs council, the quality in practice council, the research council. So, anything, typically, that people are interested in within a nursing context, there is a council for that. And so, we always encourage people when they get out of new grad council, join either your own unit council or join one of the greater hospital ones. So, that's another entry point into professional development.

I can only speak to the openness and the support of the organization (CEO, CNO department heads and staff) on promoting professional development, because it's all about innovating, and it's all about using the best practices. They [senior leadership] wanted everybody to go back to school and get their BSNs [Bachelor of Science Degrees in Nursing] as a means to advance their nursing practice ... I mean, talk about transformational leadership.

During the interview questioning with NL William and coding of the data, it was interesting to observe the cohesion and collaboration stressed in the contributions of nursing development. He mentioned his role as curriculum director and adjunct instructor for the psychiatric department in the hospital's affiliated nursing school; however, the remaining responses highlighted the joined efforts toward nursing development at his organization with a complete organizational commitment to this nursing development starting from the CEO to the staff. This shared effort and shared mindset toward nursing practice advancement seems to also result from the organization's magnet designation.

Nurse Leader Marcy

Nurse Leader Marcy explained further her and her organizations' processes for implementing nursing development strategies and programs. Upon being asked to elaborate on her and her organizations' development efforts, she gave the following response:

So, here, I think they do a fantastic job at trying to develop new nurses and the mindset is that we all have to build them [nurses]. We have a really great education department and new grad program that is successful because of their constant efforts to improve the educational delivery in this organization. We also integrated the other departments into it

the new nursing program, so, you spend time down in the hemodialysis unit, you spend time with the PTs, you spend time with respiratory, so that when the new grad finishes their orientation period and you'd still say, "You are oriented and you still have your preceptor.

I'm also directly involved in developing the new grad and new nurse training, curriculum, outlining the experience, and mentoring. So, like here [hospital], they have a really nice program for bringing in new grads. They [new nurse] get like 12 weeks of training.

They [new nurses] work up, start with one patient and they work their way up and their preceptor is dedicated to them so that they don't have another assignment. They [new nurses] go and they have a checklist of things that they need to do. We meet with them weekly to make sure that everybody's on track and make sure that if you've never given a certain medication, well that's something we're going to look for. Also, here, you don't precept unless you've done the preceptor program.

In regard to Nurse Leader Marcy, it appears that her organization takes an active role and multi-level approach toward new nurse development and training as evidenced in the education department and other nursing departments' roles in development. She shared that she felt that she complements the organization's efforts toward training and developing new nurses. NL Marcy expressed feeling valued by the organization given her many years of NL experiences to be able to actively participate in developing nurses and she interpreted this sense of value as enhancing the work she does in her nursing practice.

<u>Nurse Leader Jennifer</u>

Upon reflection of her and her organization's process for development, Nurse Leader Jennifer identified the facility role in being more active in new nurse development. She further responded:

> I don't have as much involvement as the educator does. The educator really has more involvement and she spends a lot of time with them, orienting them, hooking them up with the right preceptor and following up with them. I mean, I follow up with them along the way but I don't really develop them as much as she does, and their peers help to develop them.

Nurse Leader Jennifer emphasized the importance of being self-directed and actively seeking how to improve. She looked at her role in training and development as limited but will provide guidance to nurses seeking help or needing further instruction on her patient assignments. She contributed the overall acuity levels of the patient population and staff downsizing as limited resources challenging her ability to balancing leading and developing staff concurrently since she serves as a "working manager". She also offered that the organization has generous tuition reimbursement and in-house training and development opportunities for nurses working in the hospital and NL Jennifer pointed out that "the opportunities for nursing advancement is everywhere, but you have to be motivated to seek it out and express what you don't know."

Conclusion: Social Activity

The social interaction between individuals and organizational stakeholders is essential to the process of sensemaking. NLs responses to how they make sense and see the contributions of

their and their organizations' efforts toward new nurse development provided key insight into how these leaders decide, act and implement pathways for new nurses to advance in their practice.

Two major themes emerged from the data collection and analysis of this characteristic. The first, focused on the shared responsibility between the NL and their organization committing to a joint effort in leading and developing its nursing staff. NL Franklin described his department's efforts toward development as that of a "cohesive group that are very supporting and nurturing." NL Jennifer identified that not only her organization's nursing education department's as having a critical role in new nurse development but also the nurses' peers in support.

The second theme emerging from this section's analysis found the participants' describing the availability of resources contributing to their and their organizations' abilities to develop new nurses. NL Donna and William emphasized the advantages for working for an organization that is magnet certified in the commitment to providing resources and support toward advancing the nursing practice. NL Jennifer referenced that having limited resources in leadership and management personnel in her department caused her to have limited opportunities to develop new nursing staff as she serves the dual role as working manager. This insight shared by NLs understanding of their and their organizations' contributions toward nursing practice advancement helps in reaching this study's goals in determining the types of nursing training and development interventions available for future NLs.

Fifth Characteristic: Ongoing

The fifth characteristic of Weick's theory focuses on how sensemakers engage in continuous assessment and reassessment of their surrounding world. In particular to this study,

NLs are faced with constant changes posed by the healthcare industry and changes in acuity levels in their patient population, thus impacting their nursing practice and clinical leadership decision-making. Questions for this characteristic were developed and posed to the participants to understand how they observe their and their organization's efforts in implementing systems that best prepare their staff to respond to these ongoing changes. The following depicts narrative excerpts from the NL participants responding to questions crafted that allows NLs to describe what environmental cues are available and in place that are shaping and improving nursing practice at their organizations.

Nurse Leader Franklin

When asked about the training and development opportunities available to new and inexperienced nurses, Nurse Leader Franklin responded in great detail of the opportunities available along with the hospital personnel responsible for the continuous development and delivery of these nursing education programs. Below he describes the training opportunities available and process of delivery to new nurses:

> There is a central nursing department within the whole institution and they provide the doorway into the hospital in terms of nursing education. Then when we get into specialized areas on a local level, as opposed to more central, when we get on the local level that's where the nurse educators that are in the individual areas help to provide the more specific knowledge. As a great example understanding how to use a pump, an IV infusion pump, would be a great start, but then understanding what specific drugs might be used in the pump are more local level.

The great thing is that the nurse educator is part of the team. He actually reports directly up to me and so with that we work very collaboratively. We meet with our new orientees, whenever they are here. We meet with them probably once every two to four weeks or so depending on all of our availability. He specifically meets with them on a more regular basis and sort of keeps them on track. He brings any concerns forward to the appropriate leadership.

Training and development would start when they [nurses] start, so it's not only an initial process within the hospital, as I mentioned a few minutes ago, but it's also an ongoing process but locally and centrally. On a central level, they have anything from nursing grand rounds, which is an opportunity for nurses throughout the hospital to come together on a specific topic. We also do, for example, I do monthly staff meetings and with monthly staff meetings we have the opportunity to go over any new products, new innovations, new technology, new processes, as well as ongoing. We solicit the input of the nurses as well as the technologists and the whole team; it's an interdisciplinary approach, to how to improve what we're doing. I believe in continuous process improvement and under that umbrella there's always ways to do things better and the best people to learn that from are the folks who are doing it.

Understanding that we are in a time when there are multi-generational professionals that are entering a profession, it's important to consider how best that people learn. Sometimes that goes down to just simply asking them, and I mean that. You might sit with someone and say, "Are you more visual? Do you want to attend a class? Or do you want to jump in a room with a patient? How best do you learn?" Then structuring education around that is

only going to be a win-win. Ongoing education, I find that bringing people together in a common setting is probably the most effective. Again, taking into account individual preferences, you get more of an audience when you get people together, clearly, but nonetheless there's something to be said about at the shoulders or at the arms education. If a nurse educator were to spend two hours with someone in a procedure that perhaps they've done only once and now they're about to do it again, that one-on-one education is invaluable.

During NL Franklin's reflections, he expressed feeling fortunate to have the support and commitment from the senior leadership of his organization to have implemented a strong foundation for educational development. He also noted that he is one to seek out development opportunities and felt that leaders should have a professional obligation to join membership in their field or specialty that allows them to advance in their practice. He concluded this sentiment by stating: "As a leader, I'm always striving to get involved and take courses and try to better myself and others I manage."

Nurse Leader Donna

Nurse Leader Donna had described observing diverse programs for nursing training and development in the many healthcare organizations worked for. She noted the distinction of the types of nursing professional advancement and the healthcare organization's responsibility and contribution to helping nurses advance their practice. Her responses to the questions in this category also educated on the needs for improvement in communicating these advancement opportunities to the nurses:

In most of my nursing career, more specifically the last six years where I've been, they

have actually promoted certification specialties, paid for that certification, and re-

certification. Here where I am now they'll pay for your state license and they'll pay for

both licenses and renewal. Payment for CEUs [Continuing Education Units], I think that's

hugely important.

I don't [think] that these programs were readily available to nurses seeking them] and it

had never been part of my onboarding process. That was pretty much it. I think in a

hospital setting, even in the magnet hospital where I was they have all these programs.

They had preceptor programs. They had, you know, that education program. You could

climb the [career] ladder, but unless you actually went to seek that out you don't know

what's available. I remember finding out about these programs after being a manager for

a year and thinking I wish I knew about these programs sooner.

Nurse Leader William

Nurse Leader William shared a great deal of insight portraying the organizational effort

toward nursing development opportunities and systems in place. His following discussion depicts

inclusion from all the stakeholders including his contributions toward the development and

educational effort for advancing new nurses:

We have a curriculum that we've developed from the Nurse of the Future Competencies

and every one of those competencies forms a wheel. We bring people from within the

system, and outside the system, to come in and talk about those things. So, we have, for

example, we have informatics as one of the spokes of that wheel. So, we have a nurse

informatics specialist and she comes in and talks about all the new developments that are

going on in the electronic and medical record ... electronic health record. We've also done

patient-centered care where we had our CEO come in and talk about ... She's a magnet

[certification] appraiser and she talks a lot about the whole magnet emphasis on nursing

at the bedside, and patient-centered care.

We have an annual symposium that we do every year; it's a nurse research symposium.

We have a lot of nurses involved in research projects. We usually present something at

the Cameron Symposium every spring. So, it's a very robust program. And what we try to

do is ... Actually, they just cut down the orientation from 13 weeks, I think, to 10, which

isn't that big of a deal. But the purpose of the new grad council is, once they get off of

orientation, and they're on the units, and they're with their preceptors ...

And then, one of the biggest things that we do, is we take an hour out of the day where

we just open up the floor. And this is the really cool part of what we do in that. And I

usually facilitate it, so like, "Okay, so what's happening with the new grads on West 2?

What's happening with the new grads on Med 4?" And they'll talk about the challenges.

They'll talk about ... You know, we've had stuff ranging from horizontal violence to, you

know, "I've been doing this now for four months and I don't feel like it's sticking."

NL William concluded this detailed level of analysis on the development interventions

his organization observes by noting the opportunities are certainly there, but the mentality and

motivation to advance needs to be there.

Nurse Leader Marcy

Nurse Leader Marcy described her organization's interventions and contributions toward

the learning and development of the nurses' mindset and practice. She followed by describing

the ongoing efforts that her hospital has taken to improve the scores received from The Joint

Commission (TJC) accreditation practice that recognizes healthcare organizations for their high

degree of care delivery and operations efficiency by limiting the improving the patient

satisfaction ratings by decreasing the occurrences of hospital acquired infections and patient falls

and increase the efficacy and frequency of communication between patient and their providers

(The Joint Commission, 2017). Her organization's efforts in nursing staff development aligned

with TJC's provider development improvements are described below:

> We've been doing a lot of work, and actually since I've come here, I've been doing work
>
> on the [nursing] floor. But now the organization has taken a stand in improving
>
> communication and teamwork among providers, specifically nurses. So recently, we had
>
> to create and implement advancement, training, education and development classes.
>
> These classes, which actually, myself and my co-managers teach are a great way to be
>
> able to also do some TJC prep.

NL Marcy concluding her responses in this area of questioning by noting that there is

limited clinical leadership development opportunities at her organization that she would like to

see more of. The challenge that she noted in creating these programs is that nurses need to

acknowledge what level of clinical leadership they possess and where and how they need to best

develop as leaders. "I've learned that clinical leaders need to engage in self-assessment of their

skills and abilities that is ongoing." "You need to be proactive in what you can and can't do as a

leader."

Nurse Leader Jennifer

Nurse Leader Jennifer described the nursing development opportunities based on the financial reimbursement for educational advancement available at her organization. She described these benefits and opportunities below:

> We have the ongoing in-services; they have grand rounds that they can go to that have interesting topics and different things. They have, like I said, the charge nurse program, the preceptor program, and they do tuition reimbursement which is pretty good here. I believe it's 2000 for a year or whatever, which would allow them opportunities. They offer two days of education to go off for CEUs, and I think for the nurses that are certified ... I can't remember if it's three or five days, they get more with the certification, the CEU hours, and they get reimbursed for that, and they encourage people to do that, to get certified, and then they encourage people to use their education days.

NL Jennifer emphasized that she observes that there are a number of opportunities to "develop oneself in practice, professionally and personally and that you only need to be active to seek them out."

Conclusion: Ongoing

The emerging theme of the ongoing sensemaking characteristic is that of continuous nursing knowledge and practice advancement through internal educational and training opportunities. All participants responded to this section's line of questioning that revealed how they make sense of the development efforts and strategies for advancing the nursing practice and upon that reflection, displayed the participant's awareness that there are many opportunities to advance in one's clinical practice that reside internal and external to their healthcare organization

of practice. Through the participants' sensemaking engagement, they supported and emphasized for new nurses to continue to proactively seek out ways to advance their clinical mindset, knowledge and abilities to respond to the evolving environment that is patient-centered. This theme of committing to continuous clinical learning and practice development is discussed further in Chapter 5.

Sixth Characteristic: Extracted Cues

Weick's sixth characteristic of sensemaking focuses on the individual perceptions of the environmental cues contributing to making changes or providing solutions to the wider context of the problem of focus. The role of NL is essential in fostering a care environment that influences positive patient-centered outcomes. Specific to this study's investigation into the nursing shortage, NLs need to make sense of their world and determine the available interventions and strategies to build the nursing pipeline to develop the future NLs successors for the sustainability of the nursing practice. This area's line of question builds off the NLs sensemaking of the nursing clinical learning and development process that requires the participants to project in the future what skills and abilities are needed for future NLs to be successful in their roles. By projecting what future development knowledge, skills and abilities (KSAs) NLs will need for their practice and decision-making, participants were able to examine what development strategies need to be implemented currently to set the foundation for development for NLs in the future.

<u>**Nurse Leader Franklin**</u>

Nurse Leader Franklin provided a detailed projection of the KSAs needed for the future cohort of NLs. His analysis included description of a collaboration of efforts by the individual NL and his or her mentor or leader who are responsible for driving the NL leadership

development capabilities to be responsive to the evolving environment of clinical nursing

practice:

> Five years into the future will require a different mindset as to what we are doing to be
>
> successful leaders present day. In reality, the baby boomer population will be more
>
> immersed into healthcare, and likely we will have (only) three generations in the
>
> workplace. The nurse leader will have the knowledge of a professional nurse with a
>
> background in foundational leadership, the skills to communicate effectively within their
>
> teams and the abilities to continually adapt to change. I imagine, five years into the
>
> future, many of the same challenges will continue to exist, but our ability to work through
>
> them will change, largely due to the shift in the workforce, i.e., leadership being younger
>
> in age and of a different mindset (millennials).
>
> This is where I personally go on a soapbox, because I believe it is the responsibility of
>
> every professional, nursing and non-nursing, to both create the foundational knowledge
>
> as well as maintain what is needed, to be successful within their role and
>
> organization. Conference attendance, local leadership seminars, etc., are all
>
> needed. Additionally, I would suggest a mentor as the likely best person, and everyone in
>
> a leadership position at the hospital responsible in providing new nurses and leaders
>
> guidance and support in this manner. Additionally, nursing leadership within a
>
> healthcare organization should have a firm handle on the needs of their leadership team,
>
> their needs, etc., for ability to develop others.

Nurse Leader Franklin's reflection from his professional experiences and personal beliefs

as a nurse leader, touched on many of the sensemaking characteristics of grounded identity

construction, social activity and ongoing. His responses provided complexity in coding; however, based on the themes of the environmental cues identified that contribute to the future KSAs for the NL successor; therefore, this researcher found it appropriate to code this excerpt in the extracted-cues category.

Nurse Leader Donna

Nurse Leader Donna provided a comprehensive listing of KSAs needed for the future NL to become successful in practice. Her list of KSAs include possessing: "minimum education Baccalaureate, commitment to success and excellence, team building skills, ability to motivate and influence others, promote education and provide learning experiences for staff; growth and development." Upon reflecting on her listing of KSAs for the future NL, she acknowledged the challenge in coming up with this list because "everyone is different and your needs can change day-to-day or hour-to-hour in healthcare."

She had greater ease in explaining that the organizational efforts aligned with the NL's ability to communicate her own needs for development as a clinical leader as "essential." She followed by stressing that the hospital's senior leadership, clinical leadership and clinical staff need to come together to determine what the clinical needs and healthcare organization's clinical capabilities are currently and what the future needs are projected to be. NL Donna concluded her analysis by stating:

> Understanding what the hospital needs, now and in the future, is hard to say and that makes it difficult to understand what the nursing staff and leaders will need. Healthcare is ever changing, fast-moving..and that's why I love it! The patient needs constantly change and in turn regulations change often that changes the way we practice and deliver care.

We have to start now and forecast how our nursing practice will respond to the changes in the future and that begins with what our staff needs and what our clinical leaders will need to help develop the clinical staff to meet these changes.

Nurse Leader William

Nurse Leader William presented his forecast of the cues extracted from his experiences and involvement in clinical leadership and staff nursing to including a listing of KSAs needed for the future NL. His listing included the following:

- Knowledge in the particular clinical specialty associated with the leader role

- Willingness to help out on the front lines when needed

- Humility

- Willingness to learn

- Good active listening skills

- Effectiveness as a delegator

- Ability to have "difficult conversations" and/or make "difficult/unpopular decisions" with staff when necessary

- Diplomacy

- Effective oral and writing skills

NL William further contributed to his projection on the contributions needed toward future NL development by revealing his observations and perceptions of the current group of nurses entering the field. He confided in having sense of "hopelessness in the millennial generation that will at some point assume these nursing leadership roles." He stated that nurses that he is involved in developing are observed in looking at the practice of nursing based on what

they see on TV. "Shows like Grey's Anatomy changed the practice for what I feel to be a negative because nurses want to wear pretty scrubs, have workplace relationships and choose who [patient] they care for." This researcher found this narrative to be telling and connecting to the extracted cues sensemaking characteristic. Based on NL William's observations and sensemaking of how he feels new nurses perceive the nursing practice shapes the ability to mold their mindset, decision-making and advancement in the practice. He concluded this line of questioning by stating "This is an on-going challenge in understanding for us [nursing leaders] but how we can best prepare these nurses for entry and work in this [nursing] profession will indicate how well they will perform and stay in nursing field."

Nurse Leader Marcy

Nurse Leader Marcy admittedly found responding to this set of questioning of identifying the KSAs needed for the future NL as "complex". The complexity was noted in the many levels of needs and the organization's commitment and ability to meet those needs. She stated that" to consider our nursing challenges tomorrow can be a daunting task, especially when TJC or other regulatory agencies are evaluating your hospital and then change the rules for practice." After a little more reflection of her experiences in nurse leadership building, she provided the following:

> I see knowledge of informatics and interpersonal skills as being very essential as well. In a society where communication is a diminishing art, communication will be essential to engagement of staff. I think this will be accomplished as a result of experience and education. It will be up to nursing to design a curriculum to introduce new leaders to these skills but also the responsibility of the participant to seek out experiences that will contribute to developing these skills.

Nurse Leader Jennifer

Nurse Leader Jennifer expressed similar challenges as Nurse Leader Marcy had in being able to forecast the contributors allowing future NLs to develop the necessary KSAs for effective clinical leadership practice. She reflected on what contributed to her NL development experiences and noted that" it's hard because what worked for me, won't necessarily to apply to others, especially the millennial generation." NL Jennifer went to share her opinion of the millennial generation in that she feels strongly that they "don't understand that they have to be motivated to be successful in nursing and that they will not always get the gold star for everything they do." She transitioned away from the millennial perception of work to identify key KSA that future NLs need to possess:

> She needs to know how to listen, be objective, be able to prioritize, be able to know her unit and her staff (which takes time). She needs to learn how to manage staff to volume and to be able to look ahead and plan the staffing needs to meet the needs of the unit.

She concluded her analysis by emphasizing that NL development is a shared exercise being driven by the individual NL with the organization providing pathways toward learning and development based on the NL's identified learning and development needs. NL Jennifer concluded this section in response by stating: "the challenge for organizations will be figuring out how to reach individuals who are not vocal or proactive in telling them [organization] what they need to grow as a leader."

Conclusion: Extracted Cues

Participant reflection and responses during the exercise of extracting the cues that support future NL development presented knowledge, skills and abilities (KSAs) and actions needed to

become a successful NL. NL Donna and William concluding needing to be able to effectively "influence and motivate others" and "be able to have difficult conversations". The emerging theme in participant responses was the complexity of developing strategies and interventions allowing future NLs to advance in practice and decision-making. NL Franklin forecasted the healthcare environment in 5 years possessing "three generations needing to work together cohesively and efficiently. Along the same lines of the generational workforce, NL William and Jennifer contributed to the complexity resulting from negative perceptions of the millennial generation's work ethic and ability to learn and grow within his or her profession. This exercise of NLs attempting to extract what experiences molding their NL identity and practice as being potentially relevant to future NLs is important in understanding how this impacts their current actions in understanding nurse development needs that set the foundation for future NL development. This complexity theme will be further explored in the next chapter.

Seventh Characteristic: Plausibility Over Accuracy

The characteristic of plausibility follows a multi-level process for the sensemaker. First, individuals are considered to continuously filter the cues that affect their process of decision making. Next, individuals link current cues with past cues and develop their current state of sense based on the sense made in the past. Third, individuals lack the time required for accuracy before they put thoughts into action. In short, the explanation of the sensemaking process must "make sense" of one's truth but not necessarily in the process "be accurate" (Weick, 1995). This line of questioning was posed to gain perspective of how NLs assumed their leadership roles and based on that process, shed insight into how they approach developing new NLs. Excerpts from participant narratives are described in the following paragraphs.

Nurse Leader Franklin

As discussed in the Grounded Identity Construction characteristic of this chapter, Nurse Leader Franklin took advantage of his organization's tuition reimbursement benefit to go back to school and receive his graduate degree. He stated:

When I worked at an academic teaching hospital in the Northeast, I had a $5,000/year tuition reimbursement available to me as a staff nurse. To know me, is to know that if I did not spend that money, I felt as if I was losing it; therefore, I decided to pursue a graduate degree with the intention of eventually moving into management in the future.

When my wife completed schooling and we decided to move back to my hometown, I wanted to find a position within leadership, which would ultimately be my first management job. I applied for Assistant Nurse Manager jobs only, eventually leading to my first leadership role.

NL Franklin shared that he recognized that he knew early in his career that he wanted to become a clinical manager and relied on his organization's financial benefit and support to achieve his goal. He also acknowledged that many organizations look at clinical leaders based on their strong technical abilities but don't always consider that they have other needs such as "communication, motivating others, and being able to counsel and re-direct behavior" to become a complete clinical leader. Reflecting on his past experiences assuming this first clinical leader role, he identified the need to help aspiring nurse leaders to achieve their goals, especially for those who do not have a clear goal or understanding of how to do so. He responded, "It's the right thing for me to do, in helping other nurses eventually succeed me." He acknowledged that as a clinical leader, his department only thrives based on the abilities that his staff nurses and

technicians possess. He concluded: "I'm not in the trenches day-to-day anymore but I know that I have to help those who are become better."

Nurse Leader Donna

Nurse Leader Donna's assumption of her NL role involved receiving her BSN and then working through experience as a staff nurse, displaying strong technical and decision-making abilities after 3 years of practice. She reflected on her ambition to become a clinical leader and the pathway that she foresaw that would get her to an NL career:

> When I first graduated with my ASN, I knew at some point in my nursing career I wanted to pursue a management position, so I immediately applied for the RN to BSN program knowing I would need at a minimum a BSN to accomplish my goals.

> Once I decided on a specialty area of nursing I became certified and from there my goal was to pursue a management position within the company. At this point, I was a staff nurse in an outpatient clinic and would rotate as charge. Soon after, the manager put me in charge whenever I was scheduled. Additionally, I volunteered to take part in monitoring monthly outcomes, and after doing this for about 1.5 years, I applied for a clinical coordinator position within the company and was hired into that position. It that role, I supervised an inpatient acute program. This was my first official leadership role. Most recently, I applied and was accepted into a graduate program and will begin classes in the fall (Master of Science Healthcare Management). I understand that my experience is not the same as others, but to become a strong leader, I feel that I have to continue my studies in this [nursing] field and set an example for others who I supervise so that they strive to continue to better themselves to continue to be eligible for promotion.

<u>Nurse Leader William</u>

Nurse Leader William described explored his path toward becoming an NL and shared the following:

> I was in my 3rd year as a medical/surgical nurse when I was promoted to evening clinical leader. I was approached by my manager and day clinical leader and asked to consider accepting the position. I was hesitant at first, thinking I did not have enough experience, but was really encouraged by my manger and other staff members to consider the position. I will tell you that although I didn't believe I was ready for the job, I appreciate the support and encouragement that my manager provided to help me start the process to becoming a nursing director.

Nurse Leader William continued the conversation by highlighting how his experience becoming a clinical leader, influenced how he develops new nurses and leaders. He stated: "When I work with new managers, I explain that you do not have to pretend to know everything right away." He followed this statement by affirming that his role as an NL is to provide support and guidance so that nurse managers can develop but they also have to experience the challenges of working with difficult patients and families. He noted:

> We [nurse leaders] have been there and know that we are going to be challenged in our practice but we have to commit to constantly learning about our patient's needs and industry changes and regulations that require us to seek support from mentors and experienced colleagues in the field to become better leaders.

Nurse Leader Marcy

Nurse Leader Marcy describes her promotion to a clinical leader position based on a time of her life where she needed stability and predictability in her career. Her process receiving her first clinical leadership assignment is described as the following:

> My first actual leadership position was as an off-shift supervisor in a skilled care facility. I was working as an on-call hospice triage nurse and had young children. I needed something with more predictability for hours and less commute. I lived within walking distance of this skilled facility. I applied for the position and was accepted.

NL Marcy described her first leadership assignment in nursing as something that "fit her lifestyle as a new Mom, but not something planned for long-term." She described remembering that she knew she wanted to become a clinical leader in a hospital setting but felt that she needed more knowledge, experience and flexibility to make a move to hospital clinical leadership. She revealed that she wished she pursued becoming a nurse manager in the hospital setting sooner, because that is where she found her passion based on her goals for clinical practice. She recognized her NL role as encouraging new nurses and nurse leaders to find ways to pursue their goals and she and other hospital leadership will help find resources needed for those nurses to achieve their goals. She concluded this line of questioning by stating: "no one should limit their goals for improving themselves because of a lack of money to take classes or apply for a unit manager position based on lack of experience."

Nurse Leader Jennifer

Nurse Leader Jennifer described receiving her first leadership role after opening a pain clinic. She described that experience through the following statement: "I was developing a

program from the bottom up and it was with a small group of nurses under me so it was a great

first leadership role." She also reflected on that experience as "exiting and nerve-wracking"

given the need to lead a group of people with diverse experiences and skills. She further

described the new leadership role below:

> I had received training on leadership in my nursing program but didn't fully apply until
>
> opening the clinic. We were a stand-alone operation and although having support from
>
> doctors and other specialty pain providers, not a hospital or skilled nursing facility. We
>
> had to start from the beginning and establish a client base and revenue. I had some
>
> experienced nurses and leaders but they would leave to go the hospital that had more
>
> resources for their development and opportunities to practice on a larger scale. I had to
>
> gain a business sense pretty quickly and determine how to retain these people. For the
>
> new grads, I just asked them, what do you need to stay? A lot of them wanted to go back
>
> to school or to take class. I reached out to my physician group and we found
>
> opportunities for these new grad nurses to take classes on our dime. They were
>
> appreciative and stayed at the clinic for many years and became my best nurses.
>
> Our nurses knew that just starting out we didn't have a lot of funding and reimbursement
>
> opportunities like the hospitals, but they [nurses] appreciated that we found something for
>
> them to stay and practice in the pain specialty. It's important to find out what others value
>
> and I learned a lot from this experiences that I continue to observe as a leader in finding
>
> out what I can do to support the growth and learning of my staff because it makes a
>
> difference in how we [hospital] can keep them and keep them happy.

Conclusion: Plausibility Over Accuracy

The participants' responses to the questions relevant to the plausibility over accuracy characteristic revealed how they observe their role in being able to develop new nurses and nurse leaders based on their lived experiences. Upon review of the NLs' responses, the theme of possessing an open-mind and flexibility toward NL development emerged. Weick described this characteristic as a framework where individuals make sense of the world based on what is possible rather what is accurate. This section is particularly important in shedding insight into how NLs reviewed their NL development experiences as not confining their abilities to develop their followers in clinical practice. The participants highlighted evaluating their followers' needs and abilities to improve their leadership and clinical practice and committing to identifying the resources needed for their continued development. The theme of open-minded/flexibility in NL development will be further described in Chapter 5.

Chapter Summary

The purpose of this study was to examine how experienced nurse leaders make sense of the contributing factors of the nursing pipeline shortage and explore the types of opportunities for future NL development. Through the participant's rich detail of their lived experiences making sense of the nursing pipeline crises, their narratives provided insight into the social cues that shaped their NL identity, development and influences to motivate and develop new nurses and leaders.

The choice of using Weick's (1995) sensemaking theory as preset codes for the data analysis stage, allowed this researcher to extract meaningful narratives to apply as a lens into how NLs interpreted the events and contributions to their development as nurse leaders. Use of the participants' own words in the narrative excerpts, provided insight into the diverse

sensemaking and interpretation into the social cues contributing to this study's problem of practice and development opportunities for future nurse leaders. The diversity in the participants' sensemaking was important to understand that the concept of sensemaking being complex and that a sole approach to nurse development not being possible given the individual's needs for learning and development.

As a result of this researcher's data analysis and coding, emerging themes and conclusions developed relevant to this study's purpose and problem of practice. Weick's sensemaking theory served as the basis for identifying emerging themes and these themes aligned with Weick's theory will be further explored in Chapter 5.

CHAPTER 5: INTERPRETATIONS, CONCLUSIONS, RECOMMENDATIONS

Introduction

The purpose of this research was to examine how experienced nurse leaders (NLs) make sense of the nursing pipeline shortage and determine the strategies available to develop future nurse leaders. This examination was conducted with five experienced NLs working in diverse healthcare settings throughout the Northeast, United States. Weick's (1995) sensemaking theory served as the theoretical lens and method for data collection and analysis to help this researcher interpret and understand this study's findings.

The purpose of this chapter is to further examine the emerging themes resulting from this study's data analysis and present the conclusions and recommendations in response to the goals of this study. This chapter will conclude with implications for theory and practice and recommendations for further research.

Themes

Several themes emerged through the data collection, analysis and coding process through the course of this study. Using Weick's characteristics of sensemaking theory, themes were organized and will be further described. Each of the seven characteristics possesses at least one theme, while multiple themes are organized within some of the sensemaking characteristics resulting from the data analysis phase of this study. The themes associated with the sensemaking characteristics are presented below, followed by the conclusions drawn from each theme.

Grounded Identity Construction

  First Theme: Participants did not follow common entry into the nursing field.

  To gain understanding into how the participants understand their clinical leadership roles in response to the ability of leading and developing others, it was first essential to understand their history and journey into the nursing field. Grounded identity construction is Weick's sensemaking characteristic and used in this study to understand the participants' entry into nursing and the experiences that led to assuming their clinical leadership roles. As a result of this line of questioning, it was determined that each participant had varying paths of entry into nursing with unintentional plans toward becoming nurse leaders. Upon describing his journey into nursing, Nurse Leader Franklin stated that his early staff nursing experience included "working in clinical bedside settings in the Northeast."." He then shared further insight into his entry into nursing as a new nurse offering: "I then relocated from my hometown for additional specialty nursing training that is uncommon for new nurses, where specialty nurses were typically reserved for more experienced nurses."

  Nurse Leader Donna shared that her entry into the nursing field was a decision occurring after having a separate career in corporate administration. During her responses, she demonstrated value in entering nursing as she described "later in life" that helped in coping with disruptive behaviors displayed by co-workers while trying to learn care delivery as a new nurse. She described her ability to balance managing disruptive co-workers with exceptional care delivery stating that "I entered my nursing career as a mature woman and quite frankly would not let my peers treat me in such a manner." Additionally, NL Donna referenced those early experiences dealing with disruptive co-workers as her first test as what she called as an "informal leader" by stating "it was very disturbing to me that good nurses would quit because of this

treatment and I decided to speak out against nurses who would display this type of negative and disruptive behavior."

Like NL Donna, Nurse Leader William's entry into nursing followed a path that he described as "a second-career and non-traditional." Upon asking NL William about his background and decision to enter nursing he commented: "after having a career as a mental health counselor, I went to nursing school at age 47 with the full intent of being a psychiatric nurse. I was not a 22-year old kid who wanted to trial bedside nursing." His entry into nursing occurred after having experience in the mental health field that helped NL William follow a specific and intentional pathway toward learning and developing as a psychiatric nurse. This specific understanding of what he wanted as a new nurse helped his own development along with the development of others who were operating in the "continuously evolving field of psychiatric medicine." He followed up on his point-of-view on the need for nursing development in psychiatric medicine, by stating: "I moved into staff development and I became the educator on this [psychiatric] floor. I started to understand it's a really hard sell to get new nurses to consider psychiatric nursing, so why not develop and retain them?"

Nurse Leader Marcy's entry into the nursing field followed what she described as a "traditional path by entering nursing school in the 1980's." She also described her nursing school education as that of learning "basic pathophysiology and applying that knowledge to practice." Her early experiences as a new graduate nurses involved managing disruptive co-worker behavior as similarly described by NL Donna. She also described her path toward being a nurse leader as traditional for the time and further described the process toward achieving a clinical leadership role based on "possessing clinical knowledge and skills and time management capabilities. You also had some longevity with the facility so you knew the inner workings of the

hospital." NL Marcy's entry into nursing and eventually nurse leadership was described as traditional but provided insight into past clinical and leadership development strategies that this study looks to examine for the future nursing cohort.

Nurse Leader Jennifer's entry into nursing was described as a blend of a "traditional and non-traditional path." She described going into nursing school as a "younger woman" and matriculated in a leadership curriculum during her nursing school tenure. She entered in medical/surgical and telemetry areas of nursing that she considers a common entry into nursing as a new grad nurse but emphasized the new and experienced nurses often sought her guidance given her ability to communicate and de-escalate difficult conversations with patients, families and co-workers. She reflected on her proactive and entrepreneurial motivations for beginning what she reflected as he first experiences with clinical leadership by" working with an anesthesia group and opening an outpatient surgi-center/ pain clinic in 2003." This experience was described by NL Jennifer as exciting and a challenge in needing to develop inexperienced nurses but that experience had shaped her desire and current practice of hiring and working in developing what she called "new, hungry and motivated nurses who often become your best nurse managers."

The experiences shared by the participants provided the researcher insight into their early influences that shaped their motivation to enter the field of nursing. Although each participant's storied differed in time of entry and motivation to work in nursing, their experiences as new nurses displayed informal leadership practices, such as NL Donna and Marcy's descriptions of their management of disruptive co-workers and NL Williams mindset of expanding education opportunities for him and the inexperienced nurses in the psychiatric unit. These informal

displays of leadership are impactful in understanding the participants' decisions to lead and develop others as related to this study's problem of practice.

Second Theme: The support of others shaped the participants' nurse leader identity.

A second theme emerging upon the grounded identity construction line of questioning revealed that the NL participants assumed their clinical leadership roles resulting from the support of others. The aforesaid theme identified that the participants shared uncommon pathways into the field of nursing and in turn, possessed diverse processes for becoming nurse leaders. A common denominator presented in the participants' responses identified the influence of an experienced mentor shaping their pathway toward accepting a nurse leadership role. This theme is further described below and shows as impacting the participants' decision-making on pursuing a nursing leadership career.

In a previously described excerpt, Nurse Leader William revealed having no intention of pursuing a nurse leadership career in psychiatric medicine. He noted that the continuously changing "psych environment presented opportunities to work a flexible rotation in psych and substance abuse, but I never wanted to be in one area full-time." He described accepting the nurse educator role on the unit as being able to "keep a foot in the specialty without fully committing" as a desirable role at the time. His mindset on assuming a clinical leadership position changed as he described the opportunity presenting: "I was asked to fill in for the director role as an interim by a respected leader here. I was hesitant at first, thinking I didn't have enough experience, but was really encouraged by this leader to consider the position." NL Williams reflected fondly on that encouragement received because if not for that nurse leader's

influence, he would not have decided to move permanently as the Nursing Director of Psychiatry at his hospital.

Nurse Leader Franklin described accepting his first nursing leadership role similarly to NL William. After relocating from Boston to Long Island, he worked as an Assistant Nurse Leader for two medical surgical units. He cited encountering many challenges as an early NL and specifically referenced "My early experiences with leadership were challenging, as I was very task oriented and unsure how to prioritize or how to engage staff. Additionally, it was a union environment and I was unfamiliar with this." He followed by identifying how he overcame these early leadership challenges by revealing "I relied on guidance and support from my colleagues who had developed their own leadership styles. This was invaluable support that allowed me to develop my leadership style that continues to evolve."

This second theme directly aligns with the grounded identity theory because it relates to the participants' lived experiences that they identify in their sense making as influential in motivating, developing and becoming successful nurse leaders.

Retrospection

> **Third Theme: In response to their problem of practice, responses surrounding the retrospective line of questioning revealed the importance for nursing personnel retention strategies.**

During this level of interview questioning, the researcher posed questioned relevant to the process of retrospection that required the NL participants to reflect on how they made sense of the challenges associated with nurse and nurse leader recruitment, development and succession. While four out of the five participants acknowledged a nursing crisis that translates into difficulty in recruiting nurses and nurse leaders, a commonality shared amongst the participants

revealed a need for intentional strategies for nursing succession and retention during times of impending years of nurse leader retirement. This following depicts the participants' sensemaking of how the nursing pipeline shortage creates opportunities for strategic planning for nursing retention.

Although Nurse Leader Franklin's reflection on the problem of practice differed from the participants' responses in asserting a nursing pipeline crisis, his past experiences working for healthcare organizations not possessing appropriate nursing education and support services contributed to what he felt as "a burden for one person to try to retain nurses." He relayed his understanding of the contributions of the nursing pipeline shortage as a difference in allocation of nursing personnel where he shared: "Where the economic downturn occurred years ago so did the working mindset of nursing personnel." He followed that statement by commenting on observing: "nurses set for retirement, opting to take on more hours or work flex hours to keep steady income during times of uncertainty." This researcher observed what seemed to be concern in NL Franklin's responses but quickly transition to acknowledging his current healthcare organization's continued efforts in retention that he described as "done by committee that promotes ownership and accountability for building the nursing staff to stay so that you don't have to recruit outside."

Nurse Leader Donna's responses to this line of questioning associated with retrospection asserted a challenge in staff nurse and nurse leader recruitment; however, she shared in NL Franklin's optimistic outlook in identifying retention opportunities for healthcare organizations to undertake to help combat the impending Baby boomer generation NL retirements. She also shared NL Franklin's sentiments for healthcare organizations needing to collaborate and come together to determine how to educate, develop and retain its nursing staff. Upon further

reflection, she offered: "I have worked for many organizations and feel that the magnet hospitals get it. They know how to gather nurses, keep them happy and satisfied in their job and if needed, how to promote the strong nurses in leaders."

Through the process of retrospection, the participants could reflect on how they make sense of the nursing pipeline shortage. Although acknowledgement and contributors to the shortage differed amongst the participants, what revealed through their sensemaking were responses provided from solution-focused individuals that created a positive outlook surrounding opportunities for staff nurse and nurse leader succession, development and retention.

Enactment

Fourth Theme: Mentoring was revealed as an essential part of the clinical development and leadership building process.

During the line of questioning associated with the enactment sensemaking characteristic, participants were asked to build on the insight shared in the retrospection process and reflect on how they understand their role in developing new nurses and leaders. Each participant offered insight into their perceived roles in developing others; however, that is largely associated with having varied but meaningful interaction with key professionals who served as mentors and supportive contributors toward their development as nurse leaders. Nurse Leader Jennifer first responded to this series of questioning by acknowledging the support system available to her past and currently. She stated: "I have a number of colleagues and professors who I still call on for their guidance and advice when I'm faced with managing challenging staff or patients." She followed by offering: "I feel that everyone can use support in their careers, nursing or otherwise. I look at my role as nurse manager as helping others in whatever they need to become successful." She shared that she willingly assumes her role as leader, teacher and coach but

nurses need to be proactive about what their needs are so that managers and leaders can better support them. NL Jennifer concluded this line of questioning by stating: "You have to be willing to develop yourself in order to have a meaningful career as an experienced nurse and leader. Patients and healthcare change constant and you need to be willing to understand those changes and look to improve."

Nurse Leader Marcy shared similar experiences of valuing past and current interactions with previous mentors that shaped her view of nursing development and job satisfaction. She added: "Early in my nursing leadership career I was told if you want good nurses that you need to build them. I've created great relationships with my mentors and peers and that's the type of support I build within my staff." She emphasized the need to seek out nurses who are willing to learn and take pride in wanting to go from having a nursing job to a career. NL Marcy offered insight into the current relationship she possesses with a nurse she is mentoring: "I'm working with a nurse who is two years out of nursing school. She is still new to the field but she's smart, motivated and willing to go the extra mile to support the needs of the patients and staff." She also shared that she proudly serves as the new graduate nursing curriculum contributor and preceptor for new nurses working on the medical/surgical and telemetry units. She concluded by noting that being able to mentor and support the needs of her nursing staff is a major responsibility of her job that she takes pride in as a nurse leader.

This area of questioning allowed the participants to reflect on how they view their role in developing and supporting new nurses and leaders. All the participants shared an understanding of the importance of their role and the responsibility they each have toward developing the cohort of new graduate nurses and inexperienced nurse leaders. All participants placed value in identifying individuals that shaped their nursing careers through support and mentoring that

informed the participants' view of responsibility of developing and mentoring others. This reflection and self-awareness of the responsibility of the NL participants' roles as being essential in developing future NLs was a key insight of the process of sensemaking.

Social Activity

> **Fifth Theme: Social interfacing between the nurse leader and their organization is a required joint effort in leading and developing its nursing staff.**

Weick describes sensemaking as a social process; therefore, the series of interview questioning associated with this characteristic intended to examine what social factors and interactions with stakeholders influenced their role and decision-making as nurse leaders. Each participant in this study shared views consistent with a collaborative process between their and their organization's efforts in developing new nurses and leaders. Through the participants' reflections, each identified key mentoring, financial, educational resources that either they individually or jointly with their organization contributed to positive working environment sustaining their nursing personnel.

Nurse Leader Franklin described a comprehensive process between his and his organization's efforts in developing new nurses and leaders. He identified a multi-tier process within his organization, where he as the NL starts the process in pulling together resources from his department and organization and determines initial departmental training needs. Further, a joint effort between his department's training planning is developed and coordinated with the hospitals nursing education department to supplement the organizational-wide competencies and education required for the hospital's staff. NL Franklin described this process as a positive developmental experience that requires continuous interaction between the new nurse and the

education support personnel in efforts to constantly engage in understanding of an evolution of needs for growth in skill and development as a new nurse or leader.

Nurse Leader William described a similar process of a system-wide effort in developing new nurses as NL Franklin's description. NL William described a hospital-wide effort in nursing development as it relates to their magnet certification status that places emphasis on recognizing healthcare organizations' commitment and strategies toward nursing advancement. He also recognized the power and value of nurses being able to position themselves in voicing their needs for professional advancement that is a shared message from the CEO to the staff. He shared in his reflection the following "Nursing has a very big voice in this hospital, which is why I've been here for 12 years, because I've had the opportunities to collaborate with a number of individuals this hospital to advance nursing." NL William's reflection on his role and organization's role in developing new nurses and leaders is described as positive experiences that he holds great value in emphasizing what has motivated him to lead, mentor and be retained as an NL in his organization.

Sixth Theme: The availability of resources impacts nurse leaders and their organizations' abilities to develop new nurses.

Similar to NL William's description of the commitment and plethora of opportunities that his role as an NL has afforded him to develop nurses and leaders, Nurse Leader Donna shared how working for a magnet affiliated organization provides the resources and vision to grow the nursing practice. She stated that "I have worked for past magnet hospitals and there is something to be said about the opportunities and abilities you have in that kind of environment." She followed this statement by recognizing that while her current healthcare organization is not magnet affiliated and has limited resources for nursing development, she has taken based

practices in nursing development from magnet designated organizations that she previously worked and modified into her and her current organization's efforts toward building nursing capabilities and practices. NL Donna concluded by sharing that "There is no one-size-fits all way to develop your nurses and you have to go through a process of trial-and-error with them but continue to help them improve."

Nurse Leader Marcy and Nurse Leader Jennifer both share in not working for magnet affiliated healthcare organizations but offered the types of financial and educational support that are provided as resources for their nursing staff. During this line of questioning, both participants identified financial resources, such as a generous tuition reimbursement benefit, for advancing nursing by attending seminars or engaging in continuous education. This researcher was able to differentiate between NL Donna and NL Marcy and NL Jennifer's view of the social interaction influencing nursing and clinical development in their respective organization. NL Donna recognized the benefit of working for magnet affiliated organizations in the process of communication and committing to making the employees continuously aware of opportunities for professional nursing advancement. NL Marcy and NL Jennifer's responses recognized resources for nursing development in their organization but struggled in naming all of the resources available. Both NL Marcy and NL Jennifer shared in offering statements that "Individuals need to be proactive in their advancement" and "The opportunities to become better in their [nursing] practice is available, but you need to be active in seeking them out." The responses associated with this sixth theme direct to the perception of transparency in communicating the resources availability for new nurses and NLs.

This insight developed from both themes associated with the social activity characteristic revealed the impact of social engagement for the nurse seeking development with the NL and the

organization as essential toward effective in efforts for nursing development and retention. Each participant reflected differently on the influences of social interaction between the nurse and his or her environment, but their narratives identified socialization creating opportunities for intentional strategies promoting organizational-wide efforts and understanding of the various pathways toward developing their nurses.

Ongoing

> **Seventh Theme: Continuous nursing knowledge and practice development through internal educational and training opportunities is essential for the advancement of the nursing field.**

The importance of examining the ongoing characteristic as it relates to the participants' sensemaking of their continuous evaluation of their worlds. This reflective activity allowed the participants to discuss their understanding of the strategies for nursing development in their organization and how they continuously evaluate and re-evaluate those clinical and leadership developmental strategies. Each participant shared their insight of this characteristic relevant this study's line of questioning.

Upon being asked to describe the types of training available to new nurses, Nurse Leader Franklin described "We solicit the input of the nurses as well as the technologists and the whole team; it's an interdisciplinary approach, to how to improve what we're doing. I believe in continuous process improvement in developing one's craft." Nurse Leader Donna also shared her position on the need for continued nursing skill and competency development to become successful in the nursing practice and offered how her organization contributes to that skills and competency building "Here they pay for your state license and renewal. Payment for CEUs [Continuing Education Units] is hugely important and takes the burden off figuring out how to pay for education that you need to keep your license active." Nurse Leader William advanced the

conversation in this area by describing the extensive process that his organization developed in fostering an environment that is dedicated to continuous education and development. He shared that "We take an about an hour out of the day where we just open up the floor and I will facilitate asking how everyone is doing. We call this a huddle this allows to keep in tune with what's going." Nurse Leader Marcy's responses in evaluating her organization's extensive training and development activities revealed to align with efforts in maintaining compliance with The Joint Commission accreditation process for healthcare compliance. Similar to NL Donna's discussion, Nurse Leader Jennifer shared her organization's commitment to continuing nursing education and training by pay for their CEUs.

The process of ongoing evaluation of nursing development and training needs were revealed as a process regularly observed by the participants and their organizations. Each participant responded differently to the development outcome for the nurses but the shared sentiment expressed through their reflections placed emphasis on the need to continuously evaluate and allow their nurses to voice their needs for further development and training areas. This ongoing assessment of the continued efforts in developing the nursing staff is an essential exercise in sensemaking activity.

Extracted Cues

Eighth Theme: Complexity exists in forecasting nursing strategy and intervention development for future nurse leaders.

Upon questioning the participants about how they make sense of the contributing factors that will successfully build the future NL, it was revealed as a complex process shared amongst the participants. The complexity existed in the participants' identification of the forecasted knowledge, skills, and abilities (KSAs) needed contributing to effective NL practice. All

participants identified complexity in forecasting based on continued changes to the patient acuity (sickness) and KSA levels of the nursing personnel.

Nurse Leader Franklin shared an understanding of working with a multi-generational nursing workforce when forecasting the future needs for an effective NL. He proposed that in five years, the baby boomer generation associated personnel will be very much immersed in the need for more healthcare and there will be three generations working together. He noted that "I imagine many of the same challenges will continue to exist, but our ability to work through them will change, largely due to the shift in the workforce, i.e., leadership being younger in age and of a different mindset (millennial). She elaborated on the need to continue to engage staff in voicing their needs for development and to understand how those needs align with the career delivery model of the healthcare organization.

Nurse Leader William provided an extensive listing of the types of KSAs needed for the future that included a series of communication, managing disruptive behavior and listening skills. He further described the current perception of the nursing practice by stating "Shows like Grey's Anatomy changed the practice for what I feel to be a negative because nurses want to wear pretty scrubs, have workplace relationships and choose who [patient] they care for." NL William followed this statement by emphasizing the need to understand the environment and what factors are contributing to enhancing the nursing practice. This observed perception of nursing being treated as a TV show lands as a negative meaning for NL William in his efforts in providing realistic previews in developing his nurses and nurse leaders based on their patient population instead of how the healthcare environment is portrayed in television.

The process of engaging in how the NL participants viewed current nursing development efforts in consideration of developing future NLs presented complexity in identifying the KSAs

needed for future nursing practice. However, the participants attempted to combat that complexity by expressing the need to be cognizant of the changes occurring in their environments and inviting the developing NLs into the process of determining how to attain the KSAs to effectively practice clinical care. This theme is important as it relates to the study's goals and problem of practice and will be further discussed in the conclusion section of this chapter.

Plausibility

Ninth Theme: Flexibility in planning, creating and implementing nursing development opportunities is required.

The emergent theme associated with the plausibility over accuracy characteristic revealed the need to possess flexibility in thinking or an open-mind to the possibilities available to develop nurse leaders. As described in the themes associated with grounded identity construction, each participant possessed a different pathway into the nursing field and afforded diverse support systems and personnel leading to the formation of their clinical leadership identity, practice and decision-making.

Each participant described diversity in experiences in background, education, development and motivation toward becoming nurse leaders. The participant responses also revealed differences in making sense of the nursing pipeline availability and whether a shortage exists. Through the study's series of interview questions, the emphasis on organizational-wide efforts focused on establishing intentional nursing retention and succession planning strategies for creating future NLs is essential.

Each participant reflected on his and her role toward contributing to building the future generation of NLs as an important and required role as an NL. Nurse Leader Franklin shared

"It's the right thing for me to do, in helping other nurses eventually succeed me." He followed this statement by acknowledging not to assume knowing what his nursing staff needs based on his needs and that he needs to continuously engage in a collaborative effort in NL development. Nurse Leader Jennifer drew on her early NL experiences in needing to develop her nursing staff when opening the pain clinic. She described exposing a level of vulnerability in leading in as an entrepreneur and clinician and relied on her staff to voice what their needs for their development and job satisfaction were so that she could seek out the resources to support their communicated needs. Each of the participant's responses demonstrated their commitment to evolve in their abilities to lead, mentor and develop others and this commitment to identifying the possible avenues available to developing future NLs is essential to the sensemaking process and this study's aims.

Summary of Themes

The themes presented in this chapter were emergent from the study's findings presented in Chapter 4. Using Weick's sensemaking characteristics for organization and development of these themes allowed for the researcher to set the foundation for this chapter's following drawn conclusions and implications for theory and practice and final thoughts.

Conclusions

This researcher was able to draw several conclusions upon analysis of the themes identified through this study. The following description includes those conclusions including brief descriptions of how those conclusions were drawn.

First Conclusion: Nurse development strategies must be created and representative of the evolving needs of the individual nurse.

Through the narratives of the participants, each NL described different motivations, entry and desire to work in the nursing field. As a result, the participants described how their various paths of entry into nursing shaped their identities as staff nurses. Nurse Leader Donna and Nurse Leader William both described their entry into nursing as occurring "later in life" and that shaped their outlook and style in proactively managing disruptive staff and continuous learning to improve their nursing practice and decision-making. Their development needs as staff nurses and later nurse leaders also differed in their stories and each participant described unique and meaningful experiences that formed their NL practice. Nurse Leader Jennifer described her NL abilities stemming from early experiences opening a pain clinic that required her to connect with her nursing staff so they could inform her of their needs for development. NL Jennifer described her early NL experiences as "challenging because of the opening of a clinic with limited existing resources for learning and development that most hospitals possess."

Second Conclusion: A clinical community needs to be established in the healthcare organization focused on continuous nursing development and retention.

Upon further examination of the participants' lived experiences, this researcher was able to connect an underlying theme that nurse development and retention needs to be intentional and the responsibility of the nurse leader and organization. All participants interviewed in this study revealed key individuals who helped shape their nurse leader practice and decision-making early in their NL career and who are still called upon for guidance and additional NL practice support. Nurse Leader Jennifer offered "I still call upon my mentors and colleagues now and ask to run issues that present by them to see how they suggest in handling." Nurse Leader William described a nursing council at his healthcare organization that is composed of a diverse

representation of his organization's personnel that includes the CEO and senior-leadership as well as staff and new graduate nurses. NL William further described the purpose and establishment of the nursing counsel by stating "the nursing council here is aligned with the magnet certification. When you are a new nurse, you are expected to join a council or two, because it helps in each nurse's development and we can make our development work better." Nurse Leader Franklin also described an organizational-wide effort toward nursing development and training at his healthcare organization, and offered a multi-tiered depiction of his organization's nursing development efforts that include his department's collaborated efforts that align with the hospital's system initiatives for development.

Third Conclusion: Nurses must be empowered to be proactive and involved in identifying their needs for development.

With a continuously changing healthcare environment, each participant offered their perspective on the importance for nurses to be proactive in driving their clinical and leadership development. Nurse Leader Marcy identified future NLs needing to be motivated to overseeing their clinical learning and practice and that starts with voicing their needs. Nurse Leader Franklin and Nurse Leader Jennifer urged in their descriptions the importance of being able to not only identify one's needs for development but also identifying the pathways for that development. NL Franklin described his leadership style as "always promoting professional development but needing to hear from his staff what, where and how to go about that development." Nurse Leader Jennifer referenced the millennial generation as needing to be active in voicing their needs for job satisfaction and development. She further described the inefficient process for assuming what her staff would need to stay at her organization and become successful. NL Jennifer stressed that

organizations should look to offer opportunities to develop their staff but need support from the staff to tell them what their needs are.

Fourth Conclusion: A nursing career-ladder curriculum must be designed for new nurses entering a healthcare organization.

Through examination of the participants' narratives, each NL described a need for retention to support building a pipeline of future NLs. Nurse Leader Donna referenced that she worked for past organizations that were effective in communicating nursing pathways of the various nursing career opportunities within the organization. She also commented that nurses that did not know of the organization's training and development opportunities, often became quickly frustrated, burned out and then left the organization. She described this process as "a real retention issue." Nurse Leader William described many opportunities for nurses at his organization to get involved in advancing the nursing practice and that is extended to new and experienced nurses. He described the various nursing councils as being effective for nurses to continue their education and share the nursing knowledge, skills and abilities (KSAs) with their colleagues to promote a meaningful and shared nursing advancement environment. Nurse Leader Franklin reflected on his early NL experiences in an organization where a sole nurse educator had been responsible for managing the nurse training and development in the organization. He described this experience as "burdening for one person to educate and keep the nurse engaged continuously" and he pointed to that experience as forming his leadership outlook as committing to fostering a nursing department that is dedicated to continuous development, learning and contribution to advancing the nursing field.

Fifth Conclusion: The sensemaking theoretical framework should be part of an organizational effort toward nursing education and development.

Upon reviewing the participants' interview responses, it became evident to the researcher that engaging in each sensemaking characteristic associated questioning allowed for opportunities to create meaning of their nursing experiences. Each participant demonstrated favorably in reflecting in each characteristic, specifically in the areas of retrospection, social activity and enactment, where the participants extracted positives influences toward nursing development that was either of their own or organization's influence. Introducing and implementing the sensemaking theoretical framework into a healthcare organization's system-wide efforts in developing its nurses also serves in allowing a collaborative effort for experienced NLs and new nurses to make sense of their experiences encountered in their nursing careers to help gain insight into the nursing development opportunities for current and future NLs.

Implication for Theory and Practice

The implications of this study on practice were found to be relevant to the problem of focus in determining how to build the pipeline of nursing leaders considering an impending nursing shortage. A study conducted by Auerbach et al. (2017) revealed that projected growth of the registered nurse workforce through the year 2030 based on nine regions of the country. This study's finding revealed the West South-Central region of the U.S. projected to see significant growth of RNs entering the workforce 250, 000 RNs entering the workforce under the age of 40 (Auerbach et al., 2017, p. 119). Conversely, the New England region of the U.S. is projected to see the lowest projected growth with $2,200 RNs entering the workforce that are under the age of 40 (Auerbach et al., 2017, p.120). Accordingly, the New England region also has an average

RN workforce of 48% that is continuing to age through retirement years at a rapid rate than the other 8 regions (Auerbach et al., 2017, p.121). Since this study was conducted in the New England region of the U.S., implications of having a rapidly aging RN workforce coupled with slower growth in RNs entering the workforce, require healthcare organizations in the region to actively prepare their recruitment, succession and retention strategies for the RN workforce given a limited nursing workforce availability.

Additionally, sensemaking theory was used as this study's lens for determining how experienced nurse leaders make sense and understand their experiences and world that informed their identities and practices as NLs. As mentioned in Chapter 2, sensemaking has been used as a theoretical tool in organizational studies; however, it has not been used as a lens to specifically examine how experienced nurse leaders make sense of the nursing shortage and determine how to build the future NL pipeline. Through this study and use of sensemaking theory, this researcher was able to examine the lived experiences of the NL participants to determine the contributors to their NL identity and decision-making that translates into their perception of being able to develop other nurses. The use of this theory presents the ability to transfer beyond traditional organizational study research into a multitude of fields of study.

Use of the sensemaking theory served the aims and purpose of this study in examining the lived experiences of the individual nurse leader participants. Upon participant reflection and response, the sensemaking lens revealed that each participant uniquely created meaning of his and her experiences that provided a deeper understanding of how and why the NL's identity had been constructed and how those experiences form their decision to practice as an NL and serve a role in developing other nurses. Utilizing sensemaking theory for further research conducted in the nursing development field could serve in improving the organizational recruitment and

retention of nurses that research and literature determined is becoming shorter in supply due to increasing stress and burnout associated with practicing in the field and the impending retirements of the nurses associated with the Baby Boomer generation.

Recommendations for Future Research

The findings of this study are limited in scope due to the study's intentionally small participant size. Through examination of this study's findings, considerations for further research emerged and are presented below.

- **Examination of nursing school curriculum.** Nurse Leader Jennifer was only one of the five participants who identified having leadership courses integrated within her nursing curriculum. She also did not describe possessing many challenges in her early leadership experiences as the other four participants reported. It would be worth interviewing Nurse Leader Jennifer's nursing school administration to determine the purpose and decision-making for including a leadership curriculum in their nursing curriculum. It would also be interesting to explore other nursing school administrators if they have considered integrating leadership courses into their program.

- **Exploring the nursing retention levels at magnet affiliated healthcare organizations.** Nurse Leader William and Nurse Leader Donna placed great value in working for magnet affiliated hospitals and the success and strong commitment toward advancing their organization's nursing practice. It would be interesting to examine the practices at other magnet affiliated healthcare organizations and examine whether similar successes in nursing staff engagement, development and retention are occurring in their organizations. It would also be interesting to explore whether

similar best practices observed in magnet healthcare organizations can be adopted in non-magnet healthcare organizations to achieve the same results in nursing retention.

- **Increased participant sample size.** This study intentionally included a small sample size of 5 NL participants to allow for the researcher to explore the rich narratives of each participant. Conversely, the study's sample size also limited the scope of the research by presenting perspectives from a small group of people who represented NL experience working predominately in Massachusetts. It would be interesting to expand the size and geography of the working NLs to determine if the same challenges in nursing development exist and examine with those participants what strategies are being used or being constructed to overcome those nursing development challenges.

Scholar Practitioner Reflection and Conclusion

This researcher chose to conduct this study based on personal challenges as a Human Resource Director in being able to recruit and retain nurses and nurse leaders. This challenge has grown as this researcher has personally witnessed durations of 3-4 months with some of my healthcare facilities not seeing a nurse candidate that has caused strain on the existing staff working overtime hours. This result of nurses working overtime has caused from what I observed, leading to increased staff burnout, patient care mistakes and decreased levels of job satisfaction and nurse retention. This developing problem of practice provided me this curiosity to research and explore if other healthcare organizations were experiencing the same challenges that my healthcare organization faced in being able to effective recruit, develop and retain nurses and nurse leaders.

Upon further reviewing the literature and studies conducted relevant to this topic, it was revealed that data supported an impending nursing shortage only to grow larger in the upcoming years due to an increased number of nursing retirements connecting to the Baby Boomer generation. Further, current nursing labor statistics acknowledged that the nursing industry being impacted in nurses leaving the industry and assuming other occupations. I also found by scanning the literature that there were limited studies conducted on what healthcare organizations were doing in response to this nursing shortage to build their nursing pipeline.

Choosing to conduct this study using Weick's (1995) sensemaking framework served in viewing this problem of practice from multiple considerations. The researcher reviewed literature identifying clinical and leadership development programming as unsuccessful in effectively sustaining the learning, development and retention of nursing leaders. Additionally, I found a gap in understanding the role experienced nurse leaders and healthcare organizations possessed in developing their nursing staff. Using the sensemaking framework for this study's theoretical lens and methods for data collection and analysis, proved essential in understanding how the study's nurse leader participants made sense of the experiences encountered in their careers that shaped their identities and decision to practice as nurse leaders. The findings of this study have revealed invaluable lessons in needing to tap into the insights of the organization's nurse leaders to establish a baseline understanding of how they and their organizations have contributed to developing and retaining its nursing staff that will eventually succeed them. This study concluded for this researcher that the process of sensemaking is unique and complex that is representative of the lived experience of the sensemaker and in relation to this study's aims, the goal of clinical and leadership development strategies need to be representative of the uniqueness of the nurse and responsive to the continuous changes occurring in the healthcare industry.

The purpose of this was to present the emergent themes established from the study's findings. Through analysis of those themes, this researcher was able to draw conclusions relevant to determining how experienced nurse leaders make sense of the nursing pipeline crises to develop future nurse leaders. The chapter concluded with implications for theory and practice and recommendations for future research. It is the goal of this researcher that this study's findings are also transferrable to other healthcare organizations in establishing system-wide strategies that can help grow the existing pipeline of nurses who will become future nurse leaders.

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Appendix A
Introduction and Intent Letter to Nurse Educator

Date

Dear NURSE EDUCATOR:

My name is Tiffany Jadotte and I'm a doctoral candidate in the Doctor of Education (Ed. D) program focused in Organizational Leadership Studies at Northeastern University located in Boston, Massachusetts. Under the guidance of Dr. Randell E. Trammell, I am conducting a study on nurse leadership development and the title of my research study: **Making sense of the nursing pipeline crisis: A narrative research study examining nurse leader sensemaking of the nursing crisis as they seek innovative strategies to develop the next generation of nurse leaders**

In response to the nursing shortage crisis and impending retirements of a large population of current nurse leaders, this research study seeks to determine how to best develop future nurse leaders based on the reflected experiences of seasoned nurse leaders. I am reaching out to you as the nurse educator whose primary responsibility is to train and develop nursing staff, in identifying experienced nurse leaders actively working for a healthcare organization who may be interested in participating in this study. I am asking participants to dedicate a total of 45 minutes of their time to share their leadership experiences and development insights using a blended email and face-to-face interview protocol. Please note that participation is voluntary and does not impact the employment status of you or the nurse leader participants. Participant identity in this study will remain confidential. Please kindly inform me of your interest in participating in this study by DATE via my email at jadotte.t@husky.neu.edu or cell phone at 508-738-0174, and the best date and time to connect and discuss next steps about participating in this study. I can forward along the executive summary of this study as well to better clarify the intent of this study.

Should you have any questions about your rights in this study, you may contact Nan C. Regina, Director of Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel 617.373.4588, Email: n.regina@neu.edu. You may also call anonymously, if you wish to do so.

Should there be any concerns or questions throughout the process, you may contact myself at the information listed above, or Dr. Randell E. Trammell, principal investigator, r.trammell@northeastern.edu, or by calling 404-626-0540. Please do not hesitate to contact me or Dr. Trammell via our above contact information with any questions or concerns.

Thank you for your time and consideration I look forward to hearing from you.

Sincerely,

Tiffany Jadotte
Doctoral Candidate-Doctor of Education (Ed. D) program
Northeastern University

Appendix B

Introduction and Intent Letter to Nurse Leader Participants

Date

Dear NURSE LEADER,

My name is Tiffany Jadotte and I'm a doctoral candidate in the Doctor of Education (Ed. D) program focused in Organizational Leadership Studies at Northeastern University located in Boston, Massachusetts. Under the guidance of Dr. Randell E. Trammell, I am conducting a study on nurse leadership development and the title of my research study: **Making sense of the nursing pipeline crisis: A narrative research study examining nurse leader sensemaking of the nursing crisis as they seek innovative strategies to develop the next generation of nurse leaders**

I am reaching out to you as an experienced nurse leader who would be able to share your insights on the nursing shortage and development opportunities for future nurse leaders. I am asking participants to dedicate a total of 45 minutes of their time to share their leadership experiences and development insights using a blended email and face-to-face interview protocol. Please note that participation is voluntary and does not impact the employment status of you or the nurse leader participants. Participant identity in this study will remain confidential. Please kindly inform me of your interest in participating in this study by DATE via my email at jadotte.t@husky.neu.edu or cell phone at 508-738-0174, and the best date and time to connect and discuss next steps about participating in this study. I can forward along the executive summary of this study as well to better clarify the intent of this study.

Should you have any questions about your rights in this study, you may Nan C. Regina, Director of Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel 617.373.4588, Email: n.regina@neu.edu. You may also call anonymously, if you wish to do so.

Should there be any concerns or questions throughout the process, you may contact myself at the information listed above, or Dr. Randell E. Trammell, principal investigator, r.trammell@northeastern.edu, or by calling 404-626-0540. Please do not hesitate to contact me or Dr. Trammell via our above contact information with any questions or concerns.

Thank you for your time and consideration I look forward to hearing from you.

Sincerely,

Tiffany Jadotte
Doctoral Candidate-Doctor of Education (Ed. D) program
Northeastern University

Appendix C
Informed Consent Form

Northeastern University, College of Professional Studies (Doctor of Education Program)
Investigator Name: Dr. Randell E. Trammell (Principal Investigator) & Tiffany Jadotte (Student Investigator)
Title of Study: Making sense of the nursing pipeline crisis: A narrative research study examining nurse leader sensemaking of the nursing crisis as they seek innovative strategies to develop the next generation of nurse leaders

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Informed Consent to Participate in a Research Study

You are invited to participate in a research study. This consent form will inform you about the study; however, the researcher, Tiffany Jadotte, will provide explanation to your first. You are invited to ask all and any questions that you may have. Once you are informed with the study's rationale and comfortable deciding, you may contact the researcher if you wish to participate. You are not required to participate in the study if you wish not to do so. Should you decide to participate in the study, you will be asked by the researcher to sign this consent form and provided a copy for your records.

What is the purpose of this research study?

The central purpose of this research will look at how healthcare organizations will address the growing nursing shortage to build the nurse leadership (NL) pipeline for the future sustainability of the NL practice. Specifically, this research will look at NL engagement in their sensemaking of the nursing shortage as they seek to engage and develop the next generation of NLs.

Why am I being asked to participate in this study?

We ask for your voluntary participation in this study because you have been identified by your industry's nurse educator as a nurse leader, possessing a minimum of at least 3 years of nurse leader experience.

What will be my role in this research study?

Should you determine that you would like to participate in this study, your role will be to share and describe your leadership development experiences and help identify leadership development opportunities for future nurses during the current time of the nursing leadership pipeline shortage. The interview questions will be semi-structured and you will receive six total (including sub bullets) introductory background questions via email that will last 10-15 minutes in duration to complete. Once these introductory questions are completed, you will email the completed questions to me prior to scheduling the face-to-face interview. The face-to-face interview format will include several questions and the face-to-face format is preferable; however, if a face-to-face interview is not convenient for you, we can conduct the interview using a web conferencing technology such as Go-to-meeting or Skype. Your permission will also be asked to record the interview using an iPhone Rev.com recording application that will be securely stored through password protection, known only by me the researcher, and prepared for transcription through a third party, Rev.com. Once the interview transcript is available, the researcher will send you the transcript for review of accuracy and clarification. Within 24 hours of the face-to-face interview, you will be sent be me and via email post interview questions to complete and email back the researcher.

How long will I be asked to participate for this study?

We ask that you participate in three rounds of interviews. The first round of interviews will involve you receiving via email and completing six total (including sub bullets) interview questions that should take no longer than 15 minutes in duration to complete. The face-to-face interview format, that will be audio recording using Rev.com recording software, should take between 20-25 minutes in duration. Following the face-to face interview, the researcher will email you three total (including sub bullets) follow up questions for the completion of the interview questioning. Once the recorded transcript is available, the researcher will send you the transcript and setup a 5-10-minute call to discuss accuracy and ask for any additional questions or feedback.

Will there be any discomfort or risk to my participation in this study?

We do not anticipate any risk to you by participating in this research study. There may be some discomfort during your reflection of the experiences and social relationships and workplace influences contributing to your leadership practice. Should you feel any discomfort resulting from any of the questions being asked, you may decline answering or can choose to stop the interview at any time.

Will there be a benefit for me to participate in this study?

Although you will not directly benefit from participation in this study, the information provided through your reflected leadership development experience will be invaluable in helping to understand how to develop future nurse leaders.

Who will have access to my responses provided in this study?

Your identity will remain confidential as a participant of this study. The primary and student researchers named in this consent form will be the only individuals who will see the information provided by you. No publications or reports will reveal your identity or connect any information that is identifiable to you or your position. The researcher will take every precautionary measure to maintain the confidentiality of information collected from this study. To protect the identity of participants, pseudonyms will be chosen by the participant prior to the start of the interview and will be maintained solely by the participant and the researcher. Audio recordings of the interviews and data transcriptions will be password protected on the researcher's personal laptop. Transcripts and audio recordings will be securely stored by the student researcher until the doctoral thesis is approved. Once approved by the researcher's doctoral committee, all recordings, data files and transcripts will be destroyed.

What happens if I suffer harm from participation in this study?

The researcher will take every precaution to ensure that no harm is experienced by the study's participants. Special compensation arrangements will not be made because of your participation in this study.

Will I be able to stop my participation in this research study?

Your participation in this study is voluntary. You are not obligated or required to participate in this study and can refuse to answer any questions asked during the interview process. You can quit participation at any time and free to withdraw from participation of this study without penalty, explanation or consequences to you, of any kind. Your decision to participate or not participate does not affect your employment status or relationship with Northeastern University.

Who is my point of contact should I have concerns or questions?

If you have any concerns or questions about this study, please feel free to contact student research, Tiffany Jadotte at 508-738-0174 or by email at jadotte.t@husky.neu.edu . You may also contact the Principal Investigator, Dr. Randell E. Trammell at 404-626-0540 or by email at r.trammell@northeastern.edu.

Who is my point of contact about my rights as a research participant?

Should you have questions about your rights in this study, you may contact Nan C. Regina, Director of Human Subject Research Protection, 960 Renaissance Park, Northeastern University, Boston, MA 02115. Tel 617.373.4588, Email: n.regina@neu.edu.You may also call anonymously, if you wish to do so.

Will I be compensated for my participation?

There is no special remuneration for participation in this study.

Will participation in this study cost me anything?

There is no cost to you as a participant of this study.

My signature below signifies my consent to participate in this study.

_____   _____
Signature of study's participant   **Date**

_____
Printed name of study's participant

_____   _____
Signature of person informing participant of the study's intent   **Date**
and receiving consent from the above signed participant

_____
Printed name of study's participant

Appendix D

Participant Interview Confirmation Email

Dear NURSE LEADER,

Thank you for consenting to participate in my study titled: **Making sense of the nursing pipeline crisis: A narrative research study examining nurse leader sensemaking of the nursing crisis as they seek innovative strategies to develop the next generation of nurse leaders**

Your participation in this study assists me in contributing to limitations in the current literature- how healthcare organizations, considering the nursing personnel shortage, can identify strategies to build a pipeline of nurse leader successors. You will be asked to share your leadership experiences and engagement in developing future nurses. Participation in this study will further allow you to reflect on those experiences and provide insight into leadership development opportunities for future nurse leaders. Prior to the face-to-face interviews, please complete the background interview questions below and email me your responses along with your dates and times availability and location choice and a face-to-face interview confirmation will follow.

Pre-Face-to Face Interview Questions

1. Can you please describe your earliest experiences with leadership?
2. What skills and knowledge did you learn as part of your nursing curriculum?
   - Was leadership taught as part of the nursing curriculum?
3. Did you encounter difficult experiences in your early nursing career?
   - If so, can you please summarize the types of difficulties that you encountered and why you decided to continuing in your nursing career?
4. When did you acquire your first leadership role?
   - Can you please describe the process involved in acquiring this leadership role?

Thank you again for your participation in my research study. Should there be any concerns or questions throughout the process, you may contact me via email: jadotte.t@husky.neu.edu or by calling: 508-738-0174 or Dr. Randell E. Trammell, Principal Investigator, r.trammell@northeastern.edu, or by calling 404-626-0540.

I look forward to meeting with you.

Sincerely,

Tiffany Jadotte
Doctoral Candidate-Doctor of Education (Ed. D) program
Northeastern University

Appendix E

Face-to Face Interview Confirmation Email

(To be sent within 24 hours of the receipt of participant's interview response email)

Dear NURSE LEADER,

Thank you for sending your responses to the Pre-Face-to-Face Interview Questions and for sending your availability to schedule the face-to-face interviews. Your interview is confirmed for the DATE, TIME and LOCATION for this interview. This email also serves in reiterating that your participation in this study is completely voluntary and you can choose to not answer any questions that you are uncomfortable with or stop the interview at any time with no penalty incurred to you or need for explanation. Please note that this face-to-face interview will take 20-25 minutes in duration and the questions attached will be posed to you during this interview.

Thank you again for your participation in my research study. Should there be any concerns or questions throughout the process, you may contact me via email: jadotte.t@husky.neu.edu or by calling: 508-738-0174 or Dr. Randell E. Trammell, Principal Investigator, r.trammell@northeastern.edu, or by calling 404-626-0540.

I look forward to meeting with you.

Sincerely,

Tiffany Jadotte
Doctoral Candidate-Doctor of Education (Ed. D) program
Northeastern University

Attachment (Appendix F: Face-to Face Interview Questions)

Appendix F

Face-to Face Interview Confirmation Email-Interview Questions Attachment

Face-to-Face Interview Questions:

1. As an experienced nurse leader, do you feel that there is a shortage in nursing personnel?
   - If so, what do you feel is contributing to this personnel shortage?
2. How would you describe your and your organization's work in developing new or inexperienced nurses?
3. Can you describe the types of training and development opportunities that you see available for new nurses?
   - Do you feel that new and inexperienced nurses need to seek out these educational opportunities or are these opportunities made available to them?
   - Which of these training and development methods do you feel contribute to successfully developing new and inexperienced nurses?
     [Please expand on your answer and cite specific examples.]
4. On a scale of 1 to 5, 1 being not satisfied and 5 being very satisfied, how would you rate the types of leadership development and training experiences that you feel new and inexperience nurses are exposed to throughout their career?
     [Please elaborate on your reasoning for this rating with specific examples.]

5. Do you feel that there is stress and burnout associated with the nursing role?
   - If so, what factors are contributing to the stress and burnout associated with the nursing role;
   - Also, how have you or your organization helped new and inexperienced nurses manage the stress and burnout associated with the nursing role?
     Can you make any other suggestions that you or your organization can do to help nurses cope and manage with the associated stressors of the nursing role?

Appendix G

Interview Protocol

Introduction

Hello [Nurse Leader Participant Pseudonym]

I would like to thank you for taking the time to speak with me today.

This research study centers on building the future pipeline of nurse leaders. Specifically, it explores experienced nurse leaders' sensemaking of the nursing personnel shortage and coming up with development strategies to build a pipeline of nurse leader successors. The goal of this study is to learn better ways to develop future nurse leaders.

Again, thank you for taking the time to talk with me today. As I mentioned in one of my previous emails, this interview is being conducted as part of my doctoral dissertation study in partial fulfillment of the Doctor of Education degree at Northeastern University. As part of this study I am interested in hearing stories from experienced nurse leaders focusing on their sensemaking of the nursing pipeline crisis and opportunities to develop future nurse leader successors. Thank you for completing the introductory set of interview questions that included:

1. Can you please describe your earliest experiences with leadership?
2. What skills and knowledge did you learn as part of your nursing curriculum?
   - Was leadership taught as part of the nursing curriculum?
3. Did you encounter difficult experiences in your early nursing career?
   - If so, can you please summarize the types of difficulties that you encountered and why you decided to continuing in your nursing career?
4. When did you acquire your first leadership role?
   - Can you please describe the process involved in acquiring this leadership role?

The following face-to face interview should last no more than 20-25 minutes in duration.

Please note that your identity as well as your organization's identity will remain anonymous and responses will have no impact on performance reviews or any other relation to your role in your organization. Participation in this interview is completely voluntary and you are free to stop the interview at any time. If you don't mind, I would like to review these consent forms with you before we begin.

[Review and sign NEU Consent Forms]

During this time, I have several questions that I would like to cover. I would like to allow you to expand as much as possible on the questions; however, giving the allotted time for the interview, I may need to interrupt or move along to the next question. Additionally, there may be instances during the interview where I may ask you for further explanation in your responses.

Finally, if acceptable to you, I would like to audio record this interview using [show recording device]. Would you like to proceed with the interview? [If yes, thank the participant and proceed in questioning]. [If no, thank the participant and end the conversation]. Please note that once available, I will provide you with a copy of the interview transcript for your review and accuracy of the information appearing the transcript.

Do you have any questions before we start?

Great and let's please begin.

Face-to Face Interview Questions

I am now going to start with the interview questions relevant to the topic of this study. If at any time, you are unclear of what I am asking please do not hesitate to ask for clarification. First question…

5. As an experienced nurse leader, do you feel that there is a shortage in nursing personnel?
   - If so, what do you feel is contributing to this personnel shortage?
6. How would you describe your and your organization's work in developing new or inexperienced nurses?
7. Can you describe the types of training and development opportunities that you see available for new nurses?
   - Do you feel that new and inexperienced nurses need to seek out these educational opportunities or are these opportunities made available to them?
   - Which of these training and development methods do you feel contribute to successfully developing new and inexperienced nurses?
     [Please expand on your answer and cite specific examples.]
8. On a scale of 1 to 5, 1 being not satisfied and 5 being very satisfied, how would you rate the types of leadership development and training experiences that you feel new and inexperience nurses are exposed to throughout their career?
   [Please elaborate on your reasoning for this rating with specific examples.]

9. Do you feel that there is stress and burnout associated with the nursing role?
   - If so, what factors are contributing to the stress and burnout associated with the nursing role;
   - Also, how have you or your organization helped new and inexperienced nurses manage the stress and burnout associated with the nursing role?

9a. Can you make any other suggestions that you or your organization can do to help nurses cope and manage with the associated stressors of the nursing role?

This concludes this face-to-face interview and thank you again for your candid responses. I will be reviewing the audio recording of this interview and documenting your responses into transcripts for further analysis for this study. Should I have any follow-up questions or need for clarification, would it be ok to contact you? If so, do you prefer email or telephone contact?

Within 24 hours of this face-to-face interview, I will email 3 post interview questions for you to complete and email back to me. Within the next month, I will also forward along a copy of the transcribed data from this interview for you to review for accuracy of representation. Also, once this study is complete, within 2-4 months from now, would you like to receive a copy?

Do you have any additional questions for me? If no, thank you again for your time.

Appendix H

Thank You Email to Participants

(To be sent within 24 hours of the interview's end)

Dear NURSE LEADER,

Thank you for sharing your experiences and insights on *DATE*. I appreciate the time you spent discussing your personal and professional reflection and insights during the study's interview. Please share with my any additional insights, questions or concerns regarding the information discussed during the interview and please do not hesitate to reach out to me. Once the transcript of your interview is available I will forward to you for review and confirmation of accuracy of the data. I can be reached by phone at 508-738-0174 or email at jadotte.t@husky.neu.edu.

To close out this interview process, please email your responses to the following post interview questions:

Imagine it is five years from the current date and a nurse has just been promoted to a nurse leader role:

10. What types of knowledge, skills and abilities will this nurse leader need to become successful?
    - Who is responsible for helping this nurse leader acquire this knowledge, skills and abilities to become successful?
11. What role as an experienced nurse leader have you contributed to helping develop this new nurse leader in his or her role?

Thank you again for your time.

Sincerely,

Tiffany Jadotte
Doctoral Candidate-Doctor of Education (Ed. D) program
Northeastern University

Appendix I

Alignment of Interview Questions with Research Questions and Sensemaking Theory

Research Question (RQ): How do experienced nurse leaders describe their sensemaking of the nursing pipeline crisis as they seek innovative strategies to develop current and inexperienced nurses into future leaders?

Interview Question	Linked Sensemaking Theoretical Concept	Theoretical Concept Description
Can you please describe your earliest experiences with leadership?	Grounded in identity construction	Social/experiential-identity construction
What skills and knowledge did you learn as part of your nursing curriculum? • Was leadership taught as part of the nursing curriculum?	Grounded in identity construction	Social/experiential-identity construction
Did you encounter difficult experiences in your early nursing career? • If so, can you please summarize the types of difficulties that you encountered and why you decided to continuing in your nursing career?	Retrospect	Identity construction based on knowledge, action and beliefs
When did you acquire your first leadership role? • Can you please describe the process involved in acquiring this leadership role?	Plausibility	Series of steps taken chronologically informing identity construction and practice
As an experienced nurse leader, do you feel that there is a shortage in nursing personnel? • If so, what do you feel is contributing to this personnel shortage?	Retrospect	Identity construction based on knowledge, action and beliefs

How would you describe your and your organization's work in developing new or inexperienced nurses?	Social-Sharing	Multiple viewpoints or experiences enacting to take action or practice

Can you describe the types of training and development opportunities that you see available for new nurses?
   • Do you feel that new and inexperienced nurses need to seek out these educational opportunities or are these opportunities made available to them?
   • Which of these training and development methods do you feel contribute to successfully developing new and inexperienced nurses?
       [Please expand on your answer and cite specific examples.]
	Ongoing-continuous	Stream of experiences that form identity over time

On a scale of 1 to 5, 1 being not satisfied and 5 being very satisfied, how would you rate the types of leadership development and training experiences that you feel new and inexperience nurses are exposed to throughout their career? **[Please elaborate on your reasoning for this rating with specific examples.]**	Retrospect	Identity construction based on knowledge, action and beliefs

Do you feel that there is stress and burnout associated with the nursing role?
 	
   • If so, what factors are contributing to the stress and burnout associated with the nursing role;
   • Also, how have you or your organization helped new and inexperienced nurses manage the stress and burnout associated with the nursing role?
      Can you make any other suggestions that you or your organization can do to help nurses cope
	Social-Sharing	Multiple viewpoints or experiences enacting to take action or practice

and manage with the associated stressors of the nursing role?		
What types of knowledge, skills and abilities will this nurse leader need to become successful? • Who is responsible for helping this nurse leader acquire this knowledge, skills and abilities to become successful?	Extracted cues-symbols	Social environment cues that influences, informs and shapes identity construction