

University of Alberta

Qualities of Exemplary Nurse Leaders: Perspectives of Frontline Nurses

by

June Anonson

A thesis submitted to the Faculty of Graduate Studies and Research in partial
fulfillment of the requirements for the degree of Doctor of Philosophy in
Educational Administration and Leadership

Educational Policy Studies

Edmonton, Alberta

Fall, 2002



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-81158-1

Canada

University of Alberta

Library Release Form

Name of Author: June Anonson

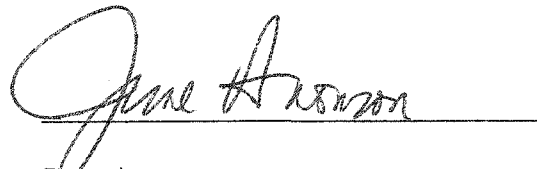
Title of Thesis: Qualities of Exemplary Nurse Leaders: Perspectives of
Frontline Nurses

Degree: Doctor of Philosophy in Educational Administration and Leadership

Year this Degree Granted: 2002

Permission is hereby granted to the University of Alberta to reproduce single copies of this thesis and to lend or sell such copies for private, scholarly or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as herein before provided, neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.



June Anonson
9160 Robson Road, Prince George,
British Columbia
V2N 5B3

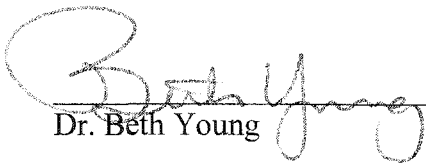
Accepted 22, 2002

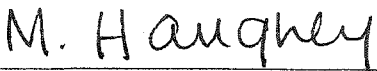
University of Alberta

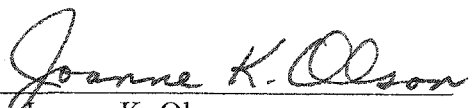
Faculty of Graduate Studies and Research

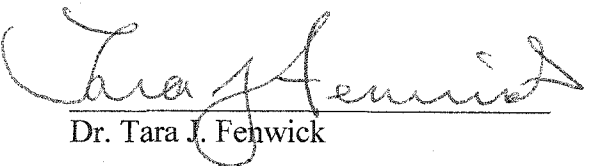
The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled Qualities of Exemplary Nurse Leaders: Perspectives of Frontline Nurses submitted by June Margaret Shirley Anonson in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Educational Administration and Leadership.


Dr. William G. Maynes, Supervisor



Dr. Beth Young


Dr. Margaret L. Haughey


Dr. Joanne K. Olson


Dr. Tara J. Fenwick

August 2, 2002


Dr. John David MacKinnon,

DEDICATION

To my family: Angela, Andrea, Hilary, and especially Bruce whose never failing support and encouragement made it possible for me to successfully rise to this challenge. I share this success with them for without them it would not have occurred. Finally, but most importantly, this work is dedicated to God. “He is my strength...” Psalm 118 vs.14.

ABSTRACT

Qualities of Exemplary Nurse Leaders: Perspectives of Frontline Nurses

examines the notion of nursing leadership in Alberta during the changing times of healthcare in the 1990s. An interpretive methodology was used and as described by Bailey (1992) this idiographic method assisted in focusing on the individual in order to understand the full nuances of the individuals experience. The concept of qualities or traits as described by Ogawa and Bossert (2000) also helped to direct this study. These authors saw traits as being embedded in both the context and relationships in which they were occurring. Considering these two variables in relation to the lived experiences allowed the researcher to expand beyond the perspective of a traditional trait study.

The experiences of six different frontline nurses were explored for the purposes of this study. These nurses worked in various areas of healthcare; acute care, community health, long term care, outreach programs and educational settings. In Chapter 4 their stories are outlined as they described their experiences. Their reflections help us to understand what their lived experience was and how they saw or determined exemplary leaders.

Themes were seen to resonate throughout the stories and are discussed in Chapter 5 . These themes which provided further insight into the research questions are: "Passion for Nursing: Optimism," "Having a Moral Center," "Able to Manage

Crisis: Knowledge and Expertise,” “Personal Connection with Nurses: Teamwork and Communication,” and “Interested in and Facilitating Professional Growth: Mentoring and Modeling.“

Another major finding of the study was that of the impact of the context and relationships on the viewpoints of what the frontline nurses had encountered. Traits could not be seen as existing in isolation without considering these other variables for purposes of this study.

The research concludes with reflections from myself as researcher and also with recommendations for future research in this area. A discussion on implications for practice and theory assists in concluding the final chapter.

ACKNOWLEDGEMENTS

The successful completion of this dissertation necessitates the acknowledgement of many individuals. This project would not have been completed if not for the many nurses who gave up valuable and precious time that they had only too little of! Because of their love for their profession along with their admiration and appreciation of their exemplary nurse leaders they agreed to take part in this study. Nurses (leaders and frontline) not only mentioned in this study but upon hearing of it's contents were also only too willing to share their valuable experiences... too many to cite in this document. This forthcoming of information was an encouragement to myself at a time when our profession of Nursing was in a state of apathy and to some extent a negative downward spiral because of the experiences of the last decade in healthcare.

Others to thank include my advisor and committee members:

The completion of this research and subsequent document could not have been successful without the support, guidance and insightful knowledge of my advisor Dr. B. Maynes. His patience, knowledge, wisdom and mentoring place him in the ranks of the truly stellar academics and *Exemplary Leaders!*

Dr..M.L. Haughey and Dr.T. Fenwick who acted as committee members, reviewing drafts and providing constructive feedback I would also like to acknowledge.

My final acknowledgement goes to my own exemplary nurse leaders. Each of them has provided insight, wisdom, scholarly feedback and support that have contributed to the success of this work in some form. They have mentored me throughout the years and have helped shape and mold me to be the professional I am today:

Dr. Lillian Douglass, (past President of the AARN and Associate Dean of the Faculty of Nursing, U. of A.)

Shelia Love R.N. M.Ed., (past Director at the Glenrose Rehabilitation Hospital, Edmonton, Alta.)

Sister Bernadette Bezaire B.Sc.N., (past C.E.O. of the General Hospital, Edmonton and Administrator of the St.Paul Hospital, Saskatoon, Sk.)

Margaret Brewster R.N., (Mom and nurse extraordinaire!)

These women are true exemplary nurse leaders of their time and have molded and shaped health care by their own leadership and or influence on other nurse leaders.

Table of Contents

Chapter	Page
I. INTRODUCTION	1
Purpose	4
Research Question and Sub-Questions	5
Significance of the Study	6
Delimitations	6
Ethics and Protection of Participants	7
Definitions	9
II. REVIEW OF THE LITERATURE	10
Positioning the Literature	10
The Alberta Context	12
Qualities of Exemplary Nurse Leaders	16
Modeling Good Communication Skills	19
Being a Visionary	21
Orientation Toward Mentoring	22
Ability to Empower Others	23
Other Qualities	26
Summary	27
III. RESEARCH DESIGN	28

Participants	30
Data Collection	31
Data Analysis	33
Trustworthiness	35
Credibility	35
Transferability	36
Dependability	36
Confirmability	37
IV. PERSPECTIVES ON EXEMPLARY NURSE LEADERS	39
Patrick's Story	40
Patrick's Perspectives on Nurse Leaders	41
Personal Attributes	44
Passion For The Profession	44
Ethical Leadership	45
Calm In The Eye of The Storm	46
A Positive Outlook	47
A Focus on "Unity in the Unit"	49
Expert In Their Field	51
Expertise in Decision Making	52
Role Modeling and Positive Mentoring	52
Sandra's Story	56
Sandra's Perspectives on Nurse Leaders	58

Personal Attributes	59
Respect and Understanding	63
Knowledge	64
Balancing Work and Life	65
Passion For The Profession	65
Role Modeling and Positive Mentoring	66
Ann's Story	67
Ann's Perspectives on Nurse Leaders	68
Personal Attributes	69
Communication	70
Courage	73
Role Modeling and Positive Mentoring	74
Passion For The Profession	77
Team Orientation	77
Knowledge	78
Work Ethic	78
Professionalism With Integrity	78
Sarah's Story	79
Sarah's Perspectives on Nurse Leaders	81
Personal Attributes	81
Vision	83
Work Ethic	83
Respect	83

Role Modeling and Positive Mentoring	84
Passion For The Profession	86
Communication	87
Team Orientation	88
Celine's Story	88
Celine's Perspectives on Nurse Leaders	90
Personal Attributes	91
Trust	94
Expertise In Decision Making	95
Vision	95
Team Orientation	95
Role Modeling and Positive Mentoring	96
Julia's Story	98
Julia's Perspectives on Nurse Leaders	99
Personal Attributes	99
Expertise In Decision Making	101
Mentor	103
Respect For Staff	103
Communication	103
General Conclusion	105

V. REFLECTIONS AND RECOMENDATIONS	106
Reflections on the Stories: Thinking Thematically	106
Passion For Nursing: Optimism	107
Having a Moral Center	111
Able to Manage Crisis: Knowledge and Expertise	113
Personal Connection With Nurses: Teamwork	
And Communication	115
Interested In and Facilitating Professional Growth:	
Mentoring and Modeling	118
Summary Comment	120
Reflections on the Literature	122
The Context	122
Qualities of Nurse Leaders Perceived To Be	
Exemplary	123
Modeling Good Communication Skills	125
Orientation Toward Mentoring	126
Ability to Empower Others	128
Being a Visionary	130
Transformation of the Role	132
Reflections on Being a Researcher	136
Recommendations	142
For Practice	142
Nurse Leaders	142

Educational Institutes	144
For Future Research	144
Concluding Remarks	146
VI. REFERENCES	148
VII. APPENDICES	
Introductory Letter (Appendix A)	154
Interview Guide (Appendix B)	156
Consent Form (Appendix C)	157

CHAPTER I

Introduction

“Leadership is a word on everyone’s lips. The young attack it and the old grow wistful for it” (Bennis & Nanus, 1985, p.1).

Exemplary leadership in nursing is more critical now than it has ever been before. Flarey (1991) states:

Revolutionary changes that have occurred in health care during the past decade challenge nurse executives to analyze and redesign managerial roles. To confront future change and developments in nursing and management practice, the role of the first-line nurse manager must take on new dimensions to facilitate quality outcomes in patient care and empowerment of nurses at all levels of practice. (p. 40)

Leadership can have a negative or a positive impact on the overall functioning of an organization. Gevedon (1992) articulates this by saying “research has established that leadership is a critical factor in the effectiveness of an organization” (p. 221). According to Christian and Norman (1998), the King’s Fund Centre (1992) holds that “successful and lasting change depends largely on the presence of strong clinical leadership” (p.108).

The need for strong leadership has been highlighted by the large-scale changes in the health care system due to major reductions in resources during the 1990s. With the economic climate of the last decade, the need for persons with unique qualities and exemplary leadership is critical. Aroian, Meservey, and Crockett (1996 b) say of these changing times that “as the turmoil of health care reform continues to capture the nation’s attention, revolutionary changes are underway in our health care system” (p. 29). Now

more than ever nurses, especially novices, require a special kind of supervision from their nurse leader. Aroian, Meservey, and Crockett (1996 a) describe this as “not a [kind of] supervision in the traditional sense, but an opportunity to develop critical thinking and analytical skills that take on a whole new meaning” (p.19).

Donald (1995, p. 17) makes another point about nursing leadership. “In these shifting times, we can allow the prevailing winds to take us where they will or we can take command of our vessel to lead both health care and nursing in the right direction.”

Donald goes on to say “unprecedented changes have been initiated in health care. Those in positions of power will be called upon to make important decisions about the future of health care in Canada. These decisions will affect many Canadians” (p. 21). Some of those changes that have occurred are restructuring of the health care and administrative system. Roles such as head nurses have been eliminated. New technologies have been invented with fewer human resources to carry them out. Throughout the restructuring of health care, nurses have been “bumped” or “displaced” from their area of expertise to a foreign area completely. There is an increased body of knowledge available and expected by the general public and administration. Harrison (1992, p.21) discusses important qualities of leadership that include “leadership to create a fresh and clear vision for nursing in the 1990s and beyond... leadership to once again advance caring as the centrality of nursing.” Harrison goes on to say “never has the need for such leadership been greater, the opportunity to provide it better, and receptivity to new ideas higher. At this time of shrinking resources, both the federal and provincial governments are searching for new approaches to delivery and greater value for the dollar” (p. 21). Jobs

and Steinbinder (1996), note that “today’s turbulent, chaotic health care environment necessitates dramatic changes in the roles of nurse executives. These role changes are rapidly being cast upon individuals who are pressured to react, accept and adapt quickly” (p. 80). In these chaotic and turbulent times leadership may be vital to the well-being and future of our health care system.

I see nursing as having evolved remarkably, especially in the last decade. A tribute written in the *Canadian Journal of Cardiovascular Nursing*, (anonymous, 1996, p. 2) identifies Virginia Henderson, nurse leader of this century, as having assisted in raising the image of nursing “from its relegated role as ‘physician’s handmaiden’ to a respected profession based on science and art of caring” (1996, p. 2). Nursing is now recognized as key to the success of patient care. One of the questions that Harrison (1975, p. 15) suggested nurse leaders need to constantly ask themselves is, “How can we ensure quality of care within the power structure of the institution and the framework of existing legislation?” At all levels, from the frontline manager to the CEO, excellence in nursing leadership continues to be “the glue” that is holding the system together.

Aroian, Maguire and Crockett (1996 b) commented on nurse leadership and its diversity during this time, “...it is necessary to prepare nurses for leadership roles in policy-making and in the design, development, management, monitoring, and evaluation of population-focused health care systems. Emphasis on the strategies to support nurses in these roles is essential” (1996, p. 33).

The present circumstances of health care provision and my experiences of working in health care, as well as living through the turbulent changes of the last decade have highlighted for me the importance of nurse leadership not only from the perspective of executives anxious to have an efficient and effective system, but more particularly from the perspective of novice nurse practitioners and frontline nurses whose need for guidance and supervision in these turbulent times was evident to me. This provided the motivation for my decision to conduct the study. The turbulent changes have resulted in more demands and expectations placed on nurses with fewer resources to achieve the desired outcomes.

Purpose

This study centered on the experiences of frontline registered nurses who had worked in the Alberta health care system over the past decade. The purpose of this particular study was to explore these professionals' perceptions of exemplary nurse leaders with whom they had worked during the 1990s. In conducting this study I offered frontline nurses, including junior and senior nurses, opportunities to articulate and expand upon their lived experiences within a professional context. As such, the study provided these nurses with opportunities to speak out and to be heard about their perceptions of exemplary leadership.

The research questions were intended to provide a framework for the conduct of the inquiry. They provided a starting point. However, as the study progressed, I took

direction more from the unfolding stories of the frontline nurses than from these questions.

Research Question and Sub-Questions

My overall review of the literature suggests that efforts to improve the quality of leadership in nursing would be considerably enhanced if more were known about the qualities of exemplary nurse leaders. How frontline nurses have experienced leadership during a decade of dramatic change in the system is of great interest to me. The primary research question guiding the inquiry was: **What do frontline nurses who profess to have experienced exemplary leadership during the 1990s perceive to be the qualities of exemplary nurse leaders?** With this as the primary question, I also explored the unique demands made of leaders in nursing, and the contextual factors that mediated leadership effectiveness in nursing from 1990-1999.

The following sub-questions served to focus this inquiry:

1. What are the perceptions of frontline nurses in assessing the qualities of exemplary leaders in nursing?
2. What acts, events, decisions or stories do the participants view as illustrative of exemplary leadership?
3. What contextual factors were perceived to affect the behavior of exemplary nursing leaders according to frontline nurses?
4. What are the unique leadership demands in nursing according to frontline nurses?

In this study I took the view of qualities or “traits” described by Ogawa and Bossert (2000). They see qualities as being embedded in context and relationships. Leadership qualities, then, are viewed as complex and dynamic. This perspective on qualities or traits is explored further as one aspect of the review of the literature, which follows.

Significance of the Study

The practical significance of the study resides in its potential to inform nurses, nurse leaders and nurse educators about qualities of exemplary nurse leaders, thus to improve their practice. Two points relate to the theoretical significance of the study. The first is that this study proposes to examine leadership qualities from a perspective that includes context and relationships (Ogawa & Bossert, 2000). This is a more sophisticated approach to trait studies than is typically found in the literature. The second is that I examined nurse leadership as it was practiced during unique times (the 1990s were challenging times for all those who worked in health care.)

Delimitations

The following are decisions I have made to delimit the study:

1. A delimitation of time was placed on this study to complete data collection during the year 2001.

2. The interview participants were drawn from one province only (Alberta) for a manageable and contained group.
3. So as to allow analysis of the rich layers embedded in people's stories of experiences, interviews were conducted with only six participants.
4. Not all categories of frontline nurses were considered as possible respondents because of all of the above.
5. The nursing experiences explored in the interviews were delimited to the period 1990-1999.
6. Although other disciplines such as social workers and physiotherapists may report to nurse leaders, only registered frontline nurses were interviewed for this study.

Ethics and Protection of Participants

The Department of Educational Policy Studies Ethics Review Committee approved this study. Throughout the conduct of the study, I was careful to abide by the ethical guidelines outlined in the proposal approved by that committee. A brief description of those guidelines follows.

Deception: No deception was used in this research. The purpose of the research and methods to be used were described during the initial contact with potential participants, and then clarified in a letter sent to the participants prior to their

participation in this project. This information was reviewed again at the beginning of each interview.

Confidentiality: Attention to matters of confidentiality has been constant throughout this research. The researcher and the person transcribing the data were the only two individuals aware of which transcript belonged to which participant and this information was kept confidential at all times. The peer auditor only reviewed documents that contained pseudonyms. All information that might identify the participants was changed to maintain anonymity in both the analyzing and reporting of the data. Regarding the information from the participants including the tapes and transcripts of the interviews, several options were given them. The participants were asked if they wanted the information to be destroyed, to be given to them or whether the researcher may hold it for future research. Because of their responses, the information from the tapes and transcripts will be kept by the researcher and then destroyed after five years with the information from five of the six participants. The sixth participant's tapes and transcripts will be returned to the interviewee at her request immediately following completion of this dissertation. The participant's wishes were followed explicitly.

Risk to Participants: At no time were there anticipated risks to the participants. Contact with the participants included interview conversations. The information elicited from the participants was connected to their present and past experience in their professional frame of reference.

Right to Withdraw: Participants were informed that they could choose to withdraw from the study at any time for any reason, at which point any information they had provided would have been removed from the research. The participants' wishes were respected at all times.

Informed Consent: The participants were informed as to the purpose of the research and the process of the research including the methodology used. Individuals who agreed to be an interviewee were asked to sign a letter of consent. This letter included the purpose of the research, the process of the research including all activities, the intended use of the information and the participants right to withdraw at any time (see Appendix C).

Definitions

The following definitions are used throughout this report:

1. Nurse leaders are registered nurses at any level who work and have individuals and groups directly reporting to them such as nurses, social workers, occupational therapists and physiotherapists. They may be working in any area such as acute care, community care, education, and etcetera.
2. Frontline nurses are registered nurses with no formal supervisory responsibilities.

CHAPTER II

Review of the Literature

The purpose of this review was to establish a conceptual map as a general heuristic for the study and, in so doing, to situate the study in the context of the extant literature.

Brunner (as cited in Maynes, 1990, p. 43) defines conceptual maps as follows:

Conceptual maps are used as general heuristics. They suggest what to look for and how to proceed, without prejudging what factors will turn out to be most important in any particular context. Properly designed, they can be used by the policy scientist to guide the focus of attention systematically, comprehensively and efficiently within the available constraints of time and other resources. To do otherwise ignores the complexity of the environment and the role of the analyst's own perspective in developing a reasonable response to it.

In constructing this conceptual map, I begin by making general points about how information related to qualities of exemplary nurse leaders is positioned in the literature. I then turn to a discussion of the contextual factors within which nurse leadership was practiced during the 1990s. This sets the stage for an exploration of "qualities" or "attributes" for which there is support in the literature for claims that they are related to leadership effectiveness.

Positioning the Literature on Qualities of Exemplary Leaders

Leadership has been described in many different ways. Reynolds cited in Hall et al., (1999, p. 110), for example, talks about the metaphor of dance and that it "allows for conceptualizing leadership and management as an art, particularly an embodied art form which requires not only intellectual but also action and emotion." Moreover, there are also many ways of describing exemplary leaders. Daugherty (1998, p. 649) states that,

“good leaders must above all curtail their egos in order to do what is best for their institutions. An important sign of successful leaders is that they understand and act in a manner consistent with the specific situation they are facing.” Leadership has also been defined as “the ability to influence the activities of an individual or group of individuals toward attainment of a goal or goals in a unique and given situation” (LaMonica, 1990, p. 76). And Kaufman (1998) identified successful leaders as “those who inspire broad confidence, whom others look to for advice, who are ‘doers’” (p. 215). The approach which I have adopted of exploring leadership through a study of perceived traits or qualities is only one of the many options available. The relationship of this approach to others is described in more detail below under the heading of “Qualities of Exemplary Leaders.”

I reviewed the leadership literature in the fields of education and nursing. In the literature I found reference to a large number of discreet qualities of exemplary leaders, e.g., consistency, discernment, integrity, honesty, and fairness, most of which seemed to be context-sensitive. That is, important in one milieu and time, but not necessarily in another. Yet, I could find little information about the specific conditions under which a given quality was linked to effectiveness. For example, in discussing nurse leadership effectiveness in an acute care facility and in a hospice facility, Lafferty (1998) does not address the question of how the different contexts influenced leadership. In making a related point, Duke (1998), notes that the literature on qualities of leadership has been generated through research in many different kinds of organizations. He points out that

this literature does not necessarily lead to a clearer understanding of leadership because there are significant hazards in generalizing from one kind of organization to another.

I found a considerable amount of literature in the form of case studies, surveys, keynote addresses and research reports (e.g., Bara & Rugg, 1989; Bartels, Good & Lampe 1977; and Dresan, 1995). This literature examined not only leadership qualities, but also aspects of leadership models and organizational structure. These aspects are important to consider as contextual “variables” which may influence leadership. For example nurse leaders’ ability to empower their staff is discussed by Bara (1989), Campbell (1998), Kingdon (1994), and Skelton-Green (1995). However, they do not all mention the same leadership qualities or the same situations in which those qualities were found. Most of the literature which I reviewed, reported leadership from the perspectives of nurse leaders (Harrison, 1975 and 1992; Jobes & Steinbinder, 1996; Kingdon, 1994; Porter-O’Grady, 1997). This study differs from these in that I studied nurse leadership from the perspective of frontline nurses.

The Alberta Context

In Canada, good leadership in nursing seems to be in serious jeopardy. Nurse leaders are apparently burning out at an alarming rate. An important reason for this is the duress experienced in the universal Canadian health care system that has nevertheless survived an aggressive and sometimes traumatic process of change. In fact, according to Hibberd and Smith (1999, viii), “The health systems of all western countries are undergoing dramatic structural changes.” Another reason for nurse burn-out is that the health care

system itself has shown signs of decay. Some of the symptoms include growing concern among the public over the quality of care that is being provided, reductions in the availability of resources, and providers who are unsettled in their work. Campbell (1998) notes:

Layoffs have resulted in the net loss of 100 manager/administrative staff, which is a 30 percent reduction in the Edmonton area alone (Capital Health Authority, 1995 b). Staff reductions by March 31, 1996 have totaled 1,100 full-time equivalents, but the actual numbers of staff affected are unknown. (Capital Health Authority, 1996, pp. 7-8)

The changes in health care which have included massive restructuring, diminished human resources, and fiscal restraint have occurred at all levels of health care, not only the leadership level. Campbell (1998) quotes Dick and Bruce (1994), "For many health care providers, at both staff and management levels, there is considerable anxiety about the consequences of massive restructuring." She further states that, "Nurse managers are being challenged to do more with less: maintaining or improving patient care services with declining human and financial resources" (p. 2). This is particularly problematic in view of Bara and Rugg's (1989) point that "Our success as an effective, respected profession depends on our nursing leaders" (p. 19).

Scott (1995) adds that, "The 1990s show a continued transformation of management and leadership. There is an imminent change, distinguished from changes in the past by its sheer size and scope. As the Year 2000 approaches, the health care industry is undergoing great turmoil" (p.17). Harrison (1975) points to the complexity of nurse leadership in these times:

Today's administrator wears many hats. She is committed, first of all, to advancement of the practice of nursing, and she must possess the same management skills as other administrators. She is a teacher, a researcher, a scholar and a leader. At the same time, she must use all resources, skills and political strategies she can muster to negotiate improvements. (p.15)

The net effect for nursing leaders is that they have acquired increased responsibility as staff and resources have decreased. This raises questions about the extent to which nurse leaders have been able to maintain important qualities such as discernment, compassion, visioning and mentoring. Jobs and Steinbinder (1996) make this point as follows:

Today's turbulent, chaotic environment necessitates dramatic changes in roles of nurse executives. These role changes are rapidly being cast upon individuals who are pressured to react, accept and adapt quickly. Previously successful leadership styles no longer will serve nurse executives as they assume non-operational roles without line authority and power. No prescriptive strategies will be effective to assist nurse leaders in their new roles. (p. 80)

They go on to say "positive outcomes are possible if the changes are embraced with optimism, courage and persistence" (p. 80).

Social and economic changes in the 1990s have affected health care and nursing leadership. A study completed by the Canadian Nurses Association (1998) noted the following:

The delivery system in Canada has undergone dramatic change over the last decade, as technological advances combined with economic pressures have forced significant restructuring.

One thing has not changed: registered nurses (RNs) represent the largest single group of health care providers and are, in most sectors, the prime vector for health care service delivery.

Canadians have shown in study after study, poll after poll, to value the health care system most highly; without registered nurses to deliver health care, the standards of health care will decline, and could even mean a threat to public safety.

There are several factors behind this situation: as massive hospital restructuring has resulted in large-scale layoffs of professional staff, fewer people are choosing nursing as a profession, while more nurses are choosing to leave the

profession; and, people currently in nursing are aging, and will reach the end of their careers within the next decade and a half. At the same time, Canada's aging population will have resulted in increased need of health care services. In fact, the CAN study estimates that the demand for registered nursing services will grow by 46 percent between 1993 and 2011. (p.1)

Several questions arose from these comments. What is the impact on health care professionals as a result of the many changes in health care? What impact have these changes had on nurse leadership? Campbell (1998) acknowledges that "there is general agreement in the literature that the first-line nurse manager is essential to the success of providing patient care services" (abstract). In her thesis she quotes Eubanks (1992) who says that "the nurse manager has been described as a linchpin in efforts of hospitals to maintain and improve patient care and control costs" (p.1). Campbell maintains that "the nurse manager serves as a vital link between the delivery of quality patient care the larger vision of the health care institution" (p.1).

In summary, the literature about nurse leadership during what has been a tumultuous time in the Alberta health care system from 1990-1999 highlights and affirms the need for a new kind of leadership. Harrison (1992, pp. 20-21). reminds us that, "Like business, nursing is discovering that the only certainty in the nineties is that nothing is for certain. Not only have the rules changed, they continue to change –faster and faster." Aroian, Maguire and Crocket stress the fact that "nursing leaders in successful organizations assess environmental and economic forces and decide how these will influence nursing administration" (1996, p.19). Montgomery cited in Hibberd (1994, pp. 445-459) makes several related points: nurse leadership is essential during times of change, leaders themselves need to be "change agents," and leaders need to have a "selection of tools to

bring about change and knowledge of which tool to use when.” Halpin (1980, p. 45) also discusses change and the impact of nurse leadership “as constant pressures are exerted on our organizations, internally and externally, the way in which we react to those challenges, and their ultimate resolution, will depend largely on the teams we have created and the strengths they have developed through positive and progressive leadership.” Bennis and Nanus (1985, p.13) state that “as difficult, frustrating and fearful as these times are, they are also interesting, catalytic and crucial.” What Bennis and Nanus had observed about leadership and change more than a decade ago seems to still hold today.

These general points about the literature as it relates to the study set the context for the following, more specific, discussion of qualities of exemplary leaders. I have read widely in the nursing leadership literature. In most of this literature there is reference to qualities of leadership. The qualities to which I found most frequent reference in this literature are listed in the review, which follows. While I have not cited all of the literature I have read, what I have cited is representative of the broad range of nursing literature, which I have explored.

Qualities of Exemplary Nurse Leaders

I commence with brief comments on the general literature on leadership qualities before turning to a discussion of the leadership traits or qualities to which I found reference in the nursing literature. Grohar-Murray and DiCroce (1992) provided an historical perspective on the study of leadership. They described different theories of leadership

including the “trait approach” (p. 23). They noted that through the lens of trait theory “leadership can be understood as an attribute of a personality” (p. 23). They also stated on page 23, that the “qualities necessary for success and effectiveness vary from situation to situation.” They also indicate that because of this a very large number of leadership qualities emerge. These authors state:

Studies have been done to define and predict leadership on the basis of qualities, but to date there is no common agreement about strength or priorities of the qualities needed. Leadership remains more than a one-dimensional view of an individual’s characteristics. Thus the trait approach is not adequate to explain what makes a good leader. (p. 24)

There are two aspects to this critique of the trait approach. The first is the study of qualities, which by themselves have not added much to our understanding of leadership. The second is that trait approaches do not have the potential of explaining fully the phenomenon of leadership. Ogawa and Bossert (2000, p. 42) address both of these points in arguing for a legitimate place for trait approaches in the study of leadership. They believe that “four basic assumptions underlie most treatments of leadership...the four dimensions of leadership are: function, role, the individual and culture.” They observe also that trait theory addresses the third assumption: “A third assumption indicates that leaders are individuals who possess certain attributes, act in certain ways, or both.” They point out that some of the earliest research on traits was problematic because it “attempted to identify the traits that set leaders apart from other group members” (p. 42). They go on to note that trait theory is more effective when viewed from a “systemic and relational” orientation in which the “focus shifts from people’s isolated actions to their social interactions” (p. 50). They also argue that from this perspective, “traits and actions of individuals identified the currency and medium of leadership. Individuals draw on

personal qualities as resources to influence organizations” (p. 51). They argue that this view of trait theory recognizes the “interactive” and “reciprocal” nature of leadership (p. 51).

According to Ogawa and Bossert (2000), trait studies are one of four approaches to studying leadership. Each approach contributes to our understanding of leadership, though each, by itself, is inadequate to explain leadership fully. This particular study, like all studies of leadership, contributes to our understanding of leadership, but does not provide a complete picture. Early trait studies did not account well for context or for the ways in which qualities play out relationally in a particular context. This study was designed to examine leadership from both of these perspectives.

Gevedon (1992) makes a point similar to that of Ogawa and Bossert (2000) in relation to nursing leadership and trait theory. She cites Stogdill (1974), “Trait theory of leadership suggested that common qualities of persons in leadership roles could be identified and would apply to leaders in a variety of organizations and situations” (p. 221). Gevedon, based on her review of the trait literature, also observed that “more recent studies identify traits as one of a number of multiple variables and establishes the situational nature of traits themselves” (House & Baetz, 1979, p. 221).

Leadership can be studied in different ways. The “trait” or “qualities of exemplary leaders” approach adapted for this study is simply one of these ways. I now turn to a discussion of the four types of leadership qualities to which I found most frequent

reference in the nursing literature: communication skills, being a visionary, orientation toward mentoring, and ability to empower others.

Modeling Good Communication Skills.

Halpin (1980) quotes William Ouchen saying, "Communication is the chain of understanding that integrates an organization from top to bottom; from bottom to top, and from side to side" (p. 40). Halpin describes effective communication as requiring management commitment and constant work if it is to be successful and "benefit the organization" (p. 41). Kovach and Krejci (1998, pp. 17-26) state that the "fundamentals of good leadership are communication, involvement and empowerment." These authors see communication as a fundamental characteristic that could make the single most impact on the success or failure of a leader. They view expertise in communication to include being an exemplary listener as well as being able to articulate well. They also note the importance of communication skills required in conflict resolution, dissemination and reception of information.

Bara and Rugg (1989) identify assertiveness as an essential communication skill. Both authors discuss the importance of "responsibility and accountability" (p. 19) in leadership. They state, "Through assertive communication, leaders demonstrate this understanding [responsibility and accountability] and draw it forth in others" (p.19).

Ross, MacDonald and Veldhorst (1996) describe the importance of nurse leaders meeting with frontline nurses listening to their concerns and issues (p. 15) with the intention of gaining insight into issues.

Horstman, Janney and Wall (1998) observe that in order to “lead the staff to a higher level of performance and commitment” (p. 31), poor communication had to be addressed and rectified. They examined the effects of a reporting system through which staff provided feedback on their leaders’ effectiveness in a number of areas, including communication. Enhanced communication resulted from this feedback, with positive ramifications for the entire organization. They also describe timely communication as being an important attribute of good leadership. Staff was given feedback as soon as possible after an incident or whenever change was planned.

Aroian, Meservey and Crockett (1996a) also describe communication as being important for leadership. They saw good communication as giving staff feedback on an ongoing basis. This form of communication assisted in the development of staff and the enhancement of the general work situation. They claimed that effective communication (p. 20), was essential and that it involved two-way communication (p. 22). They noted that two-way communication was not only important in community-based situations but also in acute care settings (1996 b).

Valiga (1994) summarizes the importance of communication to nursing leaders: “Leaders need to be excellent communicators who speak up and act on their convictions” (p. 89). She, and the other authors reviewed, identified communication as a quality that is critical to good leadership.

Being a Visionary.

The authors reviewed made related points about vision and the importance to leadership of being a visionary. The quality of being a visionary does not have a simple definition. According to Scott (1995) “Vision is merely an ingredient of the complex, ongoing process of leadership” (p. 18). Scott (1995) also noted that “leaders for tomorrow need two things: vision and the ability to inspire groups to reach that vision” (p. 17). Campbell (1998) also saw vision as an important leadership characteristic. Lafferty (1998) draws attention to it as being important, “leaders communicate their vision with enthusiasm that permeates an organization” (p. 36).

Halpin (1980) writes about the importance of vision to an organization: “The organization must have a clear direction or purpose if the efforts of all concerned are to be meaningful and rewarding” (p. 41). Exemplary leadership must provide for this vision in order for success to occur. Hibberd and Smith (1999) in making a related point noted that “leaders who lack management skills are as much a liability to modern organizations and the communities they serve as managers who lack the vision of leadership” (p. viii).

Gevedon (1992) describes vision as the second most important theme in leadership after “transformative leadership,” noting that “leadership is a critical factor in the effectiveness of an organization” (1992, p. 221). In this article Gevedon cites Roueche, Baker and Rose (1989) in supporting the claim that vision is an important quality of leaders.

Similarly, Flarey (1991) and Christian and Norman (1998) comment on the importance of “a vision that integrates critical issues in both nursing and management” (p. 41). Valiga

(1994) describes vision as “the [quality] most commonly ascribed to leaders” (p. 83).

She states that:

Leaders are people who have a view of what the future can be, they communicate that vision to others, and they collaborate with others to turn that vision into reality. The future that a leader envisions, however, cannot be isolated from the realities of the world as it exists and as it is evolving. Indeed, the most exemplary leaders may well be the ones who are keenly aware of anticipated trends or directions and who work to change a less than desirable trend or position themselves, their followers, their organizations or their professions in such a way that they are integral to those trends. (p.83)

Orientation Toward Mentoring.

Mentoring is described by Powers (1986) as necessary for successful leaders to be practicing with their staff. She states that “nurse leaders are taking on new roles as coaches and mentors and, in the process, relinquishing their policing activities and accepting a status closer to other employees in their organizations” (p. 18). Halpin (1980) in writing about dynamic organizations also discusses the importance of leaders being role models.

In discussing the importance of mentorship in nurse leadership, Valiga (1994) states, “leaders are responsible for guiding others through a future that may be anticipated but is ultimately unknown” (p. 83). She, and others among the authors reviewed, see role modeling or mentorship as critical to an organization. Similarly, Christian and Norman (1998) note that providing personal guidance and support to staff (p. 111) is an important responsibility that nurse leaders have. Mentoring is not a new concept in the field of nursing, having been evident even in the practice of Florence Nightingale leading her

staff on the battlefields. And in the early 1900s, the Big Sisters program implemented throughout Canada encouraged senior student nurses to mentor more junior student nurses. The literature reviewed demonstrates that an orientation toward mentoring is still viewed as an important quality for nurse leaders. Burns (1978) cited in Malone (1996) states that leaders “incite, stimulate, share with, pacify and satisfy their indispensable partners, their followers” (p. 214).

Ability to Empower Others.

Kreitner and Kinicki (as cited in Fullam, Lando, Johansen, Reyes & Szaloczy, 1998) define empowerment as “decentralization of power” or, more precisely, as “moving decision-making down to the lowest level where competent decisions can be made” (p. 255). They claim that such decentralization can only occur when there are committed leaders who are supportive of their staff. In making this point they write “the endorsing leadership style nurtures the nurse towards empowerment” (p. 255). They go on to say that an “effective leadership style is an integral part of creating an environment that nurtures the development of an empowered nursing staff” (p. 256). And further that:

It is essential that nurses actively participate in developing and implementing an empowerment environment. The current changes in health care are only harbingers of the transformation that will be necessary for institutions to remain viable in the 21st century. Empowered nurses are an integral component to the institution’s success. (p. 257)

Campbell (1998, p. 10) also notes “organizations require managers who are committed, who have a long-term vision of what their institutions wish to accomplish, and above all, who are able to empower their staff to achieve this vision.” In making this point she cites

support from Triolo, Allegeier and Schwartz (1995); Sanders, Davidson and Price (1996); and Lee and Henderson (1996).

Other authors make general points about empowerment. For example, Lafferty (1998) notes that nurse leaders must “use change to empower their staff” (p. 36). Flarey (1991) talked about the importance of nurse leaders facilitating “empowerment of nurses at all levels of practice” (1991, p. 40). Kovach and Krejci (1998, p. 26), espouse “that the fundamental tenets of good leadership....communication, governance systems that enhance involvement, and empowerment....are foundational for real change to be attained and sustained.” Malone (1996) refers to the essential qualities of leadership as including empowerment and the ability to motivate others. Ross, MacDonald, McDermott and Veldhorst (1996) argue that “empowerment of staff is paramount to enable staff to share information and in turn empower the consumer” (p. 15). They also cite Kramer and Schmalenberg (1988) and Wilson and Laschinger (1994) to support the claim that “Empowered employees are more likely to have increased motivation, increased commitment to the organization, increased job satisfaction and a decreased level of burn-out” (p. 14). In making a similar point Christian and Norman (1998) refer to “encouraging staff ownership and involvement” (p. 110) as being vital to the success of the organization. They claim that such encouragement results in the empowerment of staff and directly changing practice (p. 110), in a positive way.

A number of authors link the notions of involvement and empowerment. Kanter (1983) cited in Skelton-Green (1995), for example, refers to the potential of involving staff in collaborative activity:

Leaders who wish to effect innovation in their organizations should do so by working in a collaborative/participative fashion:

- persuading rather than ordering;
- team building, creating cross-departmental committees and task forces, communicating frequently and in varied ways;
- brainstorming, seeking input from others, inviting peer review;
- sharing rewards and recognition. (p. 237)

Others write directly about the importance of involvement. Halpin (1980, p. 40), for example, describes the importance of individuals being provided with opportunities to be able to contribute and to “have a say in” their work environment. Similarly, Richardson, Valentine, Wood and Godkin (1994, p. 95) write of leadership in a context in which “everybody had an opportunity to speak.” They also say, “The strength of future nursing leadership may lie in overtly practicing the cooperative, collaborative style of leadership” (p. 95). Kingdon (1994) noted the importance of “participatory partnership” which includes the involvement of frontline staff in many areas, including decision-making.

To conclude, the importance to leadership of the quality of empowerment is a common theme in the literature. Empowerment is said to improve staff morale and the effectiveness of the organization.

Other Qualities.

The four leadership qualities discussed above are those to which I found most frequent reference in the nursing literature. There is reference however to other qualities. For example, Kanter (1983) cited in Skelton-Green (1995) refers to the importance of insight: “demonstrating sensitivity to the interests and priorities of others will assist in effecting ‘innovation in their organizations’” (p. 22). Similarly, Morgan (1988) cited in Skelton-Green (1995) believes that nursing leaders “must learn to see their organizations ‘from the outside in,’ by identifying strengths and weaknesses from the perspective of their external customers, and developing competencies to address the deficits” (p. 13).

As I noted before when outlining the four major qualities that I found in the literature, there are likely a very large number of other leadership qualities of which insight is only an example. This emphasizes the importance of viewing the literature review as only a conceptual map, which serves to guide the study. It did not exclude the possibility of my finding qualities other than those reviewed above to be important in the context in which I conducted this study.

Summary

This review began with general comments on leadership, which serve to position the literature on qualities of exemplary leaders. A discussion of trait theory set the stage for an explication of specific qualities of exemplary leadership that were frequently cited in the nursing literature. These qualities include communication skills, being a visionary, an orientation toward mentoring and ability to empower others. The insights and understandings of specific qualities of nursing leadership gained in this review assisted me in my exploration of frontline nurses' perspectives on the qualities of exemplary nurse leaders. The review of the literature also emphasized for me the importance of studying qualities from a systemic perspective in which context and relationships are critical, and in which leadership is viewed as a reciprocal process.

CHAPTER III

Research Design

In this research I sought to identify the qualities of nursing leaders as perceived by frontline nurses. I chose to explore these perceptions from within a constructivist paradigm. In-depth personal interviews using open-ended questions were the primary means of data collection. Prior to being interviewed, participants were asked to consider their experiences working with different leaders. They were also asked to consider their perceptions of what made these people exemplary leaders, in what situations, and why they were exemplary. This was intended to initiate their reflections about their own experiences of nurse leaders in preparation for the interviews.

Denzin and Lincoln (2000) describe the constructivist paradigm:

The constructivist paradigm assumes a relativist ontology (there are multiple realities), a subjectivist epistemology (knower and respondent co-create understandings), and a naturalistic (in the natural world) set of methodological procedures.... Terms such as credibility, transferability, dependability, and confirmability replace the usual positivist criteria of internal and external validity, reliability and objectivity. (p. 21)

Denzin and Lincoln go on to say, “Users of this paradigm are oriented to the production of reconstructed understandings of the social world... Constructivists value transactional knowledge. Constructivism connects action to praxis and builds on anti-foundational arguments while encouraging experimental and multi-voiced texts” (p. 158).

Through this study I developed a relationship with frontline nurses. As I developed these relationships and become more familiar with their situations, I described their experiences with exemplary nurse leaders. I did this by interviewing different nurses from various backgrounds and health care scenarios.

As a nurse, I have an understanding of this professional culture. I too was a frontline nurse during the 1990s and am still on the frontline of the nursing profession. I believe similarities can be helpful in understanding another person's experiences, and that it was beneficial to have a woman and a nurse interviewer and researcher where the interviewees are also nurses and mainly women. Kohler-Riessman (1987) describes various issues that the interviewer needs to consider when using interviews as one of their main sources of data collection. Her premise is that the interviewer may have more success in understanding where the interviewee is 'coming from' when both the interviewer and interviewee have similarities in their 'frames of references.' She describes the importance of recognizing dimensions such as gender, class, culture, with a view to appreciating and respecting these differences when interpreting the data and at the same time maintaining the integrity of the data so that it clearly represents what was intended by the interviewee.

The assets of using in-depth interview strategies using open-ended questions were several for a research project of this nature. First, this format does not limit responses. As I explored the variety of perceptions of leadership that existed with frontline nurses, it was important to utilize an approach that evoked and probed people's experiences and stories in order to understand more deeply their perceptions of nursing leadership. Open-ended questions were the best strategy for doing this.

Interviews allowed me an opportunity to probe the meanings, values and assumptions embedded in the responses, as well as the rationale and some of the contextual issues connected to the participants' perceptions. Information gathered was in the form of a discussion, rather than the easily measurable data that closed-ended questions would yield. This exploratory information was not easily collated, and it became much more time consuming to analyze. This meant that the group interviewed had to be small. This allowed me to focus on the rich layers of meaning within each participant's experiences. It was important to utilize an approach that "heard" these lived experiences.

Participants

Denzin and Lincoln (2000) discuss strategies of inquiry that were taken into account when conducting this study:

Research designs vary, of course, depending on the needs of the multi-focus or single-focus case and process inquiries. Different sampling issues arise in each situation. These needs and issues also vary according to the paradigm that is being employed. Every instance of a case or process bears the stamp of the general class of phenomena to which it belongs. However, any given instance is likely to be particular and unique.... For these reasons, many post positivist, constructionist and critical theory qualitative researchers employ theoretical or purposive and not random, sampling models. They seek out groups, settings and individuals where and for whom the processes being studied are most likely to occur. At the same time, a process of constant comparison of groups, concepts and observation is necessary, as the researcher seeks to develop an understanding that encompasses all instances of the process or case under investigation. (p. 370)

Bailey (1992) cited in Rudestam and Newton (1992, p. 75) provides similar advice:

Phenomenological research uses sampling, which is idiographic, focusing on the individual or case study in order to understand the full complexity of the individual's experience. From this perspective, there is no attempt to claim an

ability to generalize to a specific population but instead, the findings are relevant from the perspective of the user of the findings. (p. 30)

In accordance with this advice, I used a “purposive sampling” procedure to select participants. The participants were frontline nurses who had worked in the Alberta health care system and who had also worked with nurse leaders during the period of 1990-1999. I contacted eight frontline nurses in person or by telephone to ask if they would be willing to take part in this study. These individuals were nurses I knew. All of the nurses had worked in Alberta between 1990 and 1999 in various health care facilities as frontline nurses. Interview participants were selected from individuals who indicated their willingness to be interviewed. Participants were chosen based on their proximity, accessibility and their rich experience in the health care arena. Two nurses declined the offer to become involved in the study and another nurse was eliminated from the study because of her lack of proximity.

Data Collection

Data collection occurred in five stages. In the first stage potential participants for the individual interviews were identified and contacted. They were contacted by telephone or in person: the purpose and nature of the interviews were explained, the ethical procedures outlined and interviews were scheduled. Follow-up letters (see Appendix A) were then sent out to confirm the interviews and restate the procedures of the research. The interviews focused on frontline nurses’ perceptions of the characteristics of exceptional nurse leaders.

Stage two was the actual interview conducted with the frontline nurses. Questions used in stage two were first pilot-tested with nursing colleagues to determine if any changes needed to be made to the questions (see Appendix B for the Interview Guide). Interviews were approximately 60 minutes in length and were held in the interviewees' homes, or places of work and on their own time. Interviews were conversational, exploratory, and open-ended questions were used. Participants were asked for permission to audiotape these interviews. The taped interviews were later transcribed for analysis. All names were removed from the transcripts and pseudonyms were used to ensure confidentiality.

Stage three consisted of each participant receiving a copy of their interview transcripts. This allowed them to review what they had said and make any changes, deletions or clarifications, which they believed might be necessary. This was to ensure that the data represented the intentions of the participants. The fourth stage of the data collection was follow-up interviews. These interviews were done with each individual to offer an opportunity to clarify or change any parts of their transcribed interview, and for me to probe for further explanation or expansion of their ideas as was required. This follow-up interview was also documented and this information was used to enhance the data analysis. The last stage of the data collection included having the participants review each of the sections of this thesis in which reference is made to data from their transcripts.

Throughout the data collection and analysis process, I kept a journal detailing the various choices I made and the actions which I took in the research process. As well, I used the journal to record insights, questions, feelings and connections that occurred to me throughout the process.

Data Analysis

Valerie Janesick as quoted in Denzin and Lincoln (2000) discusses the choreography of qualitative research:

The researcher uses constant comparative analysis to look for statements and indices of behavior that occur over time and in a variety of periods during the study.... After total immersion in the setting, the researcher needs time for analysis and contemplation of the data. By allowing sufficient time to go over the data carefully, the researcher opens up possibilities for uncovering the meaning in participants' lives....

Moustakas (1990) is helpful in providing a heuristic approach. He offers room to use inductive analysis through five phases. First, immersion in the setting starts the inductive process. Second, the incubation process allows for thinking, becoming aware of nuance and meaning in the setting, and capturing intuitive insights, to achieve understanding. Third, there is a phase of illumination that allows for expanding awareness. Fourth, is a phase of explication that includes description and explanation to capture the experience of individuals in the study. Finally, creative synthesis enables the researcher to synthesize and bring together as a whole the individual's story, including the meaning of the lived experience. (p. 391)

In my data analysis I acknowledged that the data obtained came from different sources and reflected many different influences. Some of these influences were the context, the experience each of the frontline nurses had with the leaders, and the time that was spent with the leaders. I believe that the analysis confirms that the different influences had a significant impact on each of the scenarios and therefore led to differences in the ways in which the nurses "storied" the leader they identified as exemplary.

Formal analysis consisted of a process that Patton (1990) outlines. I first read through the transcripts multiple times to become acquainted with the material. I also listened to the interview tapes multiple times. All transcripts and tapes were kept under lock with only the interviewer having access to them.

The transcribed interviews were analyzed by classifying or coding them to differentiate the various categories and classifications. Inductive analysis was used to identify broad categories and then themes across some or all of those categories. The over-arching themes discussed in the final chapter were identified after writing the “stories” of nurse leadership presented in Chapter IV.

The process of coding the transcripts followed the process described by Burns and Grove (1987). They outline three types of codes that include “descriptive, interpretive and explanatory” codes (p. 556). The three types of codes are usually developed throughout the study with descriptive codes being used at the beginning to categorize or classify words, text or data. This is followed by interpretive codes as the researcher works through the data collection and is able to begin some interpretations of the data. Later in the process, explanatory codes are utilized as themes and various theories begin to emerge in the study. These three types of codes were used to categorize the data and assist in organizing the presentation and understanding of it.

At each step, my interpretations were checked with a peer auditor (see section below), as well as with the study participants. In follow-up interviews I shared with them the categories I identified as well as any emerging themes I discerned and asked for validation. Questions asked included the following: “Please tell me if there are any other

qualities that you would identify as apparent in exemplary nurse leaders?” “Tell me about any stories or events that support this.”

Trustworthiness

Trustworthiness as described by Lincoln and Guba (1985, p. 77) “is a general term representing what conventional researchers think of as internal and external validity, reliability and objectivity....the trustworthiness of the design becomes the standard upon which it [the research] is likely to be judged.”

Credibility

Rudestam and Newton (1992) note that:

Internal validity refers to the validity of a causal inference. In naturalistic inquiry credibility or truth-value is ascertained through structural corroboration. Such corroboration might be accomplished by spending sufficient time with subjects to check for distortions (prolonged engagement), exploring the participant’s experience in sufficient detail (persistent observation), and checking multiple sources of data such as other investigators, written records, diaries, field notes, and so on (triangulation). Peer debriefing, revising working hypotheses as more data become available, clarifying tentative findings with the participants and videotaping interviews for comparisons with the recorded data are typical procedures for adding to the credibility of the study. (pp. 38, 39)

As I conducted the study I attended to these points through a process similar to that outlined by Lincoln and Guba (1985). They suggest verification of the research through a peer audit, as well as a member check and audit trail. In my study, a nurse leader, well respected in the profession, agreed to serve as a peer auditor, supporting me, giving feedback on the research process and assisting in the clarification of themes. An audit trail was established through my research journal recording the process of the project as

well as my own reflections. All notes and reflections related to this study were also kept as part of the audit trail. The peer auditor also had access to this and was available to confirm the accuracy of the information and validate the interpretive choices I made. Member checks were conducted with each participant, by arranging for them to validate their transcripts, then later the categories and themes identified in the data analysis process. Each participant also had the opportunity to review and validate the portion of the thesis containing their own words.

Transferability

The study is not one that can be used to describe all situations of leadership in all settings. However as a qualitative study it includes information that allows others to identify similarities with their situations. Rudestam and Newton (1992) discuss “external validity” or “generalizability” of a study. They note “The qualitative study emphasizes the ‘thick description’ of a relatively small number of subjects within the context of a specific setting. Participants can change as the study proceeds, but generalizations to other subjects and situations are always modest and mindful of the context of individual lives” (p. 39). Accordingly, I have tried to represent the findings of this study with sufficient thick description to ensure that the reader understands the situatedness of these findings. Transferability occurs when the readers themselves note connections between the study findings and their own experiences and contexts.

Dependability

The importance of the reflections coming out of this study cannot be under-estimated. Rudestam and Newton (1992) state, “The key to evaluating a completed study is whether

or not the selected method is sufficiently rigorous and appropriate to the research question, and whether or not the study is conceptually and theoretically grounded” (p. 23).

The audit trail I maintained throughout the project helped ensure the dependability of this study. I also kept a journal identifying my thoughts, ideas and “Eureka’s” as I researched my subject. Burns and Grove (1987) recommend other techniques to enhance dependability. They suggest use of a “contact summary sheet” (p. 555). This summary sheet consisted of specific questions that I used to help consider the implications of the field notes that I documented following the interviews. They also discussed the use of “marginal remarks” (p. 557). I followed their advice by writing in the margins of my field notes any new insights or ideas that occurred immediately following collection of the data. Burns and Grove (1987, p. 557) stated “the need for organization of ideas into a cohesive framework becomes more prominent” as the research unfolds. They suggested that “generating propositions and making connections between propositions” is an appropriate way to begin understanding and making sense of the data collected. My research journal proved useful to this process.

Confirmability

Denzin and Lincoln (1998), note that confirmability includes both “coherence and correspondence.” They state that “coherence is produced if the parts of the argument do not contradict each other and if the conclusions follow from the premises” (p. 125). The member checks conducted at various stages of the writing provide evidence of this kind of coherence. I believe also, that my reflections in the research journal, as well as my

discussions of the emerging themes with participants in follow-up interviews, helped to alert me to my own bias, and ensure coherence. Internal coherence, which is “the degree to which the interpretation fits theories accepted in and outside the discipline” (p. 125), was also strengthened by relating my interpretations to relevant leadership theory and to my review of background contextual information.

Correspondence is described by Denzin and Lincoln (1998, p. 126), as embedding itself in “the fit of data and theory with coherence. The data are made to cohere by being linked within theoretical arguments. Similarly, the coherence of the arguments is supported by the fit to data.” They go on to say that the “success of interpretations depends on peer review (either informal or formally in journals) and on the number of people who believe, cite and build on them.”

Denzin and Lincoln (1998) note that, “much depends too on the trustworthiness, professional credentials and status of the author and supporters of an interpretation” (p. 126). I have had a great deal of experience in this area having worked in the field of nursing for the entire of my career. For the past 24 years I have worked for nine different agencies in six different areas of nursing. I have worked as an educator, frontline nurse in the community, as well as in acute care and rehabilitation settings. My portfolio of experience has included frontline, middle and senior management positions. Lipson (1990) notes that the quality of the data is shaped by the informants’ perception of the researcher. I hope that my reputation in the field of nursing, the integrity with which I conduct my practice, and the communication skills with which I do so, have contributed positively to the trustworthiness of this study.

CHAPTER IV

Perspectives on Exemplary Nurse Leaders

This chapter presents the first level of analysis of the data. In it are presented the perspectives on exemplary nurse leaders of the six nurses who participated in the study. These perspectives are presented as “stories” to acknowledge that they represent how the participants storied nurse leaders they viewed as exemplary, as opposed to representing some abstract form of objective truth. These are stories with a particular focus. They have been shaped by the questions, which guide this study. As such, they provide insights into these questions:

The primary question: **What do frontline nurses who profess to have experienced “exemplary leadership” during the 1990s perceive to be the qualities of exemplary nurse leaders?**

The following were the sub-questions:

1. What are the perceptions of frontline nurses in assessing the qualities of exemplary leaders in nursing?
2. What acts, events, decisions or stories do the participants view as illustrative of exemplary leadership?
3. What contextual factors were perceived to affect the behavior of exemplary nursing leaders according to frontline nurses?
4. What are the unique leadership demands in nursing according to frontline nurses?

Answers to these questions can be found in reading each of the individual stories, but also

in reading across the stories. The stories that follow are those of six practicing or frontline nurses who participated in this study. They were from different specialties of nursing and had a variety of different experiences. Each story begins with an introduction to the nurse, followed by the nurse's general reflections on nurse leaders. Each story then turns to a discussion of the exemplary nurse leader's personal attributes and leadership qualities. Pseudonyms are used throughout.

Each nurse shared strong feelings regarding the qualities of those they considered exemplary nurse leaders. In reading this you will see that some qualities were attributed to all six and some were attributed to only certain individuals. Each of the stories has been reviewed by the nurse whose story is being conveyed. In each case the nurse confirmed that the story was an accurate portrayal of their views. This chapter concludes with brief comments about qualities of exemplary nurse leaders as identified by the participants. Some of these qualities are explored in greater depth in Chapter V.

Patrick's Story

Patrick, in his late 20s, was the youngest of the six frontline nurses whom I interviewed. This was a young man who had gone against the mainstream of thought in his own circle, entering a profession that was predominantly female. The small northern village that he grew up in the Maritimes was a conservative one and so to choose the career he did, as a man, was not amongst the "popular vote" or an easy thing to do. This young man would have been considered a "voyageur" in times gone past as he struck out to go where certainly no man had gone before from his close family and friends and community of acquaintances. He left his home as soon as he was able to after High School. Traveling,

working in other countries and exploring what the world had to offer him were some of his passions. He married his childhood sweetheart soon after his travels with the military. After his international adventures, he began pursuing a new and vibrant passion, nursing. As Patrick describes this new chapter in his life he is very expressive; he has a flair for the dramatic as he describes his chosen profession. Patrick went into the military as a medic following High School. He saw this as an opportunity to travel and begin an exciting new life in an organization that could offer many opportunities. When he was in the military he realized that he had a specific desire and interest in the health care field. He was encouraged by one of his nurse leaders to pursue his interest following her example by going into the nursing profession. Upon graduation from his degree in nursing, Patrick pursued the specialty area that held his greatest interest although it was not an area that typically hired new graduates. But his determination and hard work led to his being quickly hired in the area of intensive care nursing. Working with critically ill adults quickly became an area of expertise for him. Patrick has worked in health care in both Europe and in Alberta. He describes his experience of being a frontline nurse as “challenging, stressful, very rewarding.” The nurse although new to the profession has already developed strong beliefs and opinions on what he has experienced to date. He was more than happy to share these and freely responded to each question.

Patrick’s Perspectives on Nurse Leaders

Patrick talked about one’s experience in life bringing one to a point of wisdom and then how that was exhibited by the nurse leader he identified as exemplary. He described wisdom as coming only with hands on practice and the lived experience of being a nurse so that a nurse leader could actually speak from a position of having “walked the talk.” He

believed that true leaders are not influenced by negative thoughts and they don't want to be "just followers." True leaders rise above the mundane and petty negativity of a day-to-day working environment. The leader would concentrate on positive thoughts and pro-active ideas to come out ahead of everyone else, always looking to the future and not getting caught up in what was unimportant today.

Patrick discussed changes that have occurred in Health Care in the '90s that he has experienced. He talked about "cuts" and how nurses were expected to deliver more "production" even with this diminishing of funding, resources and, ultimately, team members. Patrick stated that "the acuity of patients is getting higher and more demanding," and with the patients sicker more was expected of the frontline nurses and nurse leaders. He felt that the stress in the health care environments was increasing as nurses were dealing with sicker, more critically ill patients. He also noted that more and more of the units were filling up with patients and there were lower patient vacancy rates in the critical care areas where he worked. He commented about his own work: "I work in a 22-bed unit where there's barely a bed that's vacant, always full. So it's challenging, it's stressful."

Patrick also commented that there is constant new technology that the frontline nurse must learn, and the nurse must be more and more "technologically advanced." Here Patrick captured the complexity of the work:

As an ICU nurse you're giving chemotherapy, you're giving everything from just basic nursing to something like bed bath to psychosocial needs up to anotropes to keep the blood pressure up to PA catheter, hemodialysis and you're doing all this with one patient. Plus, you're trying to get with the family, with the doc, trying to keep everybody in tune; you're basically a mediator. And with that you have to have the skills.

Patrick described the importance of nurses remaining current and efficient in the ever changing health care system as critical to the success of the health care system. He saw supporting, encouraging, and promoting this further education as an important component of what a nurse leader should be doing.

There were other issues that made an impact on the life of a frontline nurse in the 1990's. There was one theme Patrick repetitively referred to and it was also a common theme that was heard or insinuated throughout all of the reflections of the frontline nurses. This theme was on having to "do more with less", with a shortage of both physical and human resources.

Patrick reflected on the effect of having to cope with this and the shortage of nurses:

There are a lot of changes in healthcare, a lot of cutbacks and the units are changing with technology. I guess from my point of view the government, they cut, they cut, but yet they still want production and that's where the problem lies. We don't have enough nurses (to do the jobs) but yet you still need them to fulfill that supply and demand, where you work, you work, you work, you give, you give, you give, and you can see that in any unit, especially in my unit with overtime. Nurses are coming in to work continually, just last weekend, I was called 8 times to come in, and I am already working full time. Now with that you either crumble with the pressure, you can become exhausted or you say, "No, I can't do it." So I think healthcare cuts have a huge impact on nursing roles, and nursing leadership in general, because if you don't love nursing it would be so easy to leave.

Patrick described the changes in health care of "technology," "advancements," "economics" but also the changes "in leadership roles" and how they have evolved from

being a “totally female dominated” to now switching to more “males coming in and enhancing the profession.”

We’re not only changing in technology and advancements and politics and economics but we’re also changing in leadership roles. We are going from nursing being a totally female dominated, like years ago, to now males coming in and enhancing the profession. And a lot of the female nurses that I work with they enjoy the change, they enjoy the gender, personality differences. I think all that in itself is going to enhance nursing.

Patrick had much to say about the qualities of the nurse leaders with whom he had worked. He was new to the profession, eager to candidly share his impressions and experiences of these individuals. He was enthusiastic and excited about his chosen new world as expressed throughout these reflections.

Personal Attributes

Patrick described a number of personal attributes of nurses he considered to be exemplary. They included a sense of “humour”, a “strong knowledge base” and the ability to share this knowledge. He believed that nurse leaders know what they were talking about in order to be good leaders and thus respected by their staff.

Passion For The Profession

Patrick described his exemplary leaders as nurses with “a spark”, “glowing” about nursing, “a lot of energy” “optimistic and enthusiastic” about the profession of nursing. These leaders were not in the least “complacent” about what they were doing. He described the leaders as ones whom “people trusted” and due partly to that “people followed.”

Some of the nurse leaders he discussed had a “love to take care of other people.” Patrick stated that the person who he believed was an exemplary nurse leader discussed her chosen profession and was optimistic about it. In his words:

And this lady, she would sit back and as soon as she walked in the room she would put off an aura that said “I know what I’m doing, I’m confident, I’m happy, I enjoy life and I can do what I want because I have the skills to do it, the ability to do it. There was always a happiness about her. And this was very easily seen in the men and women she [worked with] ... I guess, she molded people like myself. She would talk about medicine and nursing as if it was the only thing in the world.

The nurse leader he described here had a healthy self-esteem and a positive perspective on her chosen career. Not only did she possess these attributes but she was also able to portray them to others. Her love for nursing quickly rubbed off on others; she was a true ambassador for the profession of nursing. Patrick went on to describe how she conveyed an optimistic vision of nursing to those around her:

She was very optimistic that there were new innovative ways to do things and that everybody should be given a chance to learn and that nursing itself was a big part of the pie because you were the ones who would basically take care of people from a Rehab situation to back at home.

Ethical Leadership

In discussing exemplary leaders Patrick talked about them as having personalities that had “drive, ambition and goals.” They were also sincere, honest and easy to talk to. This openness led to a credibility and a reputation that lends itself to exemplary leadership. One style of leadership revolved around the “golden rule.” Patrick described this exemplary nurse leader as encouraging him to have “insight to what’s important in life, where you go

in life, and how you take life by the reins,” always following the golden rule along the journey, “don’t do anything that you would not want done to yourself”. This insight into self was an important theme noted in Patrick’s discussion of exemplary leaders. He describes one nurse leader as encouraging this insight by giving “constructive” written and verbal feedback and never “negative” criticism.

Calm In The Eye of The Storm

Often, planning and strategizing is done on the fly and so only the nurse leaders with the most expertise in areas such as conflict/crisis management survive the frantic pace. These nurse leaders pass on these skills (if they have them) to the frontline nurses around them, which is critical to the overall functioning of a very stressful department.

I guess one of the most profound incidents that I can think of was during a code. It was a patient that had a Cardiac arrest (his heart stopped) and that leader basically at the time was very busy attending to another issue, but, of course, out over the unit you call a respiratory stat to this room and you know someone’s heart has stopped or something serious is happening. With new staff things become very chaotic and this nurse leader just came in and said, “You’re doing great, not to worry, things are going fine!” Just sent a sense of calm all over the room ‘cause everybody was very frantic, grabbing drugs and getting ready to do whatever. But I just had a sense that people didn’t really know what they were doing, ‘cause I certainly didn’t. I mean, I was there, stood in the background observing. And this person just came and settled the room, calmed everybody down, focused everybody into where they should be, and then basically gave very sound directions and said, “This is what we do, just really, look at the monitor, give this drug,” and then the doctors, the doctor came in. But before the doctor was there the patient was close to death. This nursing leader took over the situation and made all the right decisions.

Patrick observed that the doctor and this nurse leader then worked together as “joint partners” in the care of this patient. He commented that:

You knew this doctor respected what this nurse was saying because she had the knowledge, she had gained the respect, and she was that prudent person that I had

seen in this room with me, helping out. And from there I got a strong sense of, “That’s what I want to be! That’s what nursing needs, that’s what society needs!” I mean, anybody who can succeed in a world that’s so stressful as nursing and as demanding as saving a life day after day after day and you could be the one that could either kill or save this person’s life, you need to lead with strength, inner strength, I think. And I’d say that nurse came in, took charge of a storm, calmed the storm, helped the co-partner with the situation and what ended up is the person survived. So I can’t think of a better situation than that.

This exemplary nurse leader was the pilot of the situation. She led her crew through the difficult storm as Patrick described it. Despite the chaotic situation she was master of her ship and there was a victorious ending to the voyage.

She demonstrated that she was an excellent communicator, leader, and decision maker. In Patrick’s words, she “focused everybody into where they should be, and then gave very sound directions, describing what had to be done including what drugs to give.” During this incident the nurse leader role modeled how to work together with the entire team, including collaborating with the physician. She continued to be optimistic at all times. During this situation it was also apparent that other people respected her for what she knew, how she directed everyone, mentored and how she conducted herself.

A Positive Outlook

Patrick described the leaders as being “optimistic and happy.” One leader he described as “she would put off an aura that said, “I know what I’m doing, I’m confident, I’m happy, I enjoy life and I can do what I want because I have the skills to do it, the ability to do it” and this was very easily seen in the men and women she worked with. She “had a spark, she was different”. Patrick described these positive characteristics as being “important in leaders” especially considering the stressful times nurses were working through. These

leaders “enhanced the negative working environment by adding a positive optimistic view on the situation”. Patrick saw this as “positive role modeling”, which he “chose to emulate”.

Patrick described his nurse leaders as being confident individuals in what they say, do and believe in. He discussed the “wisdom” that one leader had and the “knowledge” and “sincerity” that went along with that wisdom. He believed that this leader and other exemplary leaders had a “way of bringing back the flip side which was always the positive.” They didn’t allow the “cancer of bad feelings and negativism” to grow around them. The exemplary nurse leaders “would never allow that.” They were positive people who encouraged others to think positively and search for solutions rather than just see the problems.

Patrick described one exemplary leader in this way:

She had such an optimistic view, she was so charismatic, she was very funny, everything that you would want in a leader, that people were drawn to her, we trusted her, and with that people accepted her very willingly. But, of course, in every group everybody is not always as optimistic and some people I guess rejected her bubblyness, her willingness to work hard, all those sort of optimistic qualities. Some people just don't relate but she never gave up on those people. That was, I think that was another quality of her, if she saw that you struggled and you worked hard, she always worked with you. On the other side if you didn't work hard she still never gave up on you, there was always something there in a person that she saw. And that was, I guess, another great quality in her....that made her an exemplary leader.

The leader that Patrick described was flowing with personality. As he described her, he shows how he values optimism in a leader. He saw this leader as always showing respect and appreciation for those around her, including her patients.

A Focus On “Unity in the Unit” (Communication)

“Unity in the Unit” was a phrase that Patrick coined. He believed this to be the biggest challenge of the nurse leaders whom he worked with. She/he strives towards an efficient coherent team, one that works well together and that contributes to an overall competent “unit that is functioning.” A unit that is providing the best service to its patients and the nurses who are providing that service works together harmoniously as an efficient team. “I think the biggest challenge that I saw that person deal with is keeping unity in our unit.”

Patrick described one way that a nurse leader contributed to this unity:

At the end of every shift that person would get on the intercom and say, “Great job, guys! Thank you very much for your day, it’ll get better tomorrow” and then a little joke at the end, “Love you all!” And you’d get that little sense of “Yeah, we did good, let’s not get down and let’s not get pessimistic or whatever, hey.” And I think that with all the cutbacks again and I keep going’ back to cutbacks because if there was enough staff who got their vacation, who got their holidays there wouldn’t be any of that. And so that, I mean, because of the shortness of staff you are all picking’ up the slack or basically what mistakes were made and that are still been overlooked, so you basically need a leader that’s going to see that and keep the team together, a coherent team, and basically is trying to work, and has a unit that’s functioning with unity.

This “Unity in the Unit” began with good communication. The nurse leaders that Patrick described modeled good communication skills at all times. One leader encouraged her staff to try to understand where other team players were coming from and “put yourself in their shoes.” Also, when giving feedback to nurses, she would never do so in public but rather respect the individuals and speak to them in private, neither “embarrassing or demoting” them in front of others as some nurse “leaders” do. She was also open to receiving feedback as a leader from other nurses and then integrating it into her own practice.

She would never ever embarrass or demote you in public, she'd always commend you in public and you knew that if you were going behind the door with her there was something wrong, you were doing something wrong in her eyes. But on the flip side of that if she was doing something wrong, she would be the first one to say, "Take me behind the door like a professional and tell me exactly what I'm doing wrong!" And I did that to her and the example was that she had made a comment that jokingly, I am sure or maybe not, but it was a stressful time and I had called in sick, I had like been running and I fell, I twisted my ankle so I was basically hobbling, so I had called in and she had said, "Oh, you can come in and hobble around, you're a warm body." And I didn't like that and then I thought, you know, that's not very nice and "You shouldn't say that to people." I was highly offended by it but I guess the point is to show you that this person, leader still does have her weak spots and that was hers. She probably didn't mean anything by it but I was highly insulted because I gave her 100% and she took it away in that one moment, but after I told her about it she said, "Thank you for telling me about it," she said, "I didn't understand what those few little words had meant to you." She said, "As a leader I need to know that things like that aren't funny." So she apologized and she thanked me for being open with her. I told her, "I never learned that on my own, you taught me that."

Patrick observed that unity in the unit was fostered through open dialogue and healthy constructive feedback. Patrick saw these leaders as people he could go to and discuss things. They were good communicators. In his view, they fostered and encouraged open communication. The exemplary leaders were good listeners and were approachable, according to Patrick. For example, he said of one that "she took what I said as credible."

We were definitely colleagues, we were friends, on a semi-friendly relationship, we would always talk if there was any administrative problems she would be the resolver because, I mean, it was work related. But I think she was also somebody that I would definitely go to if things were getting too much for me or OR too much for somebody else on the unit. Like I don't like speaking for somebody else because you have to be your own person but there was an incident where this, instance, where this new nurse was quite I would say, sort of lost and maybe needed a little bit of focusing. So I took this leader aside and told her my concerns. I said, you know, "Not to discredit this nurse because she was new and trying really hard but I think you need to go and help this gal." And again, you know, she said, "Well, I'll certainly keep an eye on what's happening" but she took what I had said as credible, as someone that has ... She saw as being a team player, somebody that

would help, so she has a, I guess, a positive note rather than anything but helping a colleague through a difficult time.

Patrick saw unity in the unit as a concept that was either fostered or hindered by the leader. The leader supported this unity by her leadership style and strong communication skills. She was someone that encouraged team playing and practiced what she preached. Open dialogue and constructive feedback amongst all players of the team supported this unity.

Patrick saw nurse leaders who were exemplary as people that “worked along side you.” They were “there” for staff when they were needed. He noted that they were an important part of the team. Patrick saw the exemplary leaders not as disciplinarians, but rather as leaders who helped “a colleague through a difficult time.” They were there to foster growth, be supportive and assist in helping nurses be better professionals. Bottom line was that these leaders did everything they could to support unity amongst their staff, encouraging a strong united team that ultimately provided the best service to patients possible.

Expert In Their Field...and About Life in General

Patrick described several of his exemplary nurse leaders as having expertise in nursing. One nurse leader he described as having a “huge wealth of knowledge, and wasn’t just in nursing, it was just in every aspect of life.” She knew a lot about the health care system and nursing, but also about what was important in life.

Patrick described his leader as having had a lot of life experiences to help make her be a well-rounded knowledgeable person about relationships, communication, and how organizations work. He repeatedly reflected back on the leaders as being “intelligent,”

knowing about their field, and having great knowledge in their roles and about nursing. This intelligence was in relation to their areas of expertise, life knowledge and ability to do critical thinking as well in their personal and professional lives. These leaders had God given intelligence but also intelligence that came from learning and growing from their interaction with others and life experiences.

Expertise In Decision Making

This quality was also described by Patrick in his leader's response to the Code situation: "she focused everybody into where you should be, and then basically gave very sound directions and said, 'this is what we do...look at the monitor, give this drug'...this person took over the situation...and made all the right decisions." Patrick described the actions of his exemplary nurse leader with her decisive manner as contributing to the ultimate success, "what ended up is the person survived. So I can't think of a better situation than that!"

Role Modeling and Positive Mentoring

Patrick described four exemplary nurse leaders with whom he had worked during his short career in the health care field. One exemplary nurse leader encouraged him to do better, to get a university degree in nursing and then she gave him the time to do so, helped him through it, helped him study and helped him focus. Patrick describes this nurse leader as "molding people" that were eager to learn and be enthusiastic. She believed that "everybody should be given a chance to learn."

Patrick described how the exemplary leaders "pushed" him by encouraging and challenging him when they saw potential for improvement. He spoke of the exemplary

nurse leaders in their roles as “mentors”, “role models”, “helping to guide” and repeatedly described how they assisted him to have a focus. He talked about them helping him to “focus on something that was important.” He stated that the first nurse leader was a “true role model, a leader, that I needed at that time because I was 24 with not a lot of focus, she gave me the focus and she helped me get to the finish line” which was the completion of his nursing degree and transition into a frontline nursing role. To illustrate this, Patrick shared the following story:

We had this guy who was diagnosed with cancer, he was a 32 year old pilot. She kept on saying “You need more!” and she pushed me more – to find out more information and understand his condition more. Like she pushed, as soon as she saw a focus she pushed and I think that’s where I get some of the push. If I see somebody who’s struggling, I help them out, encourage them. I think nursing in itself, with all the struggles that you have with cost and restraints and cutbacks and everything else, you still need that someone to give you that torch. And a torch is for me energy, like she gave me energy, and that energy was optimism, it was strategy, it was believing in yourself, if was focusing.

Patrick had many supporting things to comment about his exemplary nurse leader. One of the attributes he stressed and the most enthusiastic was how this leader mentored the front line staff. He noted that the leader’s orientation toward mentoring and encouraging growth was important to him:

It seems like she could take any situation and maybe not solve it but approach it in a way that you could actually solve it yourself. Like sometimes she didn’t actually tell you, she wouldn’t give you the answer, she would make you find the answer in what was in front of you. She’d challenge you, do everything she could to enhance your learning so you were the one that felt that you had solved it, and I guess that in itself says a lot about that person, too. And there are just so many ways to respond to a person but it all depends on that person’s personality, that individual that you’re trying to get to. And I guess the biggest thing is that she never gave up, there was never a “No!”. There was never a “That’s it, you’re off the unit!”

You will note from both quotes above that Patrick took inspiration from the leader's sense of optimism and her constant focus on the positive. He took great pride in how this exemplary leader had made a difference in this life:

And to this day, that nurse leader is gone from my unit but I'm known as the replica of that person, because right down to the last detail in the room I saw how it's significant for me being the organized nurse, the most prudent nurse, the most caring nurse and it may be just smiling at everybody that you see that day because they need a smile. But I think all that in itself is what that nurse leader had shown me. And, I mean, this person wasn't charismatic, this person was very, very prudent, wanted things to be exact, they were very militant in the way that they believe you should take care of a patient. You shouldn't take care of a patient 80%, you should to 110%, if you're there, and that's what you are. And I think that was one of the key roles of being a leader, you have to practice what you preach and if you don't practice it, don't preach it, because it's not ethical, I don't know, it's not just to patients, it's just not the way to behave. And I mean, that may come back to personal beliefs or religious beliefs or anything but still if you're going to be the most efficient nurse you are going to have to be that role model, that person that had the ethical beliefs that you are saying are just.

Patrick described this exemplary leader as one who role modeled and in doing so, gave him the feedback on constructive ways to be a better nurse. She inspired him to be a better nurse. As he saw her to be an exemplary nurse, this inspired him to be like her. He was proud to be able to say now that after she was gone, people saw him as the nurse who was most like this leader. Patrick places value on efficiency in leadership, being "organized, prudent, and exact" as a leader. He also valued the direction this leader gave him, assisting him in focusing. In an area such as critical care there is no time for mistakes or indecisiveness. Patrick observed that the leaders must be extremely organized along with all of the other attributes that he described in order for him to consider a leader to be

exemplary.

Patrick described his exemplary nurse leader as encouraging him to “do more and seek out new adventures.” Many leaders he talked about as encouraging others to be more insightful about themselves and ambitious at the same time. They inspired others. Patrick described his exemplary nurse leader as inspiring him to do well but also encouraging him to have “insight to follow” what he “feels is right” to do. This leader encouraged self-discovery, encouraging her staff to listen to themselves, trusting their own beliefs; at the same time learning more about themselves. In this way the leader’s direction encouraged growth in her frontline staff as they matured in insight and wisdom about themselves.

Patrick’s work with these leaders influenced him at a personal and professional level.

Consider his following comments:

In my practice one of the exemplary leaders has shown me what’s important in life. The biggest thing is to take people for what they are, don’t try and change them because you can’t, they need to want to change, and the only way that you can change someone is if they want to be changed or influenced. So you take them for what they’re worth. I’ve had many a family member who say to me, “I’m so glad you’re in this room today with my loved one because you’re the one who smiles, you’re the one who does this, you’re the one who does the little things what others don’t think is important. You’re the one that chats to me, you’re the one that gets me that little cup of coffee and those things.” You know, they don’t want the big adventure, they don’t want they just want their family member to be loved in a way that only a nurse can do it, and in a practice And for me that’s my practice, to give all I can to the patients that I have, to be all I can, and if I help someone great, and if I show somebody a brighter picture then that’s great, too. And I think if, to enhance nursing you need leaders like the one in particular that I’ve spoken about. If not, then what’s life? What’s nursing? The nurse leaders that made a difference in my practice was the one that gave me the courage to fight. To never give up on yourself, to be optimistic and to dig deep inside and to know that you can do it. So push on no matter how hard life gets and no matter what stones they throw at you, to just push and you can do it, you can do whatever you set your mind to.

The other exemplary leader was the one who inspired me to be me, to seek more education, to seek out knowledge and to be the best I could be regardless of what I was doing – at home and at work. To be that bright light that never dims because a nurse needs that, nursing needs that focus, they need the light. So, again, with education you can seek that light and make it brighter because more knowledge enhances more growth and the final nurse leader that I spoke about in my practice, she helped me focus on what it is to be a humanitarian. To be that person that cares, to be that person that gives the extra because again I think by giving 100%, that's all you can give, and at the end of the day when it's all said and done it's not the material things that make you the winner. She taught me that the true gift in life and the true wisdom in life is to be the person that helps the most, cares the most, has a reputation of being the most compassionate, loving, caring person there is. And with that, that's all you gain in life is love, and I think she showed me that. So there's many lessons that I've learned through my experiences with nurse leaders, they've enhanced my practice from a novice to the most or the best nurse that I can be and I thank them for that.

Sandra's Story

Sandra is in her mid 30's with ten years of experience in several health care facilities in Canada. She has had experience in both obstetrics and critical care (I.C.U.s) in acute care facilities. In Alberta however, she has worked in critical care only.

Sandra spoke about the changes she had experienced over the last few years. The changes and her experiences were not always negative, but the negative influences seem to have outweighed the positive. She described how the health care system underwent difficult times in the last decade:

It has been a struggle because of the way administrative staff manage their units and how the hospital is run. With the financial cutbacks there are not enough resources to go around. This is just one more pressure on how to effectively run and maintain a unit.

This nurse had some negative feelings about what was happening in her profession. The events that occurred affected her overall beliefs about the health care system and nursing in

general. She expressed how she felt about all of the work that nurses were doing and how little recognition they received:

It has been very hard, very frustrating because I feel that, as nurses, we do not get a lot of respect and we don't get what we deserve, we don't get paid what we deserve, we don't get any perks for what we do, just basic things we don't get that most other jobs do. There's a lot fewer now with the cutbacks. I was here during the last nursing strike and it was very frustrating because we're not paid a lot compared to other jobs. Even though we are expected to have all this knowledge, skill and ability to take care of people that are at different stages of illness from life through death.

She observed that some nurses experiencing this difficult situation during a time of health care crisis left their positions; retention was poor because nurses did not feel supported:

But there's been a lot of problems with lack of staff, the nurses don't remain in the area where I work, they don't give them any incentives to stay here, they don't treat the nurses very well. Because they overwork them, don't appreciate them when they sacrifice and do overtime, it's just very hard to work in that kind of environment. There's not a lot of respect from top managers even though they are themselves nurses.

Sandra noted that the management layer had been decreased with fewer frontline and middle management staff. Since the cutbacks there had been problems "with lack of staff," nurses being overworked and ultimately poor retention of staff. Sandra also spoke about the lack of solidarity between the nurses and their nursing organizations; she believed that the nurses themselves contributed to the overall problem.

The nurses also felt silenced by management:

There is sometimes a lack of respect between nurses as well. The nursing union itself (I don't find) is very united. The large nursing groups like the AARN and UNA don't seem to work together. So it's not that we couldn't go out and solve things, I think we could have had a much better environment if we had joined together united and actually fought for the things we deserved because when we did do that, they (management) actually listened, they paid attention. They said, "Oh, no, we'd better pay attention." What they did was play on the people's emotions and said, "Oh, yeah, we're listening", and then the nurses who did join up they sort of bowed down, saying ... "Oh, they're listening to us so now it's okay" and they didn't realize what management was doing, and pretending to listen just to keep us calm and quiet. So, yes, it has been very frustrating!

Sandra went on to describe the lack of unity among the frontline nurses themselves. She observed that they complained a lot about the situation they are in, the health care in general and were not as "politically astute" as they could be. Sandra discussed what nurses might have done to improve the situation rather than "being giant ostriches with their heads in the sand." She implied they should have "fought for the things they valued" instead of becoming apathetic and jaded with the health care system:

The nurses themselves hurt one another, you know, by talking "bad" about the profession. All of this makes it much more frustrating. The nurses are not very politically astute, they don't go out and do what they need to do to rally together, but they go out and complain a lot. That's just being very honest. I did try to do something but it was just so frustrating because no one wanted to join me. I wanted a group of us to speak up for something that was wrong and for changes that needed to be made.

Sandra's Perspectives on Nurse Leaders

The nurse leader that Sandra described as being exemplary was in a unique role. This nurse was the manager responsible for providing the work assignments for nurses working in the casual staff float pool. She described this nurse in glowing terms as being a true

nurse leader with many qualities that contributed to her success in this position. Sandra stated that:

She had lots of experience gained from being a frontline nurse, she knew how hard it was. She knew how hard a job critical care nursing was and that there was a lot more stress and a lot more responsibility than in some of the other areas in the hospital.

Sandra's enthusiasm and appreciation for this nurse can be summed up in one of her more demonstrative statements "A great person....I just loved this nurse!"

Personal Attributes

In talking about this leader's personal attributes, Sandra identified a number of qualities that seemed to be linked closely to leadership. Sandra's discussion of her leader as a person began with "she is just a really good person." She also spoke of empathy. This nurse leader had empathy toward her staff, which was enhanced because all of her experience allowed her to understand the challenges of frontline nurses. She was a very understanding individual who appreciated the different roles nurses have to juggle, such as mother, wife, nurse, etc. She showed this appreciation by making flexible schedules for the staff and providing extra perks such as personal time off at Christmas

I can think of one special situation where she acted in an exemplary way; it was to do with my vacation. I mean, that one shocked me because I'd never had somebody do that for me. I went in to her and I said, "You know, I'm going to Montreal to see my family, it's at Christmas time" and I said, "They've got really good flights and I'd like to see my family. Could I take three weeks off during Christmas and New Years?" She said, "No problem!" and I thought, "Well, that's weird! Nobody ever gives their staff that kind of a holiday!" I said, "I'll do anything you want me to do, and she replied, "Well, as long as you do Mother's Day and Halloween Day," I said, "That's it?" She answered, "That's all I want, then you can go."

This was in sharp contrast to Sandra's experience with another nurse leader:

The new person came in and wanted to revoke the holiday time granted to me. She said she didn't have it on paper. I remembered I had signed a paper and there it was sitting on my desk and so the new person who tried to revoke it couldn't because it was in writing. But I was so thankful, and that just meant a lot to me because my first supervisor was willing to let me see my family.

Sandra expanded in general terms on how thoughtful and understanding the exemplary nurse leader was. She stated that this leader really got to know her personally, not just as another staff member, and she was interested enough to find out what some of her needs were. This knowledge of her staff helped her to be a better manager in the role she played in their regard. As the leader supported Sandra in this way, Sandra reciprocated and helped out the manager in ways such as coming in at times when normally it would be difficult to get staff to work. According to Sandra, this leader also worked with other nurses in a similar way.

Sandra was struck by the warm personal regard she felt from this leader. She observed that the leader always greeted her with "Well, how's your day" and she "always had a smile" for her.

A recurring theme of optimism projected by this leader seemed to be threaded throughout Sandra's testimony. Through her openness and honesty she eagerly shared with her staff what was important to her professionally but also as an individual, a wife, and mother. This exemplary nurse leader described to Sandra how important family was to her and the kinds of things she did to foster this relationship such as avoiding overtime as much as

possible. This in turn was encouraging for Sandra because it helped her to believe that the leader then would respect her staff's need to spend time with and care for their families.

Sandra highlighted that her nurse leader remained calm even in difficult times. She never showed her staff when she was displeased even though she was observed in situations that might have fostered this type of behavior. "She was never angry, I've never seen her mad." Sandra also noted that this exemplary leader was "very humble," not boastful at all about herself or her achievements. Sandra observed: "She never thought she could do the job, but she did it really well." She readily "admitted when she lacked knowledge but she went out and sought it." This leader was not arrogant or authoritarian. She shared with her staff and treated them as equals:

She was just a pleasant person to talk to, she saw me as her friend and not as someone under her. I complimented her a lot and she complimented me, she was just a really good person. I mean, she had the skills; she had a lot of administrative skills, those are important but it's just the PR that was so important to me, how she could sympathize and treat me. She could cry when you cry, laugh when you laugh, she was not stuck up and she knew that you are human and have feelings and that's what's important, and she complimented me, she was just a really good person.

Sandra appreciated this leader's honesty and openness with her own personal concerns and issues as a leader. She wasn't afraid to show emotion or a vulnerable side with her staff nurses.

This exemplary nurse leader talked supportively about other people and did not engage in gossip about other staff or what was happening around her. Sandra felt that this leader made people around her happy and "if you don't have happy staff you're not going to have happy patients."

She never knocked any of the other staff or managers. She said that certain people had weaknesses that they had to resolve but she never put them down in a negative way. She would say, "Well, this person's really growing." "Yeah, they have this area to grow, but that's ok, you know, they'll change and we'll just have to give them time?" But she never put them down. She always gave them a positive.

Sandra saw this exemplary nurse leader as having a positive and optimistic attitude. She always thought well of others and saw the "half full cup instead of the half empty one."

Sandra saw the positive orientation toward people as reflected in this leader's thinking about the importance of people over budget. In her words:

She supported her staff and not the budget, let's put it that way. That's the way it should be done, people before money. It's not that she neglected the budget but at the same time she really cared about the people and that was what came first and that was what is lacking so much in our health care system then and now. The budget comes first and the staff comes last.....that's the way it is but it shouldn't be like that. We're told it's for patient care but, you know, if you don't have happy staff you're not going to have happy patients. It doesn't matter how much money you have and put into the system.

Sandra spoke about how her exemplary nurse leader was viewed by other frontline nurses;

I never heard anyone say anything bad. I've talked to a lot of people who work with me and they all say, "Oh, I wish she'd come back"! "Oh, she was such a good boss." Or, "So nice" or "She gave me this day off" or "she's just pleasant to talk to" or she always had a smile.

Sandra also saw integrity in this leader's positive approach. She noted that her leader could have talked badly of others, blaming them for how she felt at work, however, did not. She was honest and open about how she felt and she practiced the "golden rule" of

treating others as she wanted to be treated herself. She had a code of moral values and principles that she lived by. Sandra noted that:

She never put down anyone, I've never heard her put down anyone, ever. She was always proper to the other staff, always polite, if there was a problem she would deal with it. She had respect for everyone, she was nice to everybody, and she was always pleasant with everybody, smiled at everybody. If someone had a problem with the staffing, they'd call and she'd go, "Hey, it's understandable, you know, but we'd like" I once asked her, I said, "How do you handle the fact that you're who you are and you try to help yet people always give you a hard time; how are you expected to feel good?" She said, "I am only here to help, I am not here to feel good." "And I know a lot of managers don't like my attitude about that, but it's who I am."

Sandra felt that this nurse leader "provided an atmosphere that made me want to come to work even though it was a very hard time. She was a great person."

Respect and Understanding

Sandra stated that this exemplary nurse leader "really respected people." She was "always proper and always polite" with everyone. Her leader was recognized as always being nice to everyone equally without showing favoritism. She elaborated on this expression of respect as being present because of how the nurse leader understood people. She made an effort to try to know and understand each nurse and "where she was coming from." Sandra describes her nurse leader as "respecting me" and she showed this by realizing that they "were a human being first of all and then a nurse" with needs beyond those of just functioning as a nurse. By what she did for us, this leader acknowledged that "we had another life" besides nursing.

She was very understanding, she knew when you needed time off; she gave you time off, because she knew you were human; you just needed those times. She

knew that the staff were more than mere nurses, and that you have to respect them for that. She realized you were a human being first of all and not only a nurse, who respected me, because though nurses we had other areas of our life. We're mothers, we're wives, we're church-goers or whatever, and she realized that we had another life besides just nursing. What really caught my eye about her, is that, she respected us so much that she gave things to us like different shifts and time off to accommodate our other lives. And not that we deserved them (I hadn't been with the institution very long to build up any seniority) but that we needed them. She once allowed me to go on vacation during prime time holidays.

Sandra describes how this inspired loyalty:

Because of that I reciprocated and helped her out at other times in other areas. The time I took holidays was not as busy as the time she needed me for shifts. I worked the days that she wanted me to like Mother's Day and Halloween, which were both busier times. So we were able to work together, I would do whatever she wanted me to do because she was just so understanding, she gave me what I needed to accomplish things in my own personal life.

Knowledge

Sandra believed that another of the qualities that her nurse leader had was that of knowledge. She noted that this leader had gained "a lot of experience being a frontline nurse, and knew how hard it was." The leader that Sandra spoke about had functioned many years as a frontline nurse and all of the experiences that were included in that role prepared her to be the exemplary leader she became. She had walked the talk and was able to see very clearly what the nurses were talking about, what the stressors were that they experienced and was able to objectively assist them as a result. One example of this was that she recognized the importance of time off for the staff during a very stressful and chaotic time in health care. In allowing this leave time she negotiated time on behalf of the institution recognizing both the hospital and staff needs.

Balancing Work and Life

Sandra believed that her leader had very clearly defined boundaries. She was able to identify her priorities and place them accordingly. She demonstrated this by not working late all the time or by making comments like “I need to live, I can’t live just for my job.” She also demonstrated this by stating that it didn’t matter how much she loved her job she had a family to “take care of.” Sandra elaborated:

She had her priorities straight and she respected ours. She went home at 5 o’clock, she didn’t stay until 7 like some other managers I knew. She had a family and she said, “I have a life! No, I can’t ...” A lot of the other managers would have liked her to stay but she went, “I need to live, I can’t just live for my job.” “My job’s exciting and all that but I need to take care of my family.” She didn’t want to lose her family like a lot of the other nurse leaders did. Her other life and looking after it was important to her. I respected that because if she were willing to do that, she’d be willing to let me care for my own family. She accommodated me for University classes, which were in the evenings.

In modeling a good balance in her life, the leader unknowingly gave her staff an extra boost of confidence. Sandra felt confident that the leader would be “understanding and empathetic” to her concerns for “balancing” her own private life.

Passion For The Profession

This particular nurse leader’s passion for her profession was clear in statements that she made to her staff such as “my job’s exciting.” She talked about loving her job and she reflected to all those around her, the passion she had for her profession by the exemplary way she went about being successful in it and providing the service so that others not only enjoyed her but also “benefited and grew from her example.”

She loved her job and it showed by the hard work she put into it and her dedication to it. In Sandra's words: "She was a very happy person, she enjoyed her job....she did it very well.....she moved up the ladder fast."

Role Modeling and Positive Mentoring

Sandra noted other ways in which this leader served as a role model. For example, Sandra recognized the nurse leader as being available to her staff when they needed to discuss things. She readily assisted in mentoring the staff and "she was always ready to assist when there were problems." This leader supported her staff, giving them positive feedback and accepting their feedback about her performance. She also tried to encourage her staff to see the positive side of any situation or person, and not to dwell on the negative side.

Sandra commented that:

She never talked bad about anyone. Even about the worst of the worst managers, I remember walking to her office and babbling! She just said, "You know she's really like this, and if you got to know her, she's really nice." I think that helped me handle some of the other managers. And I realize there's some other managers who were cold and mean were actually people, too. And they struggle with as many things as we do as frontline nurses do. They have problems too and they're not perfect. You know, deep down they're really nice people and they just made bad choices and that is where they are at now at this point. So, yeah, she has never been condescending, she's just really good to people, no matter who they were.

Sandra noted how modeling from this exemplary leader inspired her:

Because of this leader, I have learned to treat people better, and just because they look really mean, you have to look a little deeper to see who the person really is. I've aspired to be like her. Because of her I've seen what a person can do in the area of leadership. I've always wanted to be a manager, I've always wanted to give a

unit a good manager. I see so many, in the last three years, so many difficult units where they've struggled and the manager doesn't treat them well and I've wanted so badly to do that for somebody and make a difference on a unit. It's a big world, but if you start with a little bit, that grows and it slowly becomes better, and the goodness multiplies. I really wanted to become a manager because of her example. I wanted to get a leadership position just because of who she was and how she treated people. And I thought, "That's how nursing leaders should be: Caring, making a difference."

Sandra freely shared her feelings about her exemplary nurse leader. She shared how she had personally learned a great deal from working with this nurse leader:

She taught me to be assertive. When I had a problem, to go through the proper avenues, the proper way of doing it and not try to solve it alone. To go with a team and try to solve it and not to give up and to go on and to try to find a way to fix the problem. She was just a really good example, I tell her that, but she is modest and so she tries to downplay the impact she has had on me personally, she thinks it's silly but I tell her she's a great person.

Ann's Story

Ann is in her mid forties and is a nurse that has had many years of experience and has seen dramatic changes in health care. She has been in the health care field for more than 20 years and has worked in different areas for a number of nurses in management positions. Ann was working full time but continued on working as a casual nurse when her children were born and she went back to school to finish her degree. She has enjoyed nursing and hopes that her degree will open up new doors in her profession. As a frontline nurse the majority of Ann's experience has been in the Operating Room with some experience as a Charge Nurse there as well.

My background in nursing from the late 80s to the mid 90s was in the Operating Room. I worked as a general Duty Circulating Nurse and a Scrub Nurse and for two years I was a Charge Nurse with Vascular Surgery in the operating room.

Ann is very optimistic about her nursing experience and freely shared stories of the opportunities she had as a frontline nurse. She discusses her nursing experience in the early 90's as being a vibrant time with many opportunities to learn many new things.

It was exciting, it was challenging, and there was a lot of things to learn. It was very well organized so that there was a lot of opportunity for spending time in different areas. We were aware of the changes in the healthcare situation because our supervisor always held weekly meetings with us. She would always update us as to what was going on, with budgets, with staffing, what sort of information she was getting from the top basically and was filtering down. What we understood as frontline nurses was that budgets were being cut, we had to make do with less, less equipment, less people. We had to utilize the services that we had, and we had to do more, and be more diversified. We had to be the housekeepers, take on different roles, as opposed to the strict roles of a nurse. We had to be sort of a Jack of All Trades. You had to be able to do other people's jobs because other departments were being cut as well. So it was not only a people and resources reduction, but with the supply reduction we had to try to be more creative with what we had. The equipment that you had was all that was there but you had to figure out a better way to use it for different things. It was the quality of the equipment that we were using that was an issue. Was it ok or was it substandard to what we were using it for? Specifically, I guess, some of the supplies we got, weren't quite up to speed but they were cheaper so we used them because of the cutbacks.

Ann's Perspectives on Nurse Leaders

Ann shared that she had had many good leaders in her experience as a frontline nurse over the years, nurses who for one reason or another had been good leaders and stood out as "different." Ann experienced these leaders in different situations through various experiences. However only one of these nurses did she perceive as an outstanding and unique leader. Only this one individual actually qualified as an exemplary nurse leader in

Ann's eyes. Ann perceived this leader as someone who had gone above and beyond the call of duty and ultimately was seen as a martyr to the cause by her frontline nurses.

Personal Attributes

Ann spoke of her leader in glowing terms as a leader and also as a person, observing, for example, that "she was a very great person and she was interesting." Ann noted that she treated everyone the same respectful way allowing them the same opportunities. She would spend time with her staff getting to know them better. Ann believed this leader was open and honest with her staff at all times. Ann felt this leader wasn't biased, she was approachable by anyone, and she was a great person.

Repeatedly, Ann mentions that her leader had a "good sense of humor." She also stated the nurse leader had many of the attributes of an exemplary leader. She was humble and down played her position, not exploiting it in any way.

She had a good sense of humor and that was very important. Because of the stressful times we were going through this helped to lighten the mood and make life bearable at a very trying time. She was very empathetic. She was cooperative, hard working, and very down-to-earth.

This exemplary leader was described as being very open. She was open to hearing and sharing new ideas. She was open to change and how they collectively as a team could enhance the service they were offering to patients. She was described as being not "biased" but very open. Staff shared some of their family concerns with her and at no time did she divulge this to others. She maintained confidentiality at all times. During the difficult time that the leader administrated through she was described as maintaining her professionalism,

“keeping a stiff upper lip.”

Ann spoke of her exemplary nurse leader in terms of having courage. There were times when the leader “put her foot down” and, in spite of what she was told to do by upper management, refused to make further cuts. She did have the “courage of her convictions” and spoke up when she believed she could not cut back further without jeopardizing the unit further in spite of what it cost her both personally and professionally.

Ann talked tenderly about empathy as one of her exemplary nurse leader’s qualities:

She was very empathetic when there were problems with the staff. There was a nurse who had a drug abuse problem. Nobody knew about it except for the supervisor and this person. The manner in which she dealt with it was always very privately done. She was always a very confidential person one you could trust. She upheld confidentiality, she took it very seriously. One of this leader’s greatest qualities was empathy. This leader had been working on the floor over a long period of time in different positions- so she could relate to some of the situations that were going on.

Communication

The nurse leader that Ann described was continually communicating with her staff, keeping them informed. She had weekly meetings with her frontline staff updating them with the rapid changes that were occurring in their hospital and the health care in general. Ann’s exemplary nurse leader asked for her staff’s opinions on an ongoing basis. Ann noted that she was always interested in how they “could change things, improve things, utilize the resources a little bit better to stay within the budgets.” The weekly meetings were constructive and allowed for open, two way communication between staff and

management. This dialogue was critical because of the rapid changes that were occurring at the time. The staff were kept informed, knowledgeable and a part of the “decision making loop” to try and improve things by trouble shooting or offering suggestions. The leader was clear and concise in her directions and was good at “getting people to follow the chain of command.” She was supportive and at the same time the frontline staff understood what was appropriate. In Ann’s words:

She was a very strong leader, she was very pro-education and in-servicing for her staff. She was very supportive in allowing her nurses to try new things with different learning opportunities. She didn’t play favorites. She allowed everybody the same opportunity for taking charge in certain situations. She was a resourceful lady and she was very supportive of her staff in the sense that she always had lunch, and coffee breaks with us. She shared some of her personal life with us as well as what we shared with her. She helped us in the rooms when staffing was really tight; things like helping us set up equipment I think that was something really, really unique about her, she was just a very staff-oriented person. She didn’t portray a distinct administrative role or anything like that. She downplayed her position. She played a very neutral positions in between the nurses and administration. She, she didn’t side with one or the other, I think that was very unique in itself to have somebody that was very, very neutral. She was understanding of both sides and she was able to communicate well with both sides, upper management and the frontline nurses.

Ann’s observation that this leader downplayed her positional authority, choosing to relate to others as equals was important to communication and seemed to extend beyond matters of communication. This egalitarian orientation characterized everything done by this nurse leader.

Ann described this leader as being very positive, empathetic and optimistic in her communication with all groups and in all situations regardless of their level or authority in the program. She was not only a good communicator with her staff but also with the upper

administration, physicians and everyone including all levels of command. This exemplary leader displayed good communication skills with all who interacted with her program including the sales people that provided the unit with their supplies. Ann described her as being an overall “good communicator in the sense that she was able to express herself well, and very clearly.”

She was always very open with the nurses, she always told us about what happened at the meetings, what her opinion was, everybody was very clear about where she stood. She was always open to new opinions, new ideas and how we could change things. She was careful about what she said. She was very good at maintaining professionalism in everything she did and said. She was understanding of both sides and she was able to communicate well to both sides also.

Ann talked about her leader in a positive light and described a relationship that seemed to be unique for the times within a healthcare system that was undergoing radical changes and creating havoc and stress throughout it's players:

My relationship with this leader was very good, very positive. I always enjoyed coming to visit and chat with her. She was very open and discussions with her were always very positive, very helpful. The other nurses responded very positively to her. Even though they knew (she had done a good job communicating this to them) that they were working under constraints there was nothing personal about the situation. Everybody knew that it was the powers that be, the governments that were allocating these things such as funding and, therefore, you had to work with what you had. I think that the other nursing staff were very co-operative and helpful in coming up with new ideas as to how to be more diverse with what they had. This exemplary nurse leader supported new ideas and the staff becoming involved in sharing them and being part of the process of working with what they had. In terms of budget if there wasn't enough money to do something you did the best with what you had, she was very good at allocating and letting you know your perimeters as to how much you could spend and not.

Courage

Ann saw her nurse leader as having a clear view of the future of health care. She observed:

“I sensed that she had a vision for the future, she was always planning”.

This nurse leader could see what the impact of the changes was going to be and how destructive in the future. Ann saw this nurse as taking a courageous stand when she felt that cuts would compromise her staff in still providing good care regardless of the cutbacks.

She was always trying to work within her budgets and there came a time where I think she put her foot down and she said, “You know, I can’t do anything with less nurses, I have to have this amount and I’m not going to cut my budgets back, and we can no longer do with less. This is what I can do with what we have....this is the most I can do here.” That was a turning point. I think administration was wanting her to do more with less and didn’t see her point of view as to what she was trying to get across. This became a detriment to her position.

This exemplary nurse leader did have the courage of her convictions and spoke up when she believed she could not cut back further without jeopardizing the unit further in spite of what it cost her both personally and professionally. Ultimately this nurse leader was “laid off” from her position and the reasons for this removal were never made public to the staff. Ann reported that she and her colleagues were suspicious that because she refused to go along with all of the cuts and changes that would ultimately damage or jeopardize the overall delivery of patient care and place her staff in a compromised position. Ann’s exemplary nurse leader was very careful not to negatively affect her staff by her own negative feelings or emotions about the cutbacks. However there was a situation that

occurred when the leader was not afraid to show her human side. This was a time when the leader was laid off and was so shocked and devastated by it that “she cried and could not speak.” Ann describes this very stressful situation and how her exemplary leader responded:

She maintained pretty much a stiff upper lip through the whole thing, she was very much a leader, and the only time I saw her express some real emotion about it was the time she was laid off because of all of her experience, time, energy and devotion to her job, our program, the institution and to her nurses. She took a lot of pride in her job and the fact that she did her best and she felt sort of stabbed in the back by administration because of what had happened. That was the only time you saw any emotion that was negative from her, it was devastating to everybody, and she was a real leader. When she was laid off she was devastated, she just cried, she couldn't talk. She was shocked, she had somebody else come and talk to us because she couldn't even approach us. She was just devastated, to be let down by an organization that she had supported for 25-30 years, was really unfair to her.

This exemplary nurse leader stood up for what she believed in what ultimately cost her her job and her livelihood.

Role Modeling and Positive Mentoring

Ann describes herself as having been an introvert when she graduated from her nursing education program and began working with the person she would later call an “exemplary nurse leader.” This leader taught her many things and Ann considered her a great mentor. Ann said that the leader had the ability to assess the frontline nurses and know who would do well in a specialty area and then work with them to develop their skills more for the operating room. Ann believed this leader was an excellent motivator and mentor, qualities she saw in the ways the leader encouraged her staff and supported them. Ann describes the experience in this way:

I was just at the beginning of my nursing career when I first met this leader. I was pretty naïve, pretty quiet, and I didn't know a lot about anything. I had just walked out of the U of A School of Nursing with only basic knowledge about the operating room. I had one month's orientation with the operating room (O.R.). This nurse leader was completely willing to take me in. She was able to pick qualities out of people that she knew if they were going to succeed in this kind of work or not in the O.R.

Ann's exemplary leader was very "pro" her staff improving themselves and updating their skills. She was constantly encouraging her frontline staff to take part in and go to further education seminars to enhance their knowledge. The frontline nurses schedules were readily accommodated to allow them to attend educational sessions or upgrade themselves.

She was a big supporter of education so whenever we wanted to attend educational sessions or upgrade anything she was very supportive of that. Scheduling for our shifts was adjusted without question so that we could go. She was very pro education and getting everybody up to speed with everything and knowledgeable about different areas.

Ann also describes her exemplary leader as encouraging her staff to accept new challenges and to stretch themselves. She encouraged the frontline staff to also take more responsibility coaching and encouraging them throughout the situation. This opportunity for taking extra responsibility and being in charge was offered everyone not just a select group of the frontline nurses. This leader would challenge her staff, assigning them work with extra responsibility and then trust that they would do it, and they would.

She was a very motivating lady, she was driven, she had a strong work ethic and that rubbed off on others. She had the experience, the knowledge that she shared with us. She didn't have a degree but she had spent a lot of time, basically all of her career in this particular area so she was just a wealth of information and

knowledge as to how the procedures worked, she knew how the hospital worked and the chain of command. She knew the levels of authority and all of the sales people. If you needed something she was very in touch with all the different portions of administration. You know she never sided with one as opposed to the other.

Because of the leaders' knowledge and experience she was the perfect person to go to for collaboration and consultation. She was very open to this and encouraged the frontline staff to use her as a resource in this way at all times. She freely shared the information she had that could benefit others and assist in setting them up for success. In Ann's words:

She would teach me the ropes like the basics of how to be a scrub nurse and/or a circulating nurse. She organized demonstrations and motivated her charge nurses to develop books so that nurses could learn how to do different procedures. She was good that way, as far as just being a general organizer of everybody. She knew how to get people to follow the chain of command by supporting them and teaching them the proper protocol.

She never showed any favoritism or anything like that, everybody had equal opportunity to go to the in-services programs and do different things. She allowed all her nurses to circulate in different areas in the O.R.. She had them move around to different tasks and no one ended up staying in one place for a long time. We had an opportunity to learn many different tasks.

I think she was always very, very professional in what she said and did. You never really knew if she didn't approve of something, she was always quite positive about things.

She taught me that maintaining a professional nature and confidentiality at all times are important to administrative positions. Maintaining neutrality between co-workers, between administrations and your nurses is very important. I think she taught us that you don't have to be your staff's best friend in order to be a good boss. She taught me that it was important to be friendly and to acknowledge that people had problems and people were different than her and had differences in opinions and that was okay. She was always very protective. She was protective of her nurses towards the doctors. She always stuck up for them and was very supportive of them, so I think that's something she taught me was to take care of what you've got.

She taught me the fact that being open-minded is important, being considerate, seeing different perspectives of people in other positions and where they were and where they were coming from, and not to be judgmental. Just general personality qualities that you acquire when you're in a supervisory position you

have to be able to step away from the bias and look at things very neutrally, that is what she taught me.

Passion For the Profession

Ann saw this nurse leader as being “very, very pro nursing”, and as taking pride in her role as a nurse and manager. She showed her love for her profession in how she did her job every day.

She was a nursing advocate. She was very, very pro nursing. She had a lot of pride in her position as a supervisor and the fact that she was a nurse, she was very proud of that fact. She thought it was very important to let other healthcare professionals know that. And even though she didn't have her degree she wanted you to know to make sure that it was still important, that was something that should still be looked into by her staff. She let everyone know that nursing education was very important and just because she didn't have a degree it didn't mean that everybody else should be like her, she was very influential in encouraging her staff to pursue their nursing education.

Team Orientation

Ann believed that the leader she described as being exemplary was also a prime example of a team player. She talked about her leader being a “very staff-oriented” person, keeping her people informed, asking their opinion and being an active part of the team by pitching in and helping at busy times.

She helped us in the rooms when staffing was really tight, she would help us set up equipment and work with us. She always sought our opinions, how we could do things differently, how we could improve things, how we could utilize the resources a little bit better, to remain within the limits of the budgets. So we were always aware what was going on the whole time. And she trusted her nurses a lot, she gave them a lot of responsibility, she was very good at delegating. She could delegate broadly and she trusted everybody to come back with the work that she had sent them to do and I think everybody did. She was a very good judge of character, because of all of her experience she could tell you about personality qualities of people that were trustworthy or not or who would make good nurses or who were going to be a problem. She had good insight into people.

Knowledge

Because of all her experience in working in the specialty area of the operating room this exemplary leader had a great deal of knowledge which she freely shared with her frontline staff. She was described as being a “wealth of information and knowledge.” She was very knowledgeable about all workings of the operating room. Because of this she was also well respected and sought after because of this for consultation on this area on an ongoing basis.

This leader was a very broadly knowledgeable person. In the operating room, she knew about all the different areas: Neurology, general surgery, ENT [Ear Nose and Throat]etc.. You could talk to her about equipment, general procedures, how we could improve things, how we could improve use of equipment and she always understood exactly what we were talking about. She was not foreign to the whole thing and that’s because of her background as an O.R. nurse. She was very up to speed about all of the procedures being done. She knew what was going on and how things in the O.R. could be improved. Sometimes we were sent junky or trial equipment, things like gauze packages and she knew that this wasn’t going to work but she was always willing to give it a try. She was good that way, I guess that’s what I mean by diverse, she knew a lot about a lot of different things.

Work Ethic

Ann’s leader showed a strong work ethic. She demonstrated this by working alongside her staff and by the amount of time and energy she put into her job. She showed devotion to her job, her staff and to the institution as a whole. She visibly took a lot of pride in her job and did “her best” at all times. Ann described her as being “driven” in how hard she worked.

Professionalism with Integrity

Anne talked about her exemplary leader in terms of how she maintained her

professionalism and integrity at all times.

I think maintaining confidentiality is one way of showing your professionalism and integrity. She was able to resolve issues without bringing names and faces into the picture, she was very supportive of personal family situations, she didn't go around advertising if there was any problems or issues. For example, one of our coworkers was being abused by her husband and nobody else had known, only one day she wasn't there any more. As it turned out this supervisor had organized a moving company to come and pack this nurse's belongings and move them to another city. None of us, even people who had worked with her on a daily basis, had any knowledge of this whatsoever. It was only after-the-fact that the supervisor had let us know what had happened and where she had gone and that was only because the nurse had said it was okay for this to be brought out. This leader simply had the ability to keep things to herself. I think this is a really good example of professionalism.

Sarah's Story

Sarah had more than ten years of experience in nursing in both acute and community care.

Sarah's experience has been in frontline nursing, teaching student nurses, a short period of working as a Charge Nurse and working as a staff member in a post secondary institution.

During the time of this interview she was working in an institution of higher learning in a line position as a frontline nurse, educator and planner for a nursing program. Sarah begins by describing her experience as a frontline nurse at the beginning of the '90s:

Generally our staff level was adequate to plus, so in the early 90s we had a lot of time to do a lot of nursing activities (the core nursing activities with the patients. Even things like back massages, which are almost never done now). Absolutely invaluable as far as patient information, building of confidence, trust, assessment, like all those kinds of things. So that was really good.

Sarah went on to describe her frontline nursing experience in Alberta later in the 1990's as

being “Very, very busy! Very busy!” This “busyness” is clear in her description of her work in home care:

In the street clinic, many people coming through all the time, it was a very busy time. In home care in the mid ‘90’s the nurse frequently worked more than her stated hours. There was not enough time to do everything and we did not want to leave anything undone and so we reduced the time for our lunch period and did not take our breaks, staying on afterwards to make sure our charting was complete so that we could be ready to go the next day. Suddenly we became responsible in home care not just for providing the care but for being responsible for the resources, so how much was it costing you to bring in a 24-hour caregiver for a lady who had fallen. The patient needed 24-hour care but the hospital would not admit her, there was no one who would take her to look after. We still had the responsibility of deciding how much care should be given. I still remember a lady I cared for who had MS (Multiple Sclerosis). She had many incontinence accidents during the day. The patient was over the number of supplies needed that were allotted per person. So here’s a young mother and, you know, ethically, do you stay with what you’re supposed to, or do you say she’s more incontinent than she is, so that she can get supplies. There’s that constant pressure of not just the care but now also having to manage the resources. The tension arose from knowing what care was optimal and being asked to cut back on that care. That was really tough and then, in the team we worked with there were people who treated the regulations as they were and so that really sometimes created a great deal of friction among team members.

Sarah’s description of the constant dilemmas she faced and the angst she felt in trying to provide the appropriate care with the limited resources that were available resonates with a theme found throughout the testimonies of the frontline nurses interviewed.

The nurse leader Sarah identified as being exemplary, was a person with whom she had worked recently:

She was the one who was trying to implement some of the changes regarding the slashed budgets and nurses being responsible, like frontline nurse, being responsible for the dollars spent etc. The one thing I did admire in her is I put my foot down and I said, “I’m not withdrawing care because this person’s just going to injure themselves further if they don’t have it” and I explained what I thought the person needed and I felt she listened. Changes were made after that in the area of Sub-acute care. Probably she took my case and others and had listened well

enough to say, "Listen, something needs to be done here." But it's kind of nice that she spoke with me directly and I felt she listened.

Sarah saw this leader as being attentive to her needs and her concerns as a frontline nurse. Even though she was only one of many staff members, she felt not only heard but that her suggestions were taken seriously and something was done with them.

Sarah's Perspectives on Nurse Leaders

When asked to consider the exemplary nurse leaders with whom she had worked in the past, Sarah had great difficulty in jogging her memory to come up with nurses who had displayed characteristics worthy of this title. After much pondering and consideration, Sarah did think of a nurse she deemed worthy. The nurse leader that Sarah described was someone she had worked closely with for the last several years. Sarah had worked with this leader on an individual basis and also in group settings. She had an opportunity to observe her close up and become familiar with her in a more intimate way than with any other leaders that she worked with or is described by other frontline nurses for the purposes of this study. This intimate working relationship gave her a significantly different perspective than the other frontline nurses were able to have of their leaders.

Personal Attributes

Sarah felt that integrity was a key quality of the leader she identified as exemplary. Without this she believed there would be a great loss to the team and the organization as a whole. Sarah spoke about how this attribute contributed to the overall enhancement of the environment:

Among the most important qualities of the nurse leader, integrity is outstanding. I

say this because without integrity there would be lack of trust, lack of confidence, there would be a sense uncertainty about which direction we're heading in. Whereas when you have someone with integrity as a person in leadership it is easier to entrust yourself to her guidance. I also think it provides an excellent example and is more inspiring. There was a trust, a confidence and a clear sense of direction.

Sarah describes her exemplary nurse leader as someone who is very committed to the work that she performed, as someone who was "committed in a positive way." She initiated change and pursued excellence, meaning she helped nurses become better than they were and provide the best care possible; "positive change and pursuit of excellent nursing is what I saw that she was bringing into the organization." Sarah describes this exemplary nurse leader as also "very friendly" and very approachable. She did not come across giving the impression 'I have all the knowledge and you have none.' She was well known. People would come and talk with her, and there seemed to be a relationship.

Sarah described this exemplary nurse as displaying "grace" during some very stressful and difficult times. Sarah believed this demonstration of "grace" during a crisis was proof of real leadership:

I remember a policy program issue. It was a very 'challenging' time. She was able to say, "Thank you for your concerns I understand that they're not only important to you but they're important to us all and I'll contact some of you to follow up on it somehow. I appreciate your feedback." It was the positive way she responded, that sense of grace in the midst of difficult situations that I believe really reflects who is a true leader.

Sarah's leader dealt with a very trying situation without becoming defensive, or personalizing the situation. Sarah observed that "who you are as a person comes out with

who you are as a leader, who you are as a nurse. Those personal qualities also become your professional qualities.”

Vision

Sarah saw the exemplary nurse leader as giving direction and having a vision to guide her own future practice and the change that she was interested in effecting. In Sarah’s words: “Her vision was more than a process or a plan - it was for improved care.”

Sarah felt that “her vision was strong and her goal was clear. She had to move ahead on some matters that were not necessarily pleasant or some that she would hate to see be lost would drop because it affected the whole of where her vision is leading.”

Work Ethic

Sarah emphasized that her leader had “a strong work ethic.” With this work ethic and passion for what she believed in she was willing to sacrifice part of herself, her time and energy to attain the goals she wants to achieve. She put in long hours and was always available to ‘go the extra mile’ for her staff and her team. Her work was excellent and she was very conscientious about the projects or anything she is doing for her profession.

Sarah describes a strong work ethic in comments such as “you work more than your stated hours” cutting back “on your lunch hour...not taking your breaks” and staying “afterwards” [after work hours] to make sure the work is done. She saw her exemplary leader as going above and beyond the call of duty.

Respect

Sarah states that the person she considered to be an exemplary nurse leader “took me

seriously”, showing respect and listening to her attentively about her ideas and then encouraging her to pursue them. As mentioned later this leader was very well respected by others for the work that she did but also because of what she stood for both professionally and personally. Sarah describes her leader as making “sacrifices” for her staff and team in her professional role. The respect this leader enjoyed was well-earned, well deserved by her good deeds and her entire persona. Sarah believed that this leader was exemplary because of how she was able to achieve the respect of others. One of the reasons she gained this was because she was “involved in change and is able to flex and be creative enough to make change as positive an experience as possible. In other words, to move forward but be attentive to some of those things which shouldn’t be just tossed aside or left to languish.” This leader worked with Sarah during a very tumultuous time of change in her career.

Role Modeling and Positive Mentoring

Sarah felt strongly that the mentoring she received from her exemplary nurse leader helped her become a better nurse:

I developed more confidence, partly because of the methods that she used that I could also implement in my practice. She also developed a decision tree. It was much easier to be confident about what I was doing and then also she introduced me to new avenues for care and how to assess some of the complexities. I came away feeling I had been educated and I felt became more confident in my work. Because I was doing a lot of the things right that she talked about, in the end I was more confident about my performance.

Sarah’s ideal leader encouraged her and created an environment that supported her in speaking up about her own visions. In Sarah’s words, she “encourages you to excel and to

exceed your job description.” And she motivated her staff to “be the best they can be, as a person and as a nurse.” Because of her encouragement, Sarah dared to take on new projects and follow new ideas that have increased her knowledge. She summarized it in this way “I have been able to learn about different components of nursing that I otherwise wouldn’t have learned about” as a result of her exemplary leadership. Being a role model and mentor seemed to come together in the actions of this nurse leader. Consider Sarah’s general observation of this nurse leader:

I really admired her. My relationship with her was positive. I felt that when I went in with issues or concerns, she took me seriously. I could share my vision of things and she would encourage me in that vision. She also was someone who guided me in following my ideas and I like that in a leader. I worked with her for two and a half years and it was always the same thing, she just encouraged us to excel and to exceed your job description per se. In think with most people even if they don’t like the policies or some of the process she is implementing, my reflection has been that because this nurse leader is such a woman of integrity and openness, someone who will take part in discussions; but only if they’re ones that sort of build up and have a purpose and not engage in some of the small talk or behind the scenes talk, I think people know that and respect her for that, even if they may disagree. So in general I think she’s very well respected. She also encouraged other nurses to be the best they can be as a person and themselves as a nurse.

Sarah describes her exemplary leader as having all of the following attributes she sees as critical to being an exemplary mentor and leader:

She was always trying to bring out the good, the positive in her staff. I think it’s important to affirm people, to build on their strengths. Responsive, I would say would be another quality that was evident in the exemplary nurse leader, someone who is willing to listen and work with you. Your ideas may not always be the ones that are moved forward but they at least have been listened to and taken into consideration, weighing the pros and cons and then taking a firm step and moving with or without those ideas. She would weigh it and move on. That way, one gets a sense that you’re moving together rather than one person just taking off. It’s kind of a fine balance to listen, weigh the situation, consult, and compromise if

necessary. The staff get the sense that this person is doing her best to listen and to work toward forward movement.

Sarah observed that this leader was “a model for me about how a nurse is a person of integrity and honesty who lives in such a way that commands respect.” She is “someone I look up to.” She elaborated:

Because of her support and leadership I’ve been able to take on new projects, follow new ideas in a way that has resulted in me learning about different components of nursing that I otherwise wouldn’t have had the opportunity to learn about. I think she has also been very much a model for me about how to be a nurse who works and is a person of integrity and honesty who lives in such a way that commands respect. I am not saying I have attained that but she’s certainly someone I would look up to for those qualities and because of that I think of how I do my own practice and am I that kind of a person.

Passion For the Profession

Sarah described the need for an exemplary leader to possess a passion for her profession. She stated that her leader “is very enthusiastic about nursing and when she speaks you just want to be a nurse.” Her passion for the nursing profession seemed to be contagious, as it was evident throughout Sarah’s dialogue as she described her exemplary leader.

She was very passionate about nursing and when she spoke it just made you want to be a nurse. You knew it was not put on, but I don't know how to describe the difference between someone who is saying something because they're supposed to and someone who is saying something because they've got the conviction that it's so wonderful, but she did. And when she spoke, she aroused your enthusiasm, “Yes, I want to be a nurse, I want to be the best I can be. There’s lots of possibilities, let’s go for it.”

Sarah described another nurse who showed exemplary leadership skills as having a positive impact on an organization where she worked because of her love for the

profession. Sarah observed that the leader “brought a positive change and the pursuit of excellent nursing; this is what I saw that she was bringing into the organization.”

Communication

Sarah felt heard by this leader. The leader truly listened to her concerns and was attentive. Sarah believed that this leader was also responsive. When she was told about concerns or issues she did not just listen but also responded in a supportive and appropriate way. She was very positive in the way she communicated and was always “trying to bring out the good, the positive” when interacting with others. Again this leader provided an atmosphere of trust where her staff could openly and honestly share their feelings, ideas and visions. In return the leader was very open and honest with them.

This leader did not “engage in some of the small talk or behind the scenes talk.” This kind of negative and often damaging discussion was avoided at all times. Communication was a two-way street; the exemplary leader was a good speaker and listener “she spoke with me directly and I felt she listened [when I spoke]...she actually heard what I said and changes were made.” She would also share ideas with Sarah and engage her in active discussion about ideas. By doing this a respect and rapport was developed between the two. Sarah went on to describe her exemplary leader in this way;

she was well known...she was friendly, she seemed very approachable. Not like she came across as “I have all the knowledge and you have none”...people could come and talk to her. This leader made herself available to her staff so that a rapport and relationship could be developed.

Team Orientation

The notion of being a team player was an important attribute that Sarah's exemplary nurse leader brought to the playing field. She described the importance of "moving together rather than one person just taking off." Sarah saw her exemplary leader as a team player because of the way she involved her staff and is encouraging them. She stated "I think she encourages them to be the best they can be as far as themselves as a person, themselves as a nurse." Sarah described her leader as someone who had an "openness" with her staff of sharing ideas so that together the group could work through issues and be successful. This leader was described as "someone who will take part in discussions, but only if they're ones that sort of build up and have a purpose and not engage in some of the small talk or behind the scenes talk" that could be so destructive to a team. She went on to say that "who you are as a person comes out who you are as a leader, who you are as a nurse [a team player]" as she described her exemplary nurse's positive attributes. In speaking of this leader's knowledge base, Sarah stated "in the area that she was presenting it seemed really good." The knowledge that this leader had was shared freely with the team as she practices a philosophy of supporting good communication through open dialogue.

Celine's Story

Celine worked as a nurse for 15 years, gaining experience in acute care facilities in the mental health area with patients hospitalized as well as with those receiving treatment in out patient clinics. She also worked as a frontline nurse, supervisor and nurse educator.

This nurse described the health care cutbacks as having a “major impact on the staff” beginning in the early ‘90s. She stated that the majority of the staff that were “bumped out” or laid off from the units were the new enthusiastic junior staff members with the potential of bringing in new ideas, enthusiasm and a broader vision had they allowed to remain in their positions. Speaking of the impact the new rookies could have had on mental health she said, “they could have brought that whole area into the next decade.” The units were left with more senior staff that in some cases lacked the enthusiasm etc. that the new staff could have offered. The remaining staff was disenfranchised with all of the changes and it “affected their work habits.” “Everyone felt very threatened and powerless; they didn’t have a choice of what was happening. There was a bigger process happening than at an individual level but it affected individuals.” Celine described how all the changes and cutbacks affected the frontline nurses. She stated:

You get that sense of sadness from grieving because we were losing people that were nurses and there was nothing that we could do to stop that process from happening. It was a real difficult time, you saw some of the best things in nursing come to the forefront and you saw some of the worst things in nursing come to the forefront during that time.

In describing the “best things” Celine stated:

We saw how nurses pull together and regardless of how stressed they were about whether they were going to have a job, their livelihood, they would still do their best to do good patient care and try not to allow what was going on around them affect how they performed their day-to-day nursing duties.”

She goes on to discuss how this evolving climate in health care brought out the “worst” in the nurses by causing some internal strife. The nurses became “suspiciousness” and

paranoid in some cases because of all the change that was occurring and the stress that that causes. Through all this there was blame projected with the staff and in some cases this greatly eroded the collaborative team work. Celine described people as feeling “powerless and victimized” through this difficult time.

Celine’s Perspectives on Nurse Leaders

Celine was passionate as she described what appears to have been quite an emotional time in her profession. Her reflections were charged with exclamations and declarations about her experiences never shared before in quite the same way. Celine was quick to identify a leader she believes to be exemplary from perspective, and had little difficulty articulating specific situations and actions that support her declarations. Her nurse leader was a manager in an acute care setting where Celine was a nurse. Celine was under the leadership of other nurses prior to this experience and also since. Because of this, she has a good basis upon which to compare what she chose to identify as exemplary leadership.

Celine herself has occupied various nurse leader roles and also utilized these experiences to assist in developing her frame of reference in regards to nursing leadership. Celine described difficult times during the rapidly changing health care system. During this time Celine said her nurse leader, in spite of opposition and values that conflicted with her own, “the leader stayed firm” and “tried not to engage in power struggles.” Throughout this time the leader “maintained her integrity and didn’t abandon the original ideas and visions and stayed true to herself.”

Personal Attributes

Celine believes that integrity was one of the most important qualities the leader she identified as being exemplary had. She described this as the “core of integrity” that was evident. The person maintained her integrity throughout some difficult situations during a very chaotic time. She was “congruent in terms of her beliefs and her actions.” Celine stated that it wasn’t just a “posturing,” but was “congruent in terms of the reactions or the way that she carried forth her beliefs.”

A quality that Celine described this leader as having was that of “a real sense of self.” She describes the leader as being “very centered, knew themselves and was not swayed by the comments or the opinions of the passing fancies of those around her.” Even coming into a new environment, the leader was true to herself and was always “centered in who she was and was not diverted off, assuming a new person to fit into the new environment. I really admire that because there really was a lot of pressure to do that.”

This leader was described by Celine as:

Not threatened by questions and by challenges. But rather, sees these as opportunities for growth and sees it as positive, not as an attack on who she is as a person. Because her self esteem is intact and she is solid in who she is, so when presented with a question and even though she didn’t see it from that perspective she shows appreciation for that and respects that person’s opinion.

In doing so the leader acknowledges that she herself is not “all-seeing and all-knowing and living in a fantasy.” She is not so egocentric and narcissistic that she can’t see that she is human, will make mistakes and that to have people around her that are honest will help her to have “all the more potential” and to help her grow also. Because of this she is open to being challenged and appreciates this. This leader exhibited communication skills that were honest and open. The staff felt that she was approachable and you could ask questions of her.

Another quality that Celine describes is that “despite some really trying circumstances, [she] always tended to see the best in people.” Trying to be optimistic during a very pessimistic time was a goal worthy of pursuing for a leader. This nurse stated about the leader, “that by having a positive expectation that people would come through, the staff didn’t want to fail that expectation when they had that feeling that the leader truly believed in them and that they could do what was set out to be done.”

Celine described this exemplary leader “being patient” not only as she worked through various processes but also when dealing with her staff. She said the leader “had the core of humanistic values, she was human and patient and was tolerant of the imperfections of the people that worked for her.” She “realized that we’re all humans and have moments of failing and moments of strength and accepting that, not judging or laying blame to an individual because they are having a moment where they are really not having energy, where they are needing to have a place to gain their equilibrium again.”

Another quality that Celine described was that of “compassion.” She stated that the leader was understanding and compassionate in dealing with her staff,

she understood that they have lives that encompassed more than just their everyday work life, that they had families, friends, another whole network of individuals that they connected with and she appreciated that.

This exemplary leader was “encouraging, positive and gave rewards to people for a job well done. Because of this “the people felt valued and they believed that what they contributed to the program [unit] along with themselves was a valued commodity, it wasn’t

something that was taken for granted or not appreciated for what was done.” Later on in this interview Celine described some of these rewards as being “trust” and having the leader “believe” in her staff. Celine stated that because of the manner in which the staff was treated, “I think that is really what made people continue to try hard and do well because they felt valued and that they were important.”

“Selflessness” was an attribute, which Celine stated her nurse leader had. She said, “this selflessness meant that the leader didn’t just do things to promote herself in terms of her won career, or her own reputation or her own prestige within the organization.”

Further, Celine observed:

There was more of a looking at the people that she was leading, looking at the whole, the good for the whole versus the good for the individual....to move the whole program forward, not just to invest in self and look out for herself in terms of what was going to be best in terms of a career move for her.

This exemplary nurse leader never abandoned her ideals, even though the reality of the situation in the real world could have made it easy to do so. Indeed, abandoning ideals may have made it easier to survive within that environment, and do so with less friction. Celine stated that “the leaders stayed very true to their ideals and didn’t sell themselves out even though there was a lot of pressure to do that.” She never got into “posturing or becoming superficial,” always remaining very sincere, open and honest.

The nurse leader who Celine talked about had “insight and wisdom,” she knew when to “disengage” in a conflict situation recognizing that her staff was at different levels of

development and motivation and she would move on, not try pushing them, not wasting energies on individuals that were dragging behind knowing that they would “come in their own good time.” Her energy went into people that were ready to grow and who were moving forward. Celine went on to say “that’s what worked, that is what created harmony in the work place instead of a lot of conflict and adversity.”

Celine described the leader as being “very consistent” in her response to staff and how she dealt with them. She was fair and did not pick favorites. The leader showed that she believed in certain “basic values.” These values were that “people were intrinsically good and that they want to do their best and that they are honest.” She had an approachable quality and in how she encouraged staff it encouraged and “gave everybody an opportunity to participate, to be involved.”

Trust

Celine described the trust that this leader gave her staff as a kind of “reward.” She observed that the frontline staff had “a sense that they are trusted, that they are doing a good job, that they are given autonomy and the ability to be able to do the job that is delegated to them. The leader trusted that they are going to complete the job in a way that is quality, they are not being checked up on and undermined in the success of trying to complete their task.”

Celine described how this leader trusted her staff, allowing them to do more and take more of an active role in different kinds of projects. The majority of staff “felt a sense of allegiance and loyalty towards their leader because they felt their leader also believed in the best in them.”

Expertise in Decision-Making

This exemplary nurse leader is described as being “very thoughtful” “logical” and “organized” in terms of “thinking through things before reacting to the situation, gathering the information, getting all perspectives and trying to see things as clearly as possible given all the data and facts that were available before going forth and making a decision.” Celine noted that “This leader was very, very logical and organized in terms of the way they approached an issue, decision or a project or anything” she was working on. Celine described the process the leader used as “thinking it through step-by-step and not flying ahead of herself, jumping to conclusions about things.”

Vision

Celine’s nurse leader was described as having “a tenacity to keep that vision despite a lot of adversity, challenge, and direct opposition and stayed grounded through that process and didn’t get sidelined into the political machine but really stayed true to the vision she saw for her staff.” She “stayed steadfast in that vision regardless of the type of challenges and opposition to that vision.” Celine went on to say that the nurse leader’s fortitude and how she continued working towards the vision that “although some of the way got foggy, persevering through it and didn’t stop, staying committed to that vision.”

Team Orientation

Celine believed the clarity of vision and persistence in pursuing the vision assisted in the overall team orientation of the group.

I think that this really brought out the synergy of the group of people that worked

under that leader so that we started to see what can happen when that kind of momentum, started to move things forward. Some great things were accomplished during that time. It was quite remarkable especially considering the time of disheartedness and apathy that was generated by the victimization feeling earlier in the 90s. People did not feel their potential or sense of autonomy to be able to achieve things. But by having that person, the leader, really staying steadfast and saying 'Yes we can do it' it started to transform the group's thinking so that people started to believe that yes, they can do things and make things happen.

The vision, which this leader projected, was meant for the group at large, "the vision she had was where we were going as a group."

Celine described the working relationship with this leader as being one of "real unity, that we were going in the same direction, and I felt valued, and that I really could grow under that kind of leadership and it would stretch my parameters and not always have to play it safe. You know to try some new things and to do something different." It was a "collaborative experience, and it wasn't an authoritative up-down structure."

Role Modeling and Positive Mentoring

Celine described attributes and situations, which led to an understanding of how the leader functioned as a mentor. She described it as "positive mentoring." "This leader was very, very logical and organized in terms of the way she approached an issue or a project or anything" she was working on. Celine described the process the leader used as "thinking it through step-by-step and not flying ahead of herself, jumping to conclusions about things." In the leader's encouragement of the group she was able to empower them and assist in transforming them at the same time. Celine stated that through this support the staff began to feel encouraged to "reach a little further and move beyond what they saw for themselves as their limits" to grow and push their own boundaries to do better for themselves and for

the team as a whole. She went on to say that this support and encouragement was “really what motivates growth in the group as a whole, we started to see the best of people come forward and that had just a major impact on the overall movement of the entire program as a team.”

Celine described respect as being “mutual” between leader and staff. “This leader is a person who people admired.” Because of this the staff learned a great deal from Celine’s exemplary nurse leader and were open to the mentoring she so freely shared. Celine stated that her exemplary leader was a “role model for me” and someone “I would like to model myself after because her values were very much parallel to what my values were.” This leader was “admired” by her staff as someone to look up to. Staff felt they could “take risks” with this leader because “risk-taking behavior was a valued thing, not seen as a threat.” An atmosphere, which supported this, was encouraged by the leader. Staff were confident that when mistakes were made they “would be seen as a learning experience and not as something to be hauled over the coals about and if something went wrong it wasn’t a witch hunt kind of atmosphere, more like, ‘Oh, let’s look at this and see what was right what was wrong and how can we make things different next time.’”

Celine saw empowerment and learning through her interactions with this leader as being linked:

[The staff] really blossomed and grew because they finally had a leader that they could see as a leader believing in them and giving them that ability to be the best they could be and that was like a real novel experience and they really rose to the occasion and went on and did things and got involved with things that they never would have in the past.

Celine talked about how this kind of leadership was not for everyone and how some of the staff preferred to be told what to do because of their own insecurity, not wanting any responsibility for being part of the decision making and, therefore, accountability as well.

Celine described several role modeling or mentorship qualities she saw in her exemplary leader: “The leader shared her knowledge and expertise unselfishly... she saw knowledge as a seed to be shared, fostered, allowed to flourish in others, and that was success!” This leader would then “be very proud and happy, having a sense of fulfillment to see the growth in the people that she was leading.”

Celine stated that: “I think that this is another really great quality of a leader to be able to be a mentor to others so that they can become leaders in their own right.”

Julia’s story

Julia, the nurse with the most years of experience, was in her late mid-50s who completed her formal nursing education in England in 1967 and came to Canada in 1970. Julia worked in England, Yukon, British Columbia, Saskatchewan, Ontario, the Northwest Territories and Alberta as a frontline nurse. She worked in a variety of positions in various hospital units such as Emergency, Coronary Care and also in the community. She worked as a frontline nurse and nurse manager. In one of her roles working in a community agency there was no funding for the position, however, the need was there in part due to health care cutbacks elsewhere.

Julia created a volunteer nursing role that later evolved into a funded staff position. Julia felt that the cutbacks in the health care system led to an increased need for nursing support for patients in the community. Shorter stays in hospital required early discharge for patients returning to their homes, community facilities, or in the case of the homeless to the streets. Often these individuals had greater needs as well.

Julia described two nurses she considered to be exemplary leaders. However at her request, only one nurse leader was focused on because of confidentiality concerns. However, she did speak in general terms of the characteristics apparent in both leaders.

Julia's perspectives on Nurse Leaders

Having been a nurse for more than 30 years, Julia's experience with nurses in leadership roles was quite extensive. Julia also had functioned in a nursing leadership role during her career. Julia's reflections included references to nurses in both acute care and in the community setting where she had worked. Julia ultimately chose a nurse leader with whom she had most recently worked with in a community setting as her exemplary leader. Julia's exemplary nurse leader was significantly different than the other leaders described for the purposes of this study, in that her leader was visibly seen to use spiritual guidance in her general nursing leadership.

Personal Attributes

Julia described her exemplary leader as having several positive personality characteristics. When describing her she gave the impression that this leader was strong

but that she had “gentleness” in the way she expressed herself and was able to put her point across in this manner. A leader’s use of spiritual guidance was noted by several of the other participants in the study, but not so clearly as it was in Julia’s description of her exemplary leader.

Julia described her exemplary nurse leader’s utilization of prayer in a way that leaves the impression that prayer was a sort of “tool” that the leader used to enhance or support her leadership. This “tool” was used with this particular nurse leader, regardless of the situation or milieu in which she was in. It also appeared to be beneficial to her as a leader. As Julia observed: “conducting herself with much deliberation and prayer seemed to help and give her strength [in her leadership]. This nurse leader conducted herself in a very spiritual manner.” Julia noted that, “I saw her using a lot of prayer.” She went on to say, “I know that that was a spiritual side of the process which perhaps is not seen in all leadership roles.” This was a unique characteristic, which Julia had not always observed in other nursing leaders, none of whom she described as exemplary.

Julia expanded on her relationship with the exemplary nurse leader, observing that she was someone she “enjoys working with.” She described the leader as being very encouraging and very positive with those she works with. Julia stated that her exemplary nurse leader “presents herself in an optimistic manner so that people reciprocate and respond readily and almost eagerly.” The leader fostered a positive and supportive working relationship. Julia believed that much of this leader’s success was “not by what she did, but rather how she went about doing it.” Julia continually referred to her nurse

leader's personality in terms such as "respectful of others" and treating people with "kindness." She saw the leader as fostering enthusiasm in those she works with and assisting in making the work enjoyable through her positive and pleasant personality.

Another nurse leader who was described in more general terms was one she considered to be a "fast thinker." Julia saw the leader as intelligent, with the ability to be highly organized and to be able to have "her finger on all of the pulses." She was also described in terms as having a "broad knowledge base" and as displaying courage in that "she was not afraid to draw on that base when it came time to make decisions in management."

Expertise in Decision Making

Julia described the exemplary nurse leader as an excellent decision-maker. Julia's exemplary nurse leader was able to "make a decision quickly and usually very effectively." Julia stated the leader's assessment skills were excellent and were very thorough prior to going ahead with a decision. Julia described her leader as having the courage to make decisions that were for the common good rather than to make herself popular. These decisions were made with "a lot of deliberation and prayer." In one case, Julia simply observed:

She handled it [the decision making process] very well. There was an assessment that was obviously being made where all angles were being examined and decisions made, based on that assessment rather than on the more negative aspect where I've seen a leader, who, although given just as much information to make an assessment, seemed to make judgments foreign to the information they had received. I recall one incident where, although the decision she made reflected her skills of leadership, it was not the easiest decision to make. The decision that was made though unpopular, was the best for the organization. She looks at the big picture and doesn't stay narrow focused...As I look back on my nursing career, the most efficient and effective nurse managers I worked with were those who also had

certain tenure in their positions, which resulted in continuity and a degree of stability. In contrast some of the least effective managers were those who spent very little time in a position before they moved on again.

The courage, which Julia had seen in one leader, she also saw in another who used her knowledge and was not afraid to do so when making decisions. She was thoughtful and considerate of others when making decisions and was not afraid to do what was the right thing in the face of adversity.

Julia expanded on a situation in describing how her exemplary leader conducted herself during a time when a problematic decision needed to be made. Julia referred to a time in which the nurse leader was being lobbied to hire a nurse who had friendships on the hiring committee and generally throughout the organization. Instead, she chose to hire someone she felt would contribute more to the overall organization rather than the individual who was most “known and supported.” This leader used her faith and prayer to assist in this decision making process:

She was a member of a panel for an employee selection. This was a posting at an institution for a specialized nursing position. It was through the interview process that I saw this prayer and discernment at work. A number of applicants had been interviewed and the successful applicant wasn't a member of this institution, as opposed to one applicant who actually was a member. It was a difficult position because as organizations, we tend to choose from within to fill a position. But, the process was correctly followed and skills of decision making of the exemplary nurse leader were applied and although it was perhaps nor normal or the most popular decision to make, she did what she had been professionally trained to do and chose the most competent candidate, regardless of her affiliation. I observed her in prayer as part of this process. I know that this spiritual side contributed to the process, as an aspect that is rarely seen in leadership roles.

Mentor

The exemplary nurse leader was described in general terms as a mentor. Julia stated that “when guidance has been needed she’s always given it,” and the manner in which she did so was “very positive and encouraging.” Julia did not have a great deal of opportunity to see the leader she described as exemplary in a mentoring role, however, she believed that this leader had been a mentor with her front line staff .

Respect for Staff

Julia described the importance of treating people with respect as a leader. She stated that the nurse leader would affect everyone with respect and not just a select few. In return, the people she worked with respected her and her opinions.

The qualities that I saw this nurse leader using in her leadership were numerous. She treats people in the way that I think she would want to be treated herself she deals with people fairly and she looks at a big picture, she doesn’t stay too narrow focused, she looks at the big picture, how it would affect everybody. And, I think, to me that is a true leader. I respect her and enjoy working with her. I have worked with her for five years. I have seen other people that work with her respond warmly, they receive encouragement from her, and.... when, when guidance has been needed she’s always given it in a positive way so that they respond quite readily and almost eagerly. Because when you, you ask people to change in a positive way, you usually get the right response. She has always treated me with kindness and respect. She keeps my enthusiasm up and makes my work with her enjoyable.

Communication

Skill in communication was repeatedly mentioned as Julia described the exemplary nurse leader. She said the leader had “an easy way to express what she wanted to say.” She

went on to say that “I observed her working through a process when making decisions and it always seemed well-rounded and delivered with a friendly, kind voice and manner, communicating very well to those around her.” Julia’s communication with the leader she described as exemplary was always positive: “there was always the kindness and looking at the broad picture.”

Mentioning another nurse leader she considered exemplary, Julia stated that this person was “very assertive” in her communication. Both leaders discussed were able to articulate clearly what was essential and did so in a positive, assertive way.

General Conclusion

The six stories of front line nurses' perspectives on exemplary nurse leaders presented in this chapter represent one way of addressing the research questions that guided this study. Certainly each of the stories stands by itself as an exploration of the questions. From that perspective, we see somewhat different answers to the questions, particularly to the question pertaining to the qualities of exemplary nurse leaders. This chapter has shown individual nurses' stories, different contexts/nursing needs and perspectives of what makes an exemplary leader. In the next chapter I explore some similarities in terms of individuals' views of exemplary nurses.

CHAPTER V

Reflections and Recommendations

This chapter contains three sets of reflections and ends with recommendations for practice and for further research. The reflections are included under three headings: (1) Reflections on the Stories: Thinking Thematically, (2) Reflections on the Literature, and (3) Reflections on Being a Researcher.

The reflections on the stories, by exploring themes that I believe resonate among the stories of each of the nurse leaders, serve to address in more depth the research questions related to qualities of exemplary nurse leaders.

Next the reflection of the literature revisits the literature reviewed in Chapter II with a view to exploring ways in which this study might inform that literature. Finally my reflections on being a researcher are meant to provide some insight into my activities as a researcher, and what I have learned from this experience. I also reflect upon the effects that I may have had on the study and consider how I might strengthen future work in this area. The chapter concludes with a presentation of recommendations for research and for practice.

Reflections on the Stories: Thinking Thematically

While I am not claiming that the experience of these nurses and their perspectives would be applicable to everyone, there seemed to be certain similar resonances

among the stories at frontline nurses perspectives on qualities of exemplary nurse leaders. The five themes that I present in what follows evolved over a long period of constant engagement with the data, much thought, several member checks, and frequent conversations with my advisor and the colleague who served as auditor. Even so, I recognize that I have identified specific themes where as someone else may have identified other themes. The five themes that I saw, resonating among stories and offering insight into the research questions are: “Passion for Nursing: Optimism,” “Having a Moral Center,” “Able to Manage Crisis: Knowledge and Expertise,” “Personal Connection with Nurses: Teamwork and Communication,” and “Interested in and Facilitating Professional Growth: Mentoring and Modeling.”

Thinking thematically as I do in this section is risky business for interpretive researchers; I have already noted that other interpretive researchers may have identified other themes. To arrive at these five themes I chose was not an easy task. This was done with much thought and deliberation with frequent clarifications with the participants and many examinations of these stories. Despite this caveat, I see these reflections as providing insight into the research questions related to qualities of nurse leaders.

Passion For Nursing: Optimism

Each of the participants in this study saw the nurse leader they identified as exemplary as having a passion for nursing and as being very optimistic about the

ability of the nurses in their charge to deal with the difficult circumstances brought about by the cut backs.

This passion for nursing was particularly noteworthy in the context of the times in which the situations were described. It is possible that nurse leaders without the same passion for the profession and sense of optimism may not have been able to persevere and provide the kind of leadership that these nurse leaders did.

Ann described her nurse leader as not being supportive of the proposed changes but rather challenging them and at the same time supporting/mentoring her staff to be optimistic and affect change for positive outcomes. Sarah also described her exemplary nurse leader as standing up for and stoutly professing what she believed despite the “status quo” and moving forward optimistically so that the patient outcomes were for the better.

Sandra talked about those around her exemplary nurse leader enjoying working with her and being around her because of how she felt about her work being exciting. They not only enjoyed her but also benefited and grew from her example. She dwelled on the positive attributes of the job and encouraged her staff to try to think about the good things about a particular person rather than concentrate on the negative. She encouraged frontline nurses to think of other things such as “their other lives” rather than just concentrating on what wasn’t working with the health care system.

Patrick described his leader's passion for the profession making a difference for him personally. Her "spark" or "glow" affected him and his colleagues in a positive way and because of this "people trusted and followed." He talked about leaders that were optimistic as enhancing the negative working environment by adding a "positive optimistic view on the situation." He saw this as positive role modeling, which he chose to emulate.

Julia's reflections say it all for her optimistic leader: "she keeps my enthusiasm up and makes my work with her enjoyable." Julia described her leader as one who despite negative or stressful times was able to share her optimism with others. She loved her profession and put a great deal of time and effort into it including volunteering hours for activities such as parish nursing within a community/church setting. Julia believed that without this leaders' optimism and enthusiastic encouragement there would have been fewer steps forward and accomplishments in this area of nursing.

Celine passionately described her exemplary leader's optimism and positive expectations of her team members "coming through" and excelling in what they were doing. Saying enthusiastically to her staff "Yes! We can do it." even during the worst of times when there seemed to be no support from senior management to proceed with various projects or new innovative ideas. This nurse leader was described as being encouraging with her staff and very positive to the point of making a special effort in rewarding her staff for "a job well done."

Sarah described her leader's optimism and support of her staff as they submitted ideas and attempted to engage in a particularly difficult project. Sarah said, "it's that positive [attitude] and that sense of grace in the midst of a [difficult] situation that I think really pulls out who is a true leader." She described this leader as having to do it often dealing with "negativity or change" related to such issues as work load. Again at a time when there was too much work for the amount of people to do the work, this leader was positive and encouraged her frontline staff to be a part of the solution. Sarah stated that she spoke about nursing with "the conviction that it's so wonderful."

She is very passionate about nursing and when she speaks you just want to be a nurse. And...you know it's not put on...when she speaks you're just enthusiastic. Yes I want to be a nurse! I want to be the best I can be! There's lot's of possibilities, let's go for it!

While it is very likely that at any time in history, nurses would value passion and optimism in their leaders, those qualities may have been of particular importance because of the context of the times in which the study was conducted. The cutbacks had devastated morale generally throughout the profession of nursing. It is possible that the nurse leaders who were not overtly passionate about their work and who did not convey optimism, would not have been viewed by their nurses as exemplary.

Having a Moral Center:

The participants in this study all referred in some way to the exemplary leaders having a “moral center.” The frontline nurses saw their nurse leaders as being guided by a set of principles. One of the nurses described these principles as being grounded in her religious faith and relationship with God. For another frontline nurse integrity and professionalism were the principles that described the nurse leaders’ central values. Each leader was seen to have a set of central values that guided her actions to a certain degree. This moral center was perceived as the cement that held the foundation or core of the system together at a very stressful time. This was something for people to trust and rely upon at a time when they were feeling insecure and vulnerable.

Patrick described his exemplary nurse leader as being guided by the “golden rule.” His leader encouraged her staff to treat others (specifically their patients) the way they themselves wanted to be treated.

Values of professionalism and integrity guided Ann’s leader. Both values can be seen in the courageous stand she took which put her own needs of maintaining employment secondary to standing up for what she believed would affect good patient care. She put her own career at risk by sticking up not only for the patients but ultimately for her staff as well

Four of the participants identified being treated with respect by their individual leaders as an important quality. Sandra said of her leader that “she really

respected people [her staff]" and was "always proper and always polite" with them. She treated the frontline staff the way she wanted to be treated and she encouraged them to speak good of others, finding the positive attributes that they might have.

Similarly, Julia observed, "she has always treated me with kindness and respect." Julia also described with much emotion how deeply moved at how strong her exemplary leader was in her own beliefs and faith. Julia believed that through prayer this leader was able to make better more grounded decisions and that her religious convictions helped her to be a much better leader.

Celine described her leader as having a "core of integrity" and that she was "congruent in terms of her beliefs and her actions." This integrity was seen as one of the attributes that contributed in her standing out from the other leaders Celine had experienced.

Sarah described her leader as being a woman of "integrity and honesty who lives in such a way that commands respect." She described her as practicing what she preached and being a professional in the "true sense." She saw her nurse leader as someone she "would look up to," because of how she presents herself with such integrity.

Each of the frontline nurses described the moral center of their nurse leaders in a different way. Patrick described his leader as “doing unto others as you would want done to yourself,” whereas Julia clearly espoused her leader’s use of prayer and leaning on her faith to support decisions she made. Again, it is likely that having a “moral center” has always been seen as important in exemplary leaders. However, I suspect that given the times of desperation and crisis that the health care saw itself in during the 1990s, having a moral center was particularly critical to a nurse leader being viewed as exemplary. Nurses needed to see that their leaders were acting from high moral principles rather than simply responding to the bureaucratic directives emanating from those responsible for the cutbacks. From the perspective of the nurse leaders, it is likely that they needed a strong moral center to be able to “rise above” what was occurring, clinging to their beliefs for support and direction.

Able to Manage Crisis: Knowledge and Expertise

While some of the nurses spoke directly about how their nurse leader was able to manage crisis, others made the point less directly by referring to the nurse leader as having good decision making skills, usually also commenting on their knowledge and expertise in their field.

Julia described her leader as being able to “make a decision quickly and usually very effectively.” She went on to say that these decisions were made with “a lot of deliberation and prayer.” The reflections of this nurse were the strongest

indication that any of the leaders described was drawing on the support of a power greater than themselves. There was no clearer example than this nurse's description on how her faith was used specifically to support her leadership. Julia described her exemplary nurse as gaining information from "all angles" so that she was knowledgeable and could make informed decisions. Celine's exemplary leader was said to be "trying to see things clearly as possible given all the data and facts that were available before going forth and making a decision." Celine saw her leader as being good at the decisions she made because of the process she used to get there. She included the entire team to try to make sure she had all the key people involved to make sure the outcome was going to be appropriate for everyone not just one or two people.

Ann described her leader as a very "knowledgeable person," with a "wealth of information and knowledge," and who "was very up to speed about all the procedures." This assisted her in decision-making, generally, and in managing during times of crisis. Sandra also talked about the knowledge her exemplary leader had acquired through experience: "She had lots of experience from being a frontline nurse, she knew how hard it was...a lot of stress, a lot of responsibility."

No other nurse spoke as passionately or with such conviction as did Patrick as he described his exemplary nurse as being the "calm in the eye of the storm." Not only did she have expertise in the clinical area in which he worked but she also used it to enhance her decision-making skills and to manage during frequent

crises. Patrick described one such crisis during which his leader took firm control of a situation where the patient's heart had stopped. This was one of many circumstances during which this leader successfully guided her staff, along with the medical staff, through a very stressful time.

During the challenging times of the mid-90s, the ability of nurse leaders to cope was put to the test more than ever before. Often, the nurse leader was the first, and sometimes the only, person available to help with crises. I suspect that in thinking about leaders they saw as exemplary, frontline nurses were influenced considerably by the leaders' ability to deal with these situations.

Personal Connection with Nurses: Teamwork and Communication

Each of the participants in this study identified their exemplary nurse leaders' as someone who could connect with their staff or frontline nurses. This was considered by all frontline nurses to be critical to the success of the nurse leaders. In turn, communication skills were seen as crucial to the establishment of these positive personal connections.

In each of the stories there is evidence that the nurse leaders had a personal connection with their nurses and that the personal connection was characterized by a sense of caring and concern. The nurses also seemed to feel a sense of equality in their relationships with the nurse leaders. The stories suggest that there was a leveling of the power relationships as the leaders strove to support and

practice a strong team ethic. Patrick referred to his leader as achieving “unity on the unit.” This, he thought, began with the nurse leader modeling good communication skills. She encouraged her staff to try to understand where other team players were coming from and encouraged her staff to “put yourself in their shoes.” Patrick also described his leader as really caring about her staff to the point of exploring their future aspirations and dreams or goals for their career.

Sandra’s leader modeled a good balance in her life: “she had her priorities straight and she respected ours.” “Her other life [personal/family] and looking after it was important to her.” Sandra believed that her leader was “understanding and empathetic” to her concerns for balancing her own private life. Sandra observed that her leader spoke openly and honestly in her communication with her, sharing some personal beliefs and priorities as well.

Julia described her exemplary leader as being a good communicator, noting that she had “an easy way to express what she wanted to say.” Julia believed this strength as a communicator assisted in her relations with her staff and also with her expertise in decision-making.

Celine described her leader as being patient, and

having a core of humanistic values where she had a tolerance for the imperfections of the people that worked for her. Realizing that we are all humans and have moments of failing and moments of strength and accepting that and not judging or laying blame to an individual because they are having a moment where they are really not having energy. And needing to have a place to gain their equilibrium again [she gave them

that.] She had a sense of compassion for her staff, understanding that they have lives that encompassed more than just their everyday work life, families, friends, a whole other network...she appreciated [respected] that.

Celine talked about the frontline nurses feeling valued and that “what they had contributed to the program [work setting] their good efforts and hard work was a valued commodity, it wasn’t taken for granted or not appreciated...they were important.” In this way Celine’s exemplary leader connected very strongly with her staff.

Sarah said that because of the support and personal guidance she received from her leader during very tense and stressful times her leader made a difference in the way she practiced as a nurse, and that she was a better nurse because of this. The leader was “very friendly and approachable.” “People would go up to her and you could just tell there was a relationship there.” Through this leader’s positive attitude, personal connection, being a “positive change” agent and “pursuit of excellent nursing” she was able to have a great affect on the frontline nurses she worked with.

Ann talked about her exemplary leader really taking a personal interest in her and really making an effort to help her, as a new nurse, succeed in the challenging area of the operating room. Another situation with Ann’s exemplary nurse leader clearly showed how she was able to connect personally with her staff. Ann described a situation of a fellow staff member being in an abusive relationship with her husband. This leader’s caring went beyond the work setting as she

attempted to support one of her staff members in need assisting her in moving to another city.

Having a sense of personal connection seemed of critical importance to the frontline nurses. Through this connection, they felt cared for and respected not only as nurses but also as individuals. At a time when there appeared to be little thought or care that went into decision making about the health care changes, this seemed to be an important source of strength. The exemplary nurse leaders, despite their own needs not being met in many situations, were able to project a sense of caring for their staff and an awareness of their individual frontline nurses' needs.

Interested In and Facilitating Professional Growth: Mentoring and Modeling

Mentoring and role modeling were areas that the frontline nurses saw their exemplary nurse leaders excelling in. Celine for example, spoke passionately of the important role her exemplary nurse leader played in mentoring her and her colleagues: "the leader shared her knowledge and expertise unselfishly...she saw knowledge as a seed to be shared, fostered, allowed to flourish in others, and that was success!"

Sarah described her exemplary nurse leader as mentoring her in a way that improved the kind of nurse she was: "I developed more confidence, partly because of the methods that she used [and showed me], that I could also

implement in my practice.” She described her exemplary nurse leader as “someone who guided me in following my ideas,” and “she just encouraged us to excel and to exceed your job description.” Patrick also described how his leader was a very effective mentor: “It seems like she could take any situation and maybe not solve it but approach it in a way that you could actually solve it yourself...she would challenge you, do everything she could to enhance your learning.” Similarly Julia referred to her leaders’ ability to mentor successfully by saying “when guidance has been needed she’s always given it.” This guidance was seen as being given in a “very positive and encouraging” way.

Sandra noted that because of her leader’s mentorship she personally “learned to treat people better...to look a little deeper to see who the person really is.” Her leader had such an impact on her that she aspired to be like her. Sandra summed it up by saying her exemplary nurse leader “was a really good example.”

The exemplary leader that Ann described mentored her by “showing the ropes” to her because she cared enough to want her to succeed and be a good team member. This leader encouraged all of her staff to “go outside the box” and to try different roles in the operating room. She made sure that they had the appropriate orientation and in-service time and then supported them in trying out different areas in the specialty area. “She was very pro getting everybody up to speed with everything and was always encouraging further education and staff improving themselves along with their knowledge base.”

The notion of mentoring and modeling came up over and over as the nurses told about their lived experiences with exemplary nurse leaders. In many cases the nurses were so busy at the time it wasn't until they sat down during these interviews to reflect on their leaders that they realized how they had benefited from this mentoring and role modeling. After one of the participants had read her transcript she again had a significant insight: "Just reading through it [her transcript] made me reflect on what a great person and leader she [exemplary leader] was and the true dedication to her profession she projected. You certainly don't find that level of commitment to a profession very often."

Summary Comment

The five themes presented in this section are: "Passion for Nursing: Optimism," "Having a Moral Center," "Able to Manage Crisis: Knowledge and Expertise," "Personal connection with Nurses: Teamwork and Communication," and "Interested in and Facilitating Professional Growth: Mentoring and Modeling." These themes resonated through the stories. Themes such as teamwork and communication were evident in the stories of the nurses as they talked about how health care was held together in these difficult times. The events that the frontline nurses described were in some cases quite heroic as well as illustrative of exemplary leadership. One leader, for example, was described in terms of "martyrdom" in relation to how she chose to respond to this time of crisis.

Very early in the process of examining the data and the stories (the thematic analysis) it became clear that the context (very difficult times) shaped what nurses chose to talk about as qualities of exemplary nurse leaders.

What they saw in these leaders stood out in contrast to the pervasive low morale that seemed to persist during this time of change. The exemplary leaders that were identified were optimistic, supportive, encouraging and did not appear to allow the negativity of the time to overcome them.

Reflections on the Literature

The purpose of this section is to reflect on the literature reviewed in Chapter II and in doing so, to consider the ways in which this study might inform that literature. In Chapter II, I first explored the nature of the context within which the study was conducted. I then identified four types of leadership qualities to which I found most frequent reference in the nursing literature. These were presented in Chapter II under the headings of: “Modeling Good Communication Skills,” “Being a Visionary,” “Orientation Toward Mentoring,” and “Ability to Empower Others.” Much of this section is developed to explore ways in which this study relates to the literature reviewed under each of those headings. However as I continued to read and as I wrote the stories presented in Chapter IV my attention was drawn to two other topics: “teamwork” and “transformation of the role of nurse leader.” These topics are also considered in what follows. I have included a discussion of teamwork under the heading of “Orientation toward Mentoring,” but dealt with transformation of the role of nurse leaders under a separate heading, following these noted above.

The Context

The literature review discussed the drastic changes in health care that included massive restructuring, diminished human resources and fiscal restraint. These have occurred at all levels of health care, not only the leadership level. Campbell (1998) quotes Dick and Bruce (1994):

For many health care providers... there is considerable anxiety about the consequences of massive restructuring... Nurse managers are being challenged to do more with less: maintaining or improving patient care services with declining human and financial [support]. (p. 2.)

Patrick spoke strongly about the cuts and nurses having to do more with less as he reflected on his experiences and the changing times. All of the nurses interviewed spoke of the hard times and cutbacks in health care; they had all been affected by the changes. They all felt that their exemplary leaders had been placed in situations where they were expected to change or adapt to the difference in the delivery of health care. Bara and Rugg (1989) stated "Our success as an effective, respected profession depends on our nursing leaders" (p. 19.) None of the frontline nurses ascribed completely to this position. They did, however, see their exemplary leaders as working to improve the situation or as trying to make the best of it at the very least. Perhaps this does suggest that the nurses saw their leaders as contributing to the success of the profession as a whole.

It was apparent that the context did seem to play a very major role in shaping what nurses perceived to be the qualities of exemplary nurse leaders whether it was in acute care at the patient's bedside or out in the community in the patient's homes during the challenging "happenings" of the 1990s.

Qualities of Nurse Leaders Perceived to be Exemplary

The literature review chapter highlighted four qualities most often cited in the nursing literature. These were: *modeling good communication skills, being a*

visionary, an orientation toward mentoring, and ability to empower others. The insights and understandings of specific qualities of nursing leadership gained in this review assisted me in my exploration of frontline nurses' perspectives on the qualities of exemplary nurse leaders. The review of the literature and the study itself have also emphasized for me the importance of studying qualities from a systemic perspective in which context and relationships are critical, and in which leadership is viewed as a reciprocal process.

Celine's leader believed in her frontline nurses. She challenged them to be the best they could be and they rose to the challenge. They took the initiative and become leaders in their own right amongst their colleagues from other departments of the institution. Patrick's exemplary leader gave supportive constructive feedback that helped him to become a better nurse. In return the leader encouraged and supported constructive feedback for herself so that together they became a better team. Sarah described a situation where because of the cutbacks she was pushed into being creative with the care of one of her home care patients, while at the same time not compromising her values. Her nurse leader not only stood by her during this situation but actually encouraged her to maintain her integrity and keep standing up for what she believed. She supported Ann in thinking of creative and unique ways to support the care of her patients. Sandra and Ann's leaders were supportive, encouraging and helpful to their staff despite pressures they were receiving that provided little time and not the right climate for this to happen. The staff in return did the same for their leaders. It was a win-win

situation for everyone in spite of the pressures that were going on in the work situation people responded to the leadership they were receiving in positive ways. These are just some of the examples that illustrate the influence of context and relationships on the nurses' perspectives on the qualities of their nurse leaders. And Patrick's example illustrates the reciprocal nature of the relationships.

Generally, the stories presented in Chapter IV align nicely with what the literature had to say about modeling good communication skills, an orientation toward mentoring, and ability to empower others. It did not, however, seem to be as important to the nurses who participated in this study that nurse leaders be visionaries. Below, I discuss each of these qualities briefly.

Modeling Good Communication Skills.

Many of the authors such as Halpin (1980), Kovach and Krejci (1998), Bara and Rugg (1989), Ross, MacDonald, and Veldhorst (1996), and Horstman, Janney, and Wall (1998) saw good communication as a key element of good leadership. The frontline nurses that participated in this study also believed this to be true. Throughout the telling of their stories they spoke often of how their leaders were communicating with them and how they in turn could communicate with their leaders. The communication was a healthy two-way dialogue with both management and the frontline nurses benefiting from this. Teams were made stronger because of it, as described by Celine and Ann. Lives were saved due to it as illustrated in Patrick's description of the cardiac arrest (code) situation.

Resources were more efficiently and effectively utilized, as Sandra and Sarah noted. People were happier as Julia mentioned.

Ann described the good communication that her exemplary leader practiced in this way:

she was always very open [in communicating] with the nurses, she always told us about what happened at the meetings [management planning meetings for change], what her opinion was, everybody was very clear about where she stood... she was always open to new opinions, ideas, how we could change things... she was very approachable, very empathetic, very confidential if someone told her something you could trust she would keep it to herself... she taught me to be open minded [as she was] when listening to people.

Orientation Toward Mentoring.

The frontline nurses freely shared how their exemplary nurse leaders had been role models and mentors to them. Ann described her exemplary leader as heroically sacrificing her position rather than compromise the good of the patients. This example supported Daugherty's (1998, p. 649) point that

good leaders must above all curtail their egos in order to do what is best for their institutions. An important sign of successful leaders is that they understand and act in a manner consistent with the specific situation they are facing.

Celine's description of her exemplary nurse leader also attested to this:

there was a selflessness... the leader didn't just do things to promote herself in terms of her own career, or reputation or prestige within the organization...it was looking at the people they were leading, at the whole, the good for the whole versus the good for the individual herself... there was a real selflessness trying to get that whole program [staff] to move forward and not just to invest in self and look out for themselves in terms of what was going to be best in terms of a career strategy [to help their own career.] She wasn't egocentric or narcissistic only thinking of

herself... but rather she was there to support and encourage everyone else regardless of how it impacted her personally.

Much of the mentoring and modeling seemed to happen as nurse leaders worked “in the trenches” and facilitated teamwork. Campbell (1998) stated that “the nurse manager serves as a vital link between the delivery of quality patient care and the larger vision of the health care institution” (p. 1). Celine and Ann were two of the nurses that described their exemplary leaders as providing that vital link to them as “workers in the trenches,” however this was also alluded to by other participants.

Halpin (1980, p. 45) also discusses change and the impact of nurse leadership “as constant pressures are exerted on our organizations, internally and externally, the way in which we react to those challenges, and their ultimate resolution, will depend largely on the teams we have created and the strengths they have developed through positive and progressive leadership.” This concept was supported as noted in Chapter IV. The exemplary leaders were strong proponents of teamwork and actively engaged in it themselves. Teamwork was seen as contributing to successful outcomes. In many instances the leader was central to this success by being instrumental in one way or another in contributing to a positive team philosophy. As Celine observed, her exemplary leader, “brought out the synergy of the group of people.” She went on to say “it transformed” the group and they realized together they

could do things and make things happen, reach a little further and move beyond their limits...and that is what potentiated growth in the group as a

whole...we started to see the best of people come forward and it had a major impact on the overall movement of the whole program.

All of the nurses that took part in this study attested to the fact that their leaders had influenced them and their work in some way. This was consistent with what was described by LaMonica, (1990, p. 76) who defined leadership as “the ability to influence the activities of an individual or group of individuals toward attainment of a goal or goals in a unique and given situation.” Kaufman (1998) identified successful leaders as “those who inspire broad confidence, whom others look to for advice, who are ‘doers’” (p. 215). The ways in which participants frequently referred to their nurse leaders as mentors and role models supports this point.

Ability to Empower Others.

Nurse leaders’ ability to empower their staff is discussed by Bara (1989), Campbell (1998), Kingdon (1994) and Skelton-Green (1995). Each of the participants in this study also spoke of their leader’s ability to empower frontline nurses. However the contexts or situations within which the empowerment occurred were quite different despite being in the same period of time. Celine described how the frontline staff were feeling “powerless and victimized” in a very tumultuous time where they had no control over their working environment. She went on to say that this difficult time

affected the work habits... everyone felt very threatened, they felt powerless, that they really didn’t have a choice of what was happening, there was a bigger process happening than at an individual level bit it affected individuals... there was a sense of sadness, grieving, we were

losing nurse colleagues and there was nothing that we could do to stop that process from happening. It was a real difficult time... you saw some of the worst things in nursing come to the forefront during that time.

After describing these difficult times, Celine went on to describe her exemplary nurse leader as having integrity, and a tenacity to stay focused and positive

despite a lot of adversity, challenge and direct opposition and stayed grounded through that process ... not getting sidelined into the political machine. By having a positive expectation that people would come through, they didn't want to fail that expectation because they felt their leader truly believed in them and that they could do what was set out to be done... That really brought out the synergy of the group of people...so that we started to see what can happen when that kind of momentum started to move things forward. And some great things were accomplished during that time. And it was quite remarkable especially after the disheartedness and sort of apathy that was generated by that victimization feeling earlier in the 1990s. When people really didn't feel their potential or sense of autonomy to be able to achieve things. But by having that person [exemplary leader], staying steadfast and saying "Yes, we can do it! It started to transform the group...so that people started to believe that, yes, they can do things and make things happen and reach a little further and move beyond...what they saw for themselves as their limits. That really is what potentiated growth I think in the group as a whole, we started to see the best of people come forward and that had just a major impact on the overall movement of the whole program as well.

Sara described her exemplary leader as encouraging her staff to think of new and innovative ideas and then supporting them when they came up with solutions to problems. Her leader empowered her staff to make good ethical decisions and then supported them in what they did. Sara described a situation with one of her patients she was caring for in the community. She believed that it was necessary to take a stand for quality care:

I did admire her [exemplary nurse leader]... I put my foot down and I said, "I'm not withdrawing care because this person's just going to injure themselves further if they don't have it," and I explained what I thought the person needed and I felt she [the leader] listened and shortly after

that... Sub acute units popped up... she took my case and listened... she spoke directly and I felt she listened [and because of this change occurred.]

Ann also described her nurse leader as empowering frontline nurses;

She was very supportive in allowing her nurses to try new things...She allowed everybody the same opportunity for taking charge in certain situations. She was very supportive of her staff...very staff-orientated person...she believed in her staff...she stood behind them...she was always open to opinions, new ideas, how we could change things... she trusted her nurses a lot...the nurses were very co-operative [with the exemplary nurse leader], and helpful in coming up with new ideas as to how to be more diverse in what they had [as far as resources to work with.]

Being a Visionary.

The importance of leaders being visionaries is emphasized in the literature on qualities of exemplary nurse leaders. Scott (1995) described leaders of the future needing to be able to provide a vision for their staff and then being able to assist them to reach that vision. Others referred to the importance of the leaders generating excitement with visionary thinking and also having the ability of clearly articulating the vision to those around them. Several of them described why it is important to have a vision for every organization. For example Halpin (1980) wrote, "the organization must have a clear direction or purpose if the efforts of all concerned are to be meaningful and rewarding" (p. 41). Many of the authors (Lafferty 1998, Valiga 1994) argued that visionary leadership is one of the most important qualities for a leader to have, suggesting that without this attribute their leadership would be sadly lacking and in some cases doomed for

the onset. Based on this literature, it would be reasonable to argue that in order for organizations to survive during a chaotic time visioning and planning for the future would be imperative to survival.

The quality of being a visionary was mentioned by several nurses however did not appear to be as important to them as did some of the other qualities. I suspect that this was because frontline nurses perceived “a smaller picture” that was focused on their immediate work setting and the scenarios that were playing out before their eyes. Their work was characterized by a sense of urgency and immediacy because of what was occurring each day. This may have left them relatively unconcerned about matters related to long-term vision. Very likely, the leaders were also too busy putting out fires and helping their staff to survive to engage in activities that frontline nurses might have interpreted as visioning. Alternatively, perhaps the actual planning or visioning that was going on was happening behind closed doors. Or maybe the vision of just surviving and assisting your patients to survive during such chaotic times is more than enough during such times. In any case the frontline nurses did not offer a great deal of evidence to suggest that their leaders were actively engaging in exercises of visioning.

Given the changes to the health care system during the mid-1990s it is not surprising that the frontline nurses’ perspectives on exemplary nurse leaders do not align completely with what is presented in the literature, much of which was

based on research conducted in very different contexts. Those same changes seem to have contributed to a kind of transformation to the role of nurse leaders.

Transformation of the Role

The frontline nurses did not describe the transformation of the role of nurse leader in a direct way. Rather they described unique situations (substandard equipment, staff members with substance abuses, fewer staff and resources, etc.) that the nurse leaders they identified as exemplary leaders had to deal with.

There is reference in the literature to such a transformation. Scott (1995), for example, wrote that “There is an imminent change, distinguished from changes in the past by its sheer size and scope. As the year 2000 approaches, the health care industry is undergoing great turmoil” (p. 17). Harrison, (1975) also wrote about the evolving role of the nurse leader and how that role is becoming more and more complex. Harrison referred to leaders having to be many things (teacher, scholar, etc.) and that the role was becoming more complex and convoluted to keep up with new demands of the times. Just how much the role would transform was even beyond Harrison’s predictions. The frontline nurses in this study attested over and over in different situations, at different times how their nurse leaders required many different skill sets, and wore many different hats. At the same time Harrison wrote of nurse leaders as needing to use all their “resources, skills, and political strategies”(p. 15). This utilization of their skills was echoed in the reflection of the nurses as they spoke about their exemplary nurse leaders.

The outcome for nursing leaders is that they have acquired increased responsibility as staff and resources have decreased. The literature review raised the question about the extent to which nurse leaders have been able to maintain important qualities such as compassion, and mentoring. The reflections of the frontline nurses showed that their leaders had indeed, despite the hard times, been able to maintain these important qualities. Sandra's comment about her exemplary leader illustrates this: "she really cares about people...she supports her staff and sees them as the priority not the budget... she cries with us and laughs with us and really respects us as people with other lives away from work...she knows that we need to be supported with our other lives too like for holidays and things." Sandra's leader knew how important it was for her to go home (Montreal), to see her family. Even though it was the busiest time of year the nurse leader had compassion for Sandra and did everything she possibly could to see that this happened.

Jobes and Steinbinder (1996) described healthcare as being a "chaotic environment" that created a significant change in the roles of nurse leaders. They believed that this change brought about drastic adjustments that nurse leaders had to make: they were "pressured to react, accept, and adapt quickly." They go on to say that "previously successful leadership styles no longer will serve nurse executives as they assume operational roles without line authority and power. No prescriptive strategies will be effective to assist nurse leaders in their new roles." There was an affirmation of this as the frontline nurses described a style of

“putting out fires” by their leaders rather than having the time or resources to be proactive. Certainly no prescriptive strategies were seen being used by the leaders other than trying to maintain their integrity and focus on the goal of delivering good patient care when the climate was not always conducive to that. Jobs and Steinbinder went on to say that “positive outcomes are possible if the changes are embraced with optimism, courage, and persistence” (p. 80). The nurses described this sense of optimism very clearly. Sandra, Julia, Ann and Celine described courage as being one of the qualities that was apparent in their leaders’ style. The exemplary nurse leaders spoke up for what they believed in spite of what it cost them personally. Never before in their careers had they had to face this kind of opposition or challenge.

Ann also described the frontline nurses as having to be “jack of all trades...you had to do other people’s jobs because other departments were being cut...there was a people and supply reduction.” The nurse leaders were ultimately responsible for managing all of this while still having their frontline staff maintain a certain standard of patient care. Ann described her nurse leader as “not being afraid to get in and help” her staff when the work load of the Operating room became overwhelming for the nurses and they needed an extra set of hands. The frontline nurses were under immense pressure to perform in a working environment that was normally stressful because of the intensity of this specialty of nursing. The changes of the 1990s only increased this anxiety with a lack of

resources both human and physical. In some cases the physical resources having diminished and become substandard.

The nurse leader had to deal with things she never had to before with her staff.

Some of these things may have been symptoms of a diseased or unhealthy environment during a time of crisis and chaos. Ann described her exemplary leader having to transform her leadership style once again by being very compassionate and supportive of a “nurse who had a drug abuse problem.” How the leader dealt with this problem was done with respect and confidentiality.

Regardless of the other pressures the nurse leader was dealing with at the time and despite the fact that she needed all of her staff functioning optimally because of the shortage in nurses she still handled this new problem very efficiently in an exemplary way.

Ann also stated that “we all had to be more creative with what we had [because of all the cuts], frontline and nurse leaders.” The expectation from both frontline staff and the executive that nurse leaders reported to was that the leaders would show by example just how to begin this creative flow of ideas. Creativity did come from frontline nurses but these were encouraged and supported as mentioned by both Celine and Sara’s leaders. As Celine said “she [exemplary nurse leader] encouraged us to come up with new ideas and then stood behind us to get them going.”

The nurse leaders had to transform their leadership to support new challenges and changes that they were facing on a daily basis. New ways of leading had to be used to cope with the demands of an evolving health care system.

Reflections on Being a Researcher

As the sole researcher, my own experience as a nurse and a nurse leader for part of the '90s could not help but influence the study. My experience in nursing has been varied and includes acute care, education, community, research, and administration. A number of other personal and professional life experiences such as working for three years as a social worker have also contributed to the reflections and to my understanding of the participants' viewpoints. Because I was given the opportunity to be a formal nurse leader in the 1990s I, too, shared in the lived experience which this study focused on. In this study I have discovered much that I had never imagined or anticipated. Through this experience I have found out more about my own profession and now have a better understanding of what other colleagues have experienced during this chaotic time of change. My research continually affirmed my lived experience as a nurse leader.

I also hoped that this study would help me achieve some personal goals:

- make some sense out of a chaotic time,
- assist in putting passion back in my chosen profession (at least for myself if not for others),
- concentrate on something positive during a negative time.

Through this study I feel that I have been able to address all three goals.

It has not always been easy to sustain my passion for nursing. For example, I had become complacent with Nursing in the 80s and had taken a one-year hiatus working as a frontline Social Worker, and then another year off at the start of the '90s. These two breaks contributed to affirming that I had chosen in the right profession. The 1990s also proved challenging, but by then I knew I was in the right profession. And there were other influences that sustained my passion. This study was one of them, as story after story of exciting, progressive and courageous nurse leaders and their experiences were portrayed by the frontline nurses. Working with student nurses and their bright inquiring minds and nurse educators who have a passion for imparting knowledge and contributing to our Health care system in a very positive way also played a role. Nursing colleagues with their idealism and love for their patients assisted in reminding me why I loved being a nurse. The passion continues to ebb and flow, however the people, the experiences and the assurance that I can make a difference in this profession continually rekindle my passion for nursing.

The study also provided opportunities for me to reflect on myself as a researcher and on the methodology used in the study. I am left with thoughts about my fit with the methodology chosen, as well as more practical thoughts about aspects of the methodology I would repeat if I were to do the study again, and aspects of the study that I would handle differently.

Prior to this study, all my experience as a researcher had been to do with quantitative methodologies. Even so, I chose to use an interpretive methodology,

which as Bailey (1992) states, is an idiographic method and focuses on the individual in order to understand the full complexity of his/her experience. He talks about the relevance of the findings not being found in their generalizability but rather the findings are relevant from the perspective of the user of the findings (p. 30). This kind of research was foreign to me and I found that often it went against my own inclination to search for evidence data to “prove” my points. Throughout the process of collecting and analyzing the data, and the process of writing about the data, I had to constantly remind myself of the nature of the interpretive methodology I had chosen. Despite my discomfort, I believe the method chosen was appropriate, given the nature of the study. My reasons for arriving at this decision relate to the nature of the data I was able to collect.

In-depth personal interviews using open-ended questions were the primary means of data collection. Prior to being interviewed, the participants were asked to reflect upon their experiences of working with different leaders. I found this design to be one that was very helpful. I suspect that this is because I was able to develop a relationship with these frontline nurses as I became familiar with their situations, seeking to interpret their lived experiences.

I found that the open-ended questions used during the interviews enabled me to explore the variety of perceptions of leadership that were held by the frontline nurses. I found that a strength of these kinds of question is that they do not limit responses. Through these questions, I was able to probe the nurses’ experiences

and stories in ways that led to a more profound understanding of their perceptions of nursing leadership. The interviews gave me an opportunity to probe the meanings, values and assumptions embedded in the responses, as well as the rationales and the contextual issues connected to the participants' perceptions. Hence, despite my greater comfort with quantitative methods, if I had the study to do again, I would again pursue it as an interpretive study.

There are, however, some things that I would change. For example, the participants for this study were randomly drawn from lists of frontline nurses presently living in Edmonton and its surrounding communities. The lists were informal ones made up of nurses known by nursing colleagues of myself. Another time I would consider going broader if at all possible throughout the region to avoid some of the concerns that are listed later.

The locations selected to conduct the interviews also proved a bit problematic. The interviews occurred in the place of choice of each participant. This in four cases was their home setting and with two of the participants at their work sites. The interviews conducted in the home settings were challenging. Although participants were able to take part in the study in the comfort and relaxing environment of their own homes this at times also created some problems. Between their children, neighbors, telephones and family pets the interviews were sometimes interrupted. Another time, I might choose to conduct all interviews on more neutral grounds.

I have also learned to consider the consequences of including participants who have a personal or professional connection to the researcher, and to do so prior to inviting the person to participate. At one point during the study, I was interviewing a participant and enthralled by her story, I found myself saying “yes, yes I can relate.” At some point, time stopped and my heart with it. I realized she was describing me as her exemplary leader in a working relationship that I had long since forgotten or never realized its significance to her. I was stunned and right then and there, almost shouted “Stop.” I felt like putting my hands over my ears, saying “No more, no more. I shouldn’t be hearing this.” I felt my entire being freeze but my head continued to nod, supporting her dialogue. I have no idea what she said after that and it wasn’t until I listened to the tape several days later that I heard what she had said about this particular leader. My dilemma was shared with my advisor and together we decided I should continue working with this participant and only acknowledge that I was aware of whom she was describing if she brought it up. Sometimes you have no idea of the impact you have on individuals until years down the road, and sometimes not even then. In retrospect, however, I would not again use participants who had a working relationship with me. This would be for my own comfort level but also out of fear that the participant might feel obliged to stroke the interviewer’s ego for whatever reason!

In addition to the reflections on the methodology, being a researcher

provided opportunities for me to reflect more generally on my profession and on myself. For example, while conducting the study one of the things that I became very excited about was the passion I heard in each participant's testimony. These nurses truly were passionate about their chosen profession. There was nothing else in this world that they would rather be doing than nursing. They spoke about their experiences and their involvement with excitement, vision, optimism and hope for the future. What a thrill and affirmation for me to know that, I along with a select few close nurse friends, weren't the only ones out there who shared the same passion!

I was also amazed at the interest shown by my own working and private community in this kind of research and its resulting outcomes. Individuals saw direct application to their own professions outside of the nursing field. Educators, engineers, psychologists, physicians, clergy and others were interested in this subject and began to project their own ideas of what their exemplary leaders looked like. Nurses not partaking in the study wanted to become involved and to share their stories. This was common with the nurses but also individuals in other professional groups. People were only too eager to tell their positive stories about their own experiences with excellent leadership.

One of the most fulfilling things for me in this study and the one that had the greatest impact on me personally was seeing the participants in this study grow and come to a higher level of understanding. As they described their situations

they seemed to blossom in their appreciation for the world around them as they too had their own “eureka’s” speaking out loud (many for the first time) about the leaders that had touched their lives. It was almost as if having them describe something positive stimulated more and more happy thoughts and a sense of optimism or utopia of positive energy was generated. Following some interviews I left feeling as though I had gone into that individual’s presence with the prevailing sense of gloom surrounding us. By the end of the interview it was as if there had been some sort of transformation of euphoria leaving the participant thrilled that they were so privileged to be a nurse. It was a fascinating experience for me and I just knew they would share their feelings with others and promote the good news: a goal I had never dared dream of for this study but a delight to see it actualized!

Recommendations

In this section I present recommendations for practice and for future research.

For Practice

Nurse leaders. From this study, nurse leaders may gain insights into some of the qualities that frontline nurses believe are important to all nurse leaders, but they should also see that there is no recipe for success. The nurse leaders described in this study differed in significant ways. Perhaps, however, they can see the importance of relationships to their leadership. The study should also give them occasion to think about the kinds of leadership needed in times of turmoil,

such as during the mid-1990s. Of course, this complicates the task of thinking about what constitutes exemplary leadership. If one believes that leaders are born not groomed and grow to be leaders then this is a moot point. However if you believe, as I do, that exemplary leadership is something that must be worked at and can be learned, then this study would be helpful.

Several of the frontline nurses spoke of the importance of leaders looking after themselves and being aware of their own boundaries for their own well-being. The longevity of nurse leaders in their positions seemed to depend upon how well they were able to separate their profession from their personal lives.

Ann's story suggests that those responsible for the education of future nurses ought to ensure that components of their programs focus on exploring matters of professional risk associated with taking a moral stance when doing so runs counter to current directions and/or policies. For example, if student nurses were to work through various case studies during their pre-service training, they might be better prepared for some of the moral dilemmas that they might face throughout their careers.

Nurses considering leadership positions in contexts similar to the chaotic times during which this study was conducted should also reflect upon what the nurses' stories had to say about expertise and its role in what they perceived to be exceptional leadership. Two points come to mind. The first is that these nurses saw expertise in crisis management as necessary for

nurse leaders. This, I suspect, was because, with limited staff resources, nurse leaders could easily find themselves alone managing a crisis. The nurses also felt that expertise in the specialty area of nursing the leader oversaw was essential. Again, with so few resources available, the nurse leader needed to be able to deal with a broad range of situations in the specialty, quite often without the involvement of a doctor. While this should be taken into consideration by nurses considering leadership positions, it also should be taken into account by those responsible for preparing nurse leaders and by those responsible for appointing them.

Educational Institutes. Education institutes must now rise to the occasion. An edition of the 2001 July Globe and Mail described the “dire straights” Canada will be facing over the next ten years. The extreme shortage of middle and senior managers in this country and throughout North America is a common theme in both the public and private sectors. If we, as members of educational institutes, can begin to provide information and understanding that will assist in the grooming of our future leaders we will indeed be heroes during these challenging climate! I hope that this study can contribute to this task.

For Future Research

There are many areas in which further research would be helpful, including:

- The understanding of leadership on organizations during stable times versus times of change is an area where there will always be a need for more research.
- Further exploration of the reasons frontline nurses identify various qualities as important to exemplary leadership. For example, is it possible that frontline nurses consider their specific nurse leader to be exemplary because she followed the nurse's beliefs and was like her in many ways? The frontline nurse I was thinking of was Julia as she described a spiritual realm to her leader's qualities. Is it possible that these nurses chose the exemplary nurse leaders because they reflected back to the frontline nurse their own beliefs and how they prefer to "conduct business"?
- Are there significant differences in the leadership qualities perceived in men versus women? It would be of interest to pick respondents so that this could be examined. The difficulty arises because of the limited number of men in the profession. However there are enough to make a study of this size to occur.
- Explorations of the qualities of exemplary nurse leaders in different contexts at different times in history.

Concluding Remarks

A more recent book that I have read called JESUS, CEO by Laurie Beth Jones (1995), describes one quality of someone she believes to be one of the best if not the best leader of our times. This quality was that of the leader being able to have fun with and “playing” (p. 265) with the people he worked with. Many of the frontline nurses also talked about their leader as instilling and supporting fun. Laughter or some sort of playfulness was often described as seen in the work setting when exemplary leaders were described. Patrick’s leader would often say “have fun out there.” Julia described her leader as someone whom she had fun working with. Sandra stated her leader “loved to laugh” and Ann also said that her leader had a “good sense of humor.” All of these examples occurred in very unique situations of health care; acute care and in the community during a very stressful, often negative and chaotic time.

Frontline nurses are a significant group in Alberta and also in all other Canadian provinces. It is important that we begin to consider their opinions and understandings in order to help understand our own burgeoning health care system across this nation. To ignore their experience and contributions could add more stress to the already stressed system.

Frontline nurses themselves need to perceive their opinions as having merit and speak up individually as well as collectively for the issues they perceive as needing change. The passion for one’s chosen profession of nursing and the pride

that goes with that cannot be underestimated as to its positive impact. This is an important message, and the best people to carry forth this message are the nurses themselves.

References

- Allen, S., Clark, S., Toby, J., Smart, D., Moore, F. (2001) Developing an integrated nursing team approach. Nursing Standard, 15(28),43-45.
- Anonymous, (1996). A Tribute to a nursing pioneer Virginia Avenel Henderson. Canadian Journal of Cardiovascular Nursing, 7 (2), 2.
- Aroian, J., Crockett, J.G., & Meservey, P.M. (1996a). Developing nurse leaders for today and tomorrow: Part 1, foundations or leadership in practice. Journal of Nursing Administrators, 26 (9), 18-26.
- Aroian, J., Crockett, J.G., & Meservey, P.M. (1996b). Developing nurse leaders for today and tomorrow: Part 2, implementing a model of leadership for community-based practice. Journal of Nursing Administrators, 26 (10), 29-34.
- Bara, M., & Rugg, M. (1989). "T" assertive communication for effective leadership. Canadian Nurse, 85(9), 19-20.
- Bartels, D., Good, V., & Lampe, S. (1977). The role of the head nurse in primary nursing. Canadian Nurse, 73(3), 26-30.
- Bennis, W., & Nanus, B. (1985). Leaders: The strategies for taking charge . New York: Harper and Row.
- Burns, N., & Grove, S. K. (1987). The practice of nursing research. Conduct, critique and utilization (pp. 217-562). Philadelphia. W.B. Saunders Company. Harper and Row.
- Butterfield, P. Recovering a lost legacy: Nurses' leadership in environmental health. Journal of Nursing Education, 39(9), 385-386.

Campbell K. A. (1998). Impact of health care restructuring on the role of the nurse manager. Unpublished master's thesis, University of Alberta, Edmonton, AB, Canada.

Canadian Nurses Association. (1998). Registered nurse human resources: Recruitment and retention issues. (File: 492-492). Ottawa, ON.

Christian, S.L., & Norman, I. J. (1998). Clinical leadership in nursing development units. Journal of Advanced Nursing, 27 (1), 108-116.

Cohen, S.S., Milone-Nuzzo, P. (2001). Advancing health policy in nursing education through service learning. American Nursing Science, 23(3) 28-40.

Cook, M. (2001). Clinical Leadership that works. Nursing Management, 7(10), 24-28.

Cook, M. (2001). The attributes of effective clinical nurse leaders. Nursing Standard, 15(35), 33-36.

Cunningham, G., & Kitson, A., (2001). An evaluation of the RCN clinical leadership programme: Part 2. Nursing Standards, 15(13-15), 34-41.

Daugherty, R.M. (1998). Leading among leaders: the dean in today's medical school. Academic-Medicine, 73(6), 649-653.

Denzin, N. K. & Lincoln, Y. S. (1998) Collecting and interpreting qualitative materials. New Delhi: Sage Publications.

Denzin, N. K. & Lincoln, Y. S. (2000) Handbook of qualitative research, (2nd ed.). New Delhi: Sage Publications, Inc.

Donald, J. (1995). Sailing with the winds of change. Canadian Nurse, 91, 17-21.

- Donaldson, S.K. & Fralic, M.F. (2000). Forging today's practice-academic link: A new era for nursing leadership. Nursing Administration Quarterly 25, (1), 95-101.
- Doordan, A.M. (1998). Research Survival Guide. Philadelphia.: Lippincott.
- Dresan S.E. (1995). Success story. Portrait of a leader. Canadian Nurse, 91, 60.
- Duke, D. L. (1998). The normative context of educational leadership. Educational Administration Quarterly, 4(2), 165-195.
- Fitzpatrick, M.A. (2001). Coaching champions. Nursing Management 32, (3), 7-8.
- Flarey, D.L. (1991). Redesigning management roles. The executive challenge. Journal of nursing administration, 21 (2), 40-45.
- Flint, H. & Wright, S. G. (2001). Nursing development units: Progress and developments. Nursing Standard, 15(29), 39-42.
- Fullam, C., Lando, A. R., Johansen, M. L., Reyes, A., & Szaloczy, D. M. (1998). The triad of empowerment: leadership, environment, and professional qualities. Nursing Economics, 16, 254-257.
- Gevedon, S. L. (1992). Leadership behaviors of deans of top-ranked schools of nursing. Journal of Nursing Education, 31(5), 221-224.
- Grohar-Murray, M. E. (1992). Leadership and management in nursing. Norwalk, CT.: Appleton & Lange.
- Hall, V., Gronn, P., Jenkin, M., Power, S., & Reynolds, C. (1999). Review symposium. Educational Management & Administration, Vol 27 (1) p.110.
- Halpin, C.B. (1980). Organizational leadership and the development of dynamic organizations. Health Management Forum, 1(3), 38-45.

- Harrison, R.P. (1975). Today's administrator wears many hats. Canadian Nurse, 71(7), 15.
- Harrison, F. (1992). Leadership through alliances...inaugural address... Canadian Nurses Association Biennial Convention. Canadian Nurse, 88, 20-23.
- Hibberd, J. M., & Kyle, M.E. (1994). Nursing management in Canada (p.p. 445-459). Toronto, ON: W.B.Saunders Canada.
- Hibberd, J. M., & Smith D.L. (1999). Nursing management in Canada (2nd ed., pp. vii-viii). Toronto, ON: W.B.Saunders Canada.
- Horstman, P., Janney, M., & Wall, K. (1998). A cultural transformation model for nursing. Journal of Nursing Administration, 28, 31-35.
- Hunt, P. (2000). How to lead departments outside your clinical competence. Dimensions of Critical Care Nursing, 19(6), 30-34.
- Jobes, M. & Steinbinder, A. (1996). Transitions in nursing leadership roles. Nursing Administration Quarterly, 20 (2), 80-84
- Kaufman, A. (1998). Leadership and governance. Academic-Medicine, 73 (9 Suppl), S11-15.
- Kerfoot, K. (2001). The leadership of possibilities. Medsurg Nursing, 10(3), 151-152.
- Kingdon, B. (1994). Nurses' perception of desirable qualities/qualities of a good leader. Canadian Operating Room Nursing Journal, 12, 22-27.
- Kovach, C. R., & Krejci, J. W. (1998). Facilitating change in dementia care. Staff perceptions. Journal of Nursing Administration, 28 (5), 17-27.

Kohler-Riessman, C. (1987). Women interviewing women. Gender and society. 1,(2): 172-205.

LaMonica, E. (1990). Management in healthcare: A theoretical and experiential approach. (p. 76). New York: Springer.

Lafferty, C.L. (1998). Transformational leadership and the hospice R.N. case manager: a new critical pathway. Hospice Journal-Physical, Psychosocial, & Pastoral Care of the Dying, 13, 35-48.

Lipson, J. (1990). The use of self in ethnographic research. In J. Morse (ed.). Qualitative nursing research: A contemporary dialogue, Newbury Park, CA: Sage.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry (p. 76-77). Beverly Hills, CA. Sage.

Malloch, K. (2001). The white lies of leadership: Caring dishonesty. Nursing Administration Quarterly, (25), 3, 61-68.

Malone, B. L. (1996). Clinical and professional leadership. Advanced nursing practice: an integrative approach. Philadelphia, PA: W B Saunders.

Maynes, W. G. (1990). The education of Edmonton's urban poor: A policy perspective, (p. 43). Unpublished doctoral dissertation, University of Alberta, Edmonton, AB.

Ogawa, R. T., & Bossert, S. T. (2000). Leadership as an organizational quality. In M. Fullan (Introduction), The Jossey-Bass Reader on Educational leadership. (pp. 48-54). San Francisco, California A Wiley Company.

Patton, M. (1990). Qualitative analysis and interpretation. Qualitative Evaluation and Research Methods. London: Sage Publications.

- Porter-O'Grady, T. (1997). Quantum mechanics and the future of healthcare leadership. Journal of Nursing Administrators, 27, 15-20.
- Powers, D.M. (1986). A new style of nursing leadership. Canadian Nurse, 82, 18-9.
- Richardson, S., Valentine, P., & Wood, M., & Godkin, D. (1994). Leadership: A nursing perspective. Canadian Journal of Nursing Research, 26, 83-96.
- Ross, E., MacDonald, C., McDermott, K., & Veldhorst, G. (1996). The chief of nursing practice: A model for nursing leadership. Canadian Journal of Nursing Administration, 9, 7-22.
- Rudestam, K.E. and Newton, R.R. (1992) Surviving your dissertation (pp. 23-75). Newbury Park, Sage Publications.
- Scott, F.F. (1995, October). Leadership trend: Getting to the year 2000. Caring 17-18.
- Skelton-Green, J. M. (1995). How a better understanding of transformational leadership can help your practice as a nurse administrator. Canadian Journal of Nursing Administration, 8, 8-21.
- Valiga, T. M. (1994). Leadership for the future. Holistic Nursing Practice, 9, 83-90.

APPENDIX A

**QUALITIES of EXEMPLARY NURSE LEADERS: Perspectives of Frontline
Nurses**Nursing Leadership in Alberta 1990-1999

Thank you.....for agreeing to be a part of this study! As we discussed on the telephone, I would like to confirm our interview for ___(date), at ___(time), at ___(place).

The following information is intended to outline the purpose and process of my study to elicit information on what nurses such as you believe to be characteristics of EXEMPLARY nurse leaders. This is an opportunity for you to speak up in person about a nurse leader with whom you have worked at some time in the period 1990-1999. This would be a nurse leader at any level you consider to possess exemplary leadership qualities.

This study will be part of a doctoral dissertation exploring qualities of exemplary nurse leaders from the perspective of frontline nurses. This research has the potential to identify characteristics or qualities of exemplary leadership that may help all of us be better leaders.

In this research I am seeking to identify the qualities of nursing leaders as perceived by frontline nurses who have worked with them. Six to eight nurses will be

approached to take part in this study. The selection will be done from those willing to take part in the interviews. Each nurse who is interested in taking part in the study will be allowed to do so.

I will meet with you for approximately 60 minutes (at your convenience) to hear about your experiences with the nursing leadership you have had during 1990-1999. I will ask you for permission to tape-record our conversation. I will then give you a copy of the transcript of our interview to review for feedback. After you have had an opportunity to do this, we will meet one more time to clarify any further questions either one of us may have.

The method of this study will conform to the ethical guidelines of the University of Alberta. The information you will convey will remain confidential, and I will endeavor to ensure that no harm will come to you as a result of your participation. Your participation in this research is voluntary and you have the right to opt out at anytime. *I believe that Nurses are some of the busiest professionals today, and I thank you for taking the time to be a part of this study.*

Sincerely, June Anonson R.N., Researcher e-mail janonson@ualberta.ca

Dr. Bill Maynes, Supervisor 492-3691 email bill.maynes@ualberta.ca

APPENDIX B**INTERVIEW GUIDE**

1. Tell me a little about your career in nursing. What is your background in nursing?
2. Tell me about what your job was like as a frontline nurse in the 90's.
3. Talk about this exemplary nurse leader
4. Please tell me more about that exemplary nurse leader. Describe a situation or incident where you observed your leader behaving in an exemplary way.
5. You've talked to me about some of these qualities. Please tell me about other qualities that you saw in this person that were not seen as evident in other nurse leaders you worked with.
6. What were some of the specific challenges that you saw the nurse leaders dealing with? How did the leader respond to the challenges?
7. What was your relationship like with this nurse leader?
8. How long did you work with this person?
9. Tell me about the circumstances under which you worked with this nurse leader?
10. How did other nurses at this time respond to this leader?
11. How did the leader relate/respond to them?
12. Tell me how this nurse leader made a difference in your practice.

APPENDIX C**Research Project CONSENT FORM****QUALITIES of EXEMPLARY NURSE LEADERS: Perspectives of Frontline
Nurses**Nursing Leadership in Alberta 1990-1999

This research will ask you as a frontline nurse to describe your experiences working with exemplary leader(s), between 1990-1999, and the qualities of leadership you associate with that person.

This is to confirm that I am willing to participate in June Anonson's research Characteristics of Exemplary Nurse Leaders. June Anonson has briefed me about the study and has made it very clear to me that:

- no deception will be used in this study,
- as a participant I can withdraw from the study at anytime for any reason without notice or explanation, and the information I have provided will be removed from the research,
- as a participant my name will remain confidential in the transcript copy,
- whenever June quotes some part of what I have conveyed, the information will be presented in such a manner that my identity will remain confidential,

-the interview will be 60 minutes in length and will be transcribed and tape recorded,

-confidentiality will be maintained at all times during this research. Only the researcher and the person transcribing the data will be aware of which participant shared which information, and they will be required to not share that information with anyone,

-regarding the information I provide I have several options. I can choose to have the information destroyed, to be given to me, or the researcher hold it for future research. If I choose to leave the information with the researcher, it will be destroyed after 5 years. The participant's wishes will be followed explicitly. If they are not contacted to make this decision, or if they do not respond, then the information will be destroyed,

-the researcher will endeavor to ensure that no harm will come to me as a result of my participation in this research.

_____ 20 _____

(Signature of Participant)

(Date)

June Anonson, R.N. Researcher email janonson@ualberta.ca

Dr. Bill Maynes, Supervisor 492-3691 email bill.maynes@ualberta.ca